



## **Redefining the Role of Residential Treatment**

Adopted October, 2005

This paper reflects the viewpoint of the Association of Children's Residential Centers (ACRC) regarding efforts underway around the nation to redesign the role of residential treatment in local communities. Founded in 1956, ACRC is the oldest national association focused on the needs of children with serious mental and behavioral problems who are in residential or other milieu-based placements. ACRC has approximately 150 member agencies worldwide. The paper will first discuss the background for rethinking residential and then present ideas and considerations for the field, policymakers, advocates, and other stakeholders to incorporate into their ongoing work.

### **Why redefine residential's role?**

Many academicians as well as administrators and clinicians in the field of residential treatment believe that a fundamental rethinking of the role of residential in the service system is overdue. There is a substantial and growing body of research indicating that system of care models have demonstrated effectiveness in providing treatment and support for children with serious mental and behavioral disorders and their families, utilizing in-home, wraparound, and community services. Nonetheless, not all children consistently respond well in open community settings and some need stays in residential care for periods of time. States and locations that have eliminated residential services have experienced increases in hospitalization and/or the necessity to reestablish residential capacity.

Residential treatment, historically, has been viewed as a "placement of last resort", on a linear continuum in which youth have to fail in a series of placements before being eligible for admission. It has been regarded with what might be considered a type of hostile dependency by some payers and child-serving professionals, who decry its cost and question its outcomes, but need its resources for the most seriously troubled children. Residential providers and staff have at times reciprocated, adopting a mindset of being the "only ones" who can help or control the children in care. While national benchmarking data shows that children generally improve while in residential care, the degree to which gains achieved in traditional residential models are generalized have been questioned. Often isolated at the "end" of the service continuum, many residential centers have not developed the linkages for transitioning children back to the community. Discussions about service configurations typically implicitly or explicitly posit an either-or equation (i.e., either residential/institutional placement or wraparound/community care configurations), locking residential into its historical role, and putting the children and their families into a position of bouncing back and forth, in and out. This perpetuates fragmentation and inefficient resource utilization.

ACRC believes that residential and out of home placement settings are critical components of local coordinated systems of care for children and families. The frequent focus of our association's annual conferences over the last five to ten years has been on the critical importance of integral family involvement and community linkages. Many programs are experimenting with "turning residential inside out", deploying the service as a specialized intervention through innovative models which initiate wraparound configurations while the youth is in care and extend residential staff into community settings. Such models enable communities to provide the residential capacity so needed for some youth, while shortening lengths of stay and translating the specialized expertise of residential into community settings. Where these models exist, the system is more integrated and better able to respond to individual needs of children and their families.

### **New paradigms-thoughts and considerations**

Particularly in tight budget times it is necessary to create new partnerships and paradigms for residential treatment and the system of care. In creating new models, ACRC encourages policymakers and providers to incorporate the following considerations:

- Families and communities have a legitimate interest in ensuring that residential treatment is used only when indicated as part of an array of services available to each child and family. Comprehensive assessment processes should be utilized to determine appropriateness of placement into residential care.
- Many children have not done well in community settings due to behavior and needs that are too demanding for their families or treatment foster care settings. Residential care offers powerful opportunities for helping stabilize child and family situations and creating the “space” for solid planning, based on a comprehensive assessment of the child and family need. It also affords the possibility of “sanctuary” when safety concerns are paramount and the state’s protective service agencies or juvenile court system have determined that highly permeable boundaries are not in the child’s best interests. For some older youth (age 15+), residential can be the starting point for movement towards independent supervised living.
- It is important to shift the culture and perception in the youth-serving arena so that residential is not seen as a placement of last resort, but rather as a specialized opportunity—an intervention or a tool—to help with a specific set of needs and circumstances. In the current typical scenario, a youth must fail repeatedly prior to referral and admission to residential, when a shorter stay earlier in the youth’s trajectory may have helped establish a stronger foundation for system of care supports and interventions.
- Similarly, shifting the perception of residential can help shift the perception regarding the families whose children require care. A residential placement doesn’t have to connote failure on the part of the child or the family. Rather, it can be utilized as a clinically-informed or psychiatric respite, an intervention to help a family restore equilibrium or establish greater stability.
- Some residential programs around the nation are moving toward integral involvement in local coordinated systems of care, working in full and active partnership with state agencies, schools, parents, and the community. These pioneering agencies are establishing new models. They are reengineering their organizations, as follows:
  - creating new opportunities and mechanisms for involving families in their child’s care;
  - reaching out to parents prior to placement and maintaining active parental involvement in care, organizational planning, and governance;
  - establishing child and family teams, including community members, that are involved in decision making;
  - utilizing capacity fluidly, to include crisis respite, residential assessment and stabilization, and longer-term residential care;
  - changing care planning processes;
  - engaging in new partnerships;
  - facilitating wraparound interventions both during and following residential stays;
  - viewing residential as an intervention, thus shortening lengths of stay;
  - hiring parents whose children were recipients of service;
  - sending residential counselors into the community; and,
  - inviting community partners to share responsibility and decision-making in supporting the child and family.

- Often children improve while in residential care but have few or no supports upon return to the community. It is critical to ensure that continuing care is available to all children leaving residential care, and is an incorporated component of any funding structure.
- Current federal and state regulation at times works against a system of care orientation. Various key requirements stem from basic assumptions that are institution centered. They tend to prescribe processes and functions, sometimes at a detailed level, rather than outcomes. Federal and state policy can support and promote efforts to develop local coordinated arrays of services through initiatives and regulations that incentivize pooled resources, shared responsibility models, and cross-system waiver designs. The federal and state governments can reflect explicitly in policy the importance of not isolating residential as a service of last resort.

Please contact ACRC at [www.togetherthevoice.org](http://www.togetherthevoice.org) should you wish to dialogue regarding these ideas.