

# Youth Residential Facilities: We Know There Are Problems, What Can We Do To Improve Community Based Services?

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# Disclaimer

- ▶ This webinar was developed [in part] under contract number HHSS283201200021I/HHS28342003T from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS).
- ▶ The views, policies and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

# What Is The Problem To Address?

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# Learning Objectives

Participants will ...

1. Understand the threat posed by unnecessary institutionalization of children and youth with disabilities, especially those with serious mental illness (SMI) or emotional disturbance (SED).
2. Know the various methods by which advocates have challenged institutionalization of children or youth with SMI or SED.
3. Be prepared to advocate at the state level for systemic improvements to community based mental health service systems for children and youth with SMI or SED.

# Problem Statement

- ▶ Children and youth, including those with SMI or SED, housed in residential treatment facilities are abused, neglected, and unnecessarily institutionalized (see pages 24-28) in violation of state and federal laws.
- ▶ Institutionalization could be reduced, (See page 17) if not avoided, with the provision of appropriate community-based supports.



# Effective Community Based Service Systems

**Kathryn Rucker**

Center for Public Representation



Center for Public Representation

## What Are Intensive Home-Based Services (IHBS)?

- ▶ A collection of discrete clinical interventions that are evidenced-based, provided to a youth and family pursuant to an individualized treatment plan, and delivered in their homes and communities.
- ▶ IHBS include intensive care coordination, in home therapy, behavioral supports, family support and training, therapeutic mentors, mobile crisis/stabilization services.
- ▶ Joint [CMS/SAMHSA Bulletin](#) on Coverage of Behavioral Health Services for Children, Youth, and Young Adults with Significant Mental Health Conditions (May 2013)

# Key Principles for Home-Based Services

- ▶ Provided in and across multiple settings and environments, not just at home.
- ▶ Available with reasonable promptness.
- ▶ Offered with frequency / duration the youth with SMI or SED needs.
- ▶ Youth and family drive the service delivery process.
- ▶ Objective goals and measurable outcomes.
- ▶ Monitored through team process and individualized treatment plan.



# Evidenced Based Service Models: Wraparound Intensive Care Coordination

- ▶ Family driven care
- ▶ Team based
- ▶ Natural Supports
- ▶ Collaboration
- ▶ Community based

National Wraparound Initiative

- ▶ Individualized
- ▶ Strengths based
- ▶ Persistence
- ▶ Outcome based
- ▶ Culturally competent

National Wraparound  
Implementation Ctr.

# Best Practices: Mobile Crisis Intervention

- ▶ Face-to-face therapeutic response in the community.
- ▶ Available 24/7/365.
- ▶ Offering individual assessment, crisis counseling, de-escalation, safety planning, and service linkages.
- ▶ Team staffed with mental health providers and peers.

# Best Practices: Mobile Crisis Intervention (Continued)

- ▶ Delivered within 60 minutes or less of triage call.
- ▶ Short-term, community-based crisis stabilization services offering rapid assessment, transition planning, and service linkages.
- ▶ Medicaid Guidance on the Scope of and Payments for Qualifying Community-Based Mobile Crisis Intervention Service

# Building An Intensive Home-Based Service System

- ▶ Service Design and Approval
- ▶ Statewide Network of Service Providers
- ▶ Operational Infrastructure
- ▶ Quality Assurance Process
- ▶ Ongoing Data Collection

# Building An Intensive Home-Based Service System (Continued)

- ▶ Information, Education, and Outreach
- ▶ Behavioral Health Screening
- ▶ Comprehensive Evaluation
- ▶ Pathways for Referral
- ▶ Interagency Coordination
- ▶ Comprehensive In-Home Assessment
- ▶ Wrap-Around Team-based Treatment Planning Process

# National System Reform Models:

## *Rosie D. v. Romney*

- ▶ Statewide, Medicaid-funded, home-based service system.
- ▶ Pediatrician-based behavioral health screening with approved tools, billing, and reporting structure.
- ▶ Child and Adolescent Needs and Strengths (CANS) evaluation tool; established web-based training.

