



association of
CHILDREN'S
RESIDENTIAL CENTERS

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**Redefining Residential:
Ensuring the Pre-conditions for Transformation through
Licensing, Regulation, Accreditation, and Standards**
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This is the third in a series of papers regarding the redefinition of residential treatment being disseminated by The Association of Children's Residential Centers (ACRC). ACRC is the longest standing national association focused specifically on program and policy issues pertaining to the treatment of children and youth in 24-hour out-of-home group settings. For the past few years ACRC, through its conferences and committee work, has been advancing ideas and showcasing research and innovative programs that highlight the critical role residential treatment can play in community systems of care and the importance of re-engineering and transforming traditional practice models to achieve greater quality, efficacy, efficiency, and effectiveness. This paper will discuss the value of transformation from both the national and organizational perspectives and identify the key foundational structures, already in place in most organizations, that are preconditions for a successful implementation of a transformation agenda.

Transformation – What Is It And Why Bother?

Transformation may be defined as an act, process, or instance of undergoing change, converting to a new form, altering, making over, or renovating. Transformation involves a progression through which an organism, entity, or system fundamentally changes how it appears and how it interacts with its surrounding environment. As applied to service delivery, the President's New Freedom Commission has called for transformational change in the children's mental health system, a process underway in many communities and organizations around the country. Similar development is also occurring in child welfare and juvenile justice arenas.

For residential treatment agencies, and the field, the need to accept the transformation challenge should be obvious. Residential treatment is a powerful intervention with great capacity to impact the lives of children, youth, and families. When marshaled and focused appropriately on the individual needs of each child and the family, this impact can be and often is enormously potent. However all too often residential facilities have been used more as a placement resource, which can potentially lead to less compelling or even negative impacts. What research there is regarding residential treatment strongly suggests that efforts to marshal the unique potential of a residential intervention have not been consistent in the field. This has led to significant and relatively long-standing debate regarding the viability of residential treatment as a clinical or programmatic intervention and, in many places, efforts to reduce its utilization.

ACRC has addressed the need for transformation of residential in previous papers: *Redefining the Role of Residential Treatment and Family-Driven Care in Residential Treatment* (available at www.togetherthevoice.org). These have emphasized the potential of reengineering service designs and the importance of "real" family involvement and decision making in the treatment of children in care. Scholarly journals have also recently re-examined the field, in *Psychiatric Clinics of North America* (2004 Apr; 13(2)) and the *American Journal of Orthopsychiatry*, (Vol. 76, #3, 2006). The imperative for the field was stated very

succinctly at an ACRC conference five years ago: “Change or Die.” Blunt though this is, in context it reflects a natural biological process, the evolution through which species or systems ensure ongoing viability. And while the field has evolved significantly since its inception 60 years ago, the current change impetus is toward the transformative leap, morally because the lives of children and their families are at stake, and systemically because of the threat of losing viability. Implementing such a change agenda is an art, an expression of creativity and vision best achieved and appreciated within a framework of values and constructs and built upon a foundation of learning, experience, and accountability.

The Foundation and Framework for Transformation

A fundamental component, a pre-condition, for transformation is a baseline of standards, processes, and practices to which the organization holds itself accountable. Although varying to a degree between organizations, certain elements are essential in all residential treatment centers, relating to rights, safety, health, and care planning. External standardized criteria, upheld by licensing and accreditation requirements, provide consistency in these vital aspects of care and create the platform upon which organizations can establish internal standards against which to assess performance and consider the possibility of transformation.

- **Licensing and Regulation** – Licensing creates a core set of expectations to which all programs within a state can be held accountable. Effective licensing requirements help promote client rights, staff competence, quality improvement, and consistent practice. They provide the constants, the solid ground from which innovative and transformative practice can be launched. They also provide a degree of safeguard against the potential of harm to children, events of a type that can undermine efforts to create meaningful change. ACRC requires licensure of its members and is concerned about the variability of practice that can occur in unlicensed settings, which can lead to adverse outcomes for children and their families and criticism of the field. ACRC encourages organizations to work with their state authorities to create meaningful and reasonable licensing frameworks for residentially based services.
- **Accreditation** – Accreditation is not an effective replacement for licensing, as it typically centers on different processes than those that are the primary focus of licensing and regulation and carries less stringent contractual accountabilities. Nonetheless it is an important accompaniment to licensure. Standards-based accreditation (as opposed to membership-based accreditation) encompasses emerging knowledge and evidence in the field and defines clinical and managerial practices that, done well, result in high quality and effective care.
- **Internal Standards and Continuous Quality Improvements**- Agency-developed standards, policies, and procedures build upon the framework of licensing and accreditation, implementing unique, mission-driven values and constructs as the foundation for care and innovation. Establishment and measurement of desired outcomes and performance indicators helps each organization assess the degree to which it is fulfilling its own objectives and creates the possibility of comparison or benchmarking with other similar entities on key aspects of care, particularly those identified through accreditation and licensing, or those emerging from national policy discussions, such as the values and practices in the Building Bridges Joint Resolution endorsed by ACRC (www.systemsofcare.hhs.samhsa.gov).

Adherence to licensing and regulatory requirements and compliance with accreditation standards, in conjunction with a quality improvement infrastructure, do not necessarily lead to transformation. Rather, they provide the foundation of safety and best practice necessary to even think about meaningful change. ACRC supports efforts to establish reasonable licensure and encourages agencies to pursue voluntary accreditation and performance measurement, as part of implementing a transformation agenda. The transformation discussion initiated in this and other ACRC papers regarding “redefining residential” is in its early stages. Future papers will examine the many aspects and challenges faced by the field as it evolves in new directions. With questions please contact ACRC at www.togetherthevoice.org