# National System Reform Models: *Rosie D. v. Romney* (Continued)

- ▶ Interagency Agreements with all child serving agencies.
- ▶ Wrap-Around Intensive Care Coordination with training, coaching, and fidelity measurement tools for individuals with SMI or SED.
- ▶ Data collection, quality reviews, and reporting process.

# Accomplishments and Outcomes

- ▶ Early identification/screening of SMI and SED increased dramatically.
- ▶ Assessments are standardized and strength-based.
- ▶ ICC teams support youth with SMI and SED with intense needs.
- ▶ Home-based services are widely used.
- ▶ Children's Behavioral Health Initiative (CBHI)  
<https://www.mass.gov/childrensbehavioralhealthinitiativecbhi>



## Accomplishments and Outcomes (Continued)

- ▶ Wrap-around values are well-established.
- ▶ MOUs promote interagency collaboration.
- ▶ Options for diversion from court / child welfare involvement.
- ▶ Alternatives to restrictive and costly out-of-home placement.
- ▶ Supports for foster families, kinship care, and reunification.

# Maine Example

DISABILITY  
**RIGHTS**  
MAINE 

# Disability Rights Maine – Identifying the problem

- ▶ P&A unique role.
- ▶ Outreach and Monitoring.
  - ▶ Maine's juvenile correctional facility.
  - ▶ Three inpatient psychiatric facilities.
  - ▶ Residential treatment and crisis stabilization units.

# Disability Rights Maine – Identifying the problem (Continued)

- ▶ Individual advocacy, training and support to youth with SMI and SED and families to navigate the system and address barriers.
- ▶ Identification of clear systemic barriers and gaps in system.

# Maine Landscape

- ▶ Disinvestment in home and community services, including for youth with SMI or SED over many years.
- ▶ Dismantling of state infrastructure to develop, oversee, and support a statewide community provider network for the needs of youth and children with SMI or SED.
- ▶ Children and families waiting (see pgs. 22-33) months or years for intensive home based services.

# Maine Landscape (Continued)

- ▶ Over reliance of children's residential treatment settings on law enforcement and emergency department for crisis response to the needs of children and youth with SMI or SED in settings far from the child's home and community. Additionally, an increase in youth with SMI or SED being sent out of state.
- ▶ Increase (see pages 68 and 83) of youth with SMI or SED entering Maine's juvenile detention facility directly from residential treatment settings.

# Maine Landscape (Continued 2)

- ▶ State completed assessment of Children's Behavioral Health Services.
- ▶ 13 different short and long term strategies developed.
- ▶ Improvements for youth with SMI or SED to intensive home and community service array and access were identified as long term strategies.

# Maine Landscape (Continued 3)

- ▶ State moves ahead to develop more institutional beds and identifies this as a short-term strategy.
- ▶ Continued waitlists for intensive home-based services and youth with SMI or SED forced into institutional placements.
- ▶ Families and providers report children's needs with SMI or SED can be met in their homes and communities.



# U.S. Dept. of Justice Investigation of the Children's Behavioral Health System in Maine

- ▶ Disability Rights Maine filed a state-wide *Olmstead* Complaint with DOJ.
- ▶ DOJ investigation found that Maine is violating the Americans with Disabilities Act by failing to provide behavioral health services to children with SMI or SED in the most integrated setting appropriate to their needs.

# *Olmstead v. L.C.* 527 U.S. 581 (1999)

- ▶ Supreme Court decision interpreting the Americans with Disabilities Act (ADA).
- ▶ The ADA prohibits unnecessary segregation of people with disabilities.
- ▶ People with disabilities have the right to live and receive services in the most integrated settings appropriate to their needs.

# U.S. Dept. of Justice Letter of Findings in Maine Investigation

- ▶ DOJ issued letter of findings June 22, 2022
  - ▶ <https://www.justice.gov/opa/press-release/file/1514326/download>

# DOJ Maine Findings Letter

- ▶ “We have determined that Maine is violating the ADA by failing to provide behavioral health services to children in the most integrated setting appropriate to their needs. Instead, the State unnecessarily relies on segregated settings such as psychiatric hospitals and residential treatment facilities to provide these services. As a result of these violations, children are separated from their families and communities.” (p.1)(emphasis added).

# DOJ Maine Findings Letter (continued)

- ▶ “A troubling picture emerged from our investigation: Maine’s community-based behavioral health system fails to provide sufficient services. As a result, hundreds of children are unnecessarily segregated in institutions each year, while other children are at serious risk of entering institutions.” (p. 2).

## DOJ Maine Findings Letter (continued 2)

- ▶ “Children are unable to access behavioral health services in their homes and communities—services that are part of an existing array of programs that the State advertises to families through its Medicaid program (MaineCare) but does not make available in a meaningful or timely manner.” (p. 2).

## DOJ Maine Findings Letter (continued 3)

- ▶ “Although Maine describes its residential treatment facilities for children as “community-based” placements, these facilities have all of the usual hallmarks of segregated institutions. Children residing in these facilities are separated from their families and communities, and have few interactions with people without disabilities other than paid staff. Children’s movements and daily activities are restricted and regimented.” (p. 9).

## DOJ Maine Findings Letter (continued 4)

- ▶ “Long Creek Youth Development Center, the State’s sole juvenile justice facility, currently fills a gap left by Maine’s community-based behavioral health system...Our meetings with children at Long Creek, facility staff, and attorneys representing young people similarly echoed that the State’s lack of community-based behavioral health services leads to unnecessary and prolonged incarceration...”



## DOJ Maine Findings Letter (continued 5)

- ▶ ...Maine is using Long Creek as a de facto children's psychiatric facility instead of providing more integrated treatment options.” (pp. 6-7)(emphasis added).

## DOJ Maine Findings Letter (continued 6)

- ▶ “One of Maine’s central priorities for the future is expanding services in institutional settings by creating one or more psychiatric residential treatment facilities for children. Creating or expanding institutional options without timely addressing community-based waitlists suggests that Maine’s current plan will do little to decrease its reliance on segregated settings such as residential facilities and psychiatric hospitals, which are more expensive and can exacerbate trauma.” (p. 16).

## DOJ Maine Findings Letter (continued 7)

- ▶ “Both institutional and community providers consistently told us that children in institutional settings could be appropriately served in the community if services were available to them...

## DOJ Maine Findings Letter (continued 8)

- ▶ ...Families and children in Maine are overwhelmingly open to receiving services in integrated settings. In fact, parents indicated a strong preference that their children receive services at home due to trauma, neglect, and abuse that their children reportedly endured in residential facilities within and outside of Maine.” (p. 10).

## DOJ Maine Findings Letter (continued 9)

- ▶ “For some parents, the strain of going months without necessary services in place has reached a breaking point, forcing them to quit their jobs to provide care for their children’s escalating needs or to send their children to institutions.” (p. 11).

## DOJ Maine Findings Letter (continued 10)

- ▶ DOJ found that Maine fails to ensure access to the community-based services it offers, resulting in unnecessary institutionalization and the risk of institutionalization, highlighting the following (pp. 10-14): ...

# DOJ Maine Findings Letter (continued 11)

- ▶ Lengthy wait lists for community-based services;
- ▶ Failure to maintain a network of providers to meet the demand for community based behavioral health services;
- ▶ Lack of appropriate crisis services and responses; and
- ▶ Lack of support for treatment foster care.

# DOJ Maine Findings Letter (continued 12)

- ▶ Remedial measures recommended by DOJ include (pp. 15-18):
  - ▶ Use an evidenced based screening process to determine service needs and inform person-centered planning;
  - ▶ Improve access to existing community-based programs to support discharge from institutional settings and prevent entry or re-entry to those settings;



# DOJ Maine Findings Letter (continued 13)

- ▶ Ensure access to ongoing, intensive, behavioral health services when needed;
- ▶ Re-establish the previously successful wraparound program in Maine;
- ▶ Address waitlists for community based services before expanding services in institutional settings;

## DOJ Maine Findings Letter (continued 14)

- ▶ Provide appropriate crisis services including mobile crisis services;
- ▶ Recruit, train and maintain a pool of providers, state-wide; and
- ▶ Implement a policy to require community-based providers “to actually serve eligible children who are assigned to their caseloads.”

# Day Two Discussion Topics

- ▶ Implementation
- ▶ Monitoring
- ▶ Ongoing Challenges
- ▶ Available resources
  - ▶ Best practices
  - ▶ State system models

# Resources: Home Based Services

Joint CMS/SAMHSA Bulletin on Coverage of Behavioral Health Services for Children, Youth, and Young Adults with Significant Mental Health Conditions (May 2013)

<https://www.medicaid.gov/federal-policy-guidance/downloads/cib-05-07-2013.pdf>

SAMHSA Children's Behavioral Health System of Care Resources and Program Evaluations

<https://store.samhsa.gov/product/The-Comprehensive-Community-Mental-Health-Services-for-Children-with-Serious-Emotional-Disturbances/PEP18-CMHI2016>

# Resources: Home Based Services (Continued)

Medicaid Guidance on the Scope of and Payments  
for Qualifying Community-Based Mobile Crisis  
Intervention Service

<https://www.medicaid.gov/federal-policy-guidance/downloads/sho21008.pdf>

# Resources: Massachusetts Home Based Service System

- ▶ Center for Public Representation

- ▶ [www.Rosied.org](http://www.Rosied.org)

- ▶ Children's Behavioral Health Initiative (CBHI)

- ▶ <https://www.mass.gov/childrensbehavioralhealthinitiative/cbhi>

- ▶ <https://www.mass.gov/infodetails/learnabouttheapprovedmasshealthscreeningtools>

- ▶ <https://www.mass.gov/lists/cbhi-state-agency-protocols>

# Resources: Wraparound

National Wraparound Initiative

<https://nwi.pdx.edu/>

National Wraparound Implementation Center

<https://www.nwic.org/>

# Resources: Wraparound (Continued)

Intensive Care Coordination for Children and Youth with Complex Mental and Substance Use Disorders, SAMHSA, (June 2019)

<https://store.samhsa.gov/sites/default/files/d7/priv/samhsa-state-community-profiles-05222019-redact.pdf>



# Resources: National

NDRN Report on Youth Residential

Desperation without Dignity: Conditions of Children Placed in For Profit Residential Facilities – NDRN

For more information on *Olmstead*, see:  
<https://www.ada.gov/olmstead/>

# COMMUNITY OF PRACTICE INTIMATE DIALOGUE

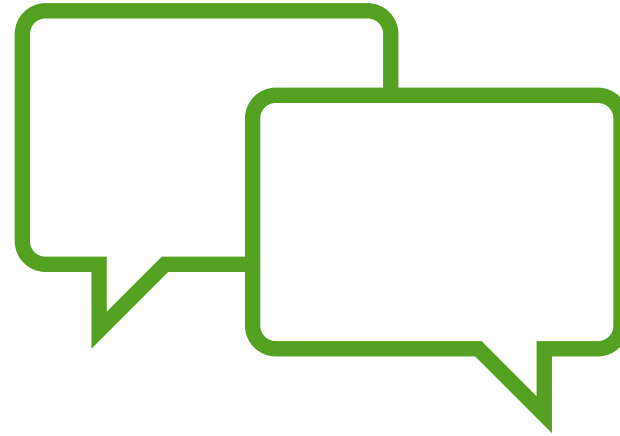
## Join us for Part Two

<https://us06web.zoom.us/meeting/register/tZAodOuorzgjGt31QV8CmKryG2iaRiLxWclo>

**Youth Residential Homes - We know there are problems, what can we do to improve community-based services?**

August 10, 2022 from 2:00-3:00pm ET

- \* Dive deeper into your questions
- \* Coordinate your efforts
- \* Expand your network



Part Two will be via Zoom so you will have the opportunity to interact with the presenters verbally or via chat.