

**Statement for the Record
Submitted on Behalf of the American Association of Child and Adolescent Psychiatry**

**Before the United States Senate Finance Committee Hearing Titled
“Youth Residential Treatment Facilities: Examining Failures and Evaluating Solutions”**

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Submitted by:
Tami D. Benton, MD
President
American Association of Child and Adolescent Psychiatry
3615 Wisconsin Ave., NW
Washington, DC 20016

Chairman Wyden, Ranking Member Crapo, and members of the Committee, thank you for hosting the hearing titled, “Youth Residential Treatment Facilities: Examining Failures and Evaluating Solutions.” The American Association of Child and Adolescent Psychiatry (AACAP) is the professional home of more than 11,000 child and adolescent psychiatrists, fellows, residents and medical students.

Background

Residential treatment programs provide intensive help for youth with serious emotional and behavior problems. While receiving care in residential treatment facilities, children temporarily live outside of their homes and instead in a facility where they can be supervised and monitored by trained staff. Residential treatment can help children and adolescents whose health is at risk while living in their community. This type of program is for those who have not responded to outpatient treatments or who need further intensive treatment following inpatient psychiatric care.

The continuum of care for youth with psychiatric challenges spans from the least restrictive levels to the most restrictive, with outpatient care representing the former and inpatient and residential care representing the most restrictive and intensive. Child and adolescent psychiatrists aim to provide treatment in the least restrictive setting possible, which naturally varies depending on each patient’s needs.

Residential care is a crucial treatment modality designed to provide intense comprehensive treatment in a highly structured and supervised environment. Youth with severe ongoing mental or behavioral dysregulation may not be suited to the other levels of care including outpatient, intensive outpatient, partial hospitalization, or even inpatient. These youth have often failed lower levels of care or more intensive but time limited options, such as inpatient care. Residential care represents the treatment setting of choice for youth who have repeatedly demonstrated severe emotional dysregulation and difficult to treat mental illness.

The Role of Child and Adolescent Psychiatrists in Youth Residential Treatments

Ideally, each patient’s assessment and treatment program is under the direction of a qualified child and adolescent psychiatrist (CAP). Children and adolescents are evaluated no less than weekly by CAPs and/or mid-level practitioners or child psychiatry fellows, under supervision of child psychiatrists. The treating psychiatric team works in concert with an interdisciplinary treatment team, which includes some combination of nursing staff, social work/case management, psychology and affiliated counselors, therapists, and trained direct care staff. Components of a residential program often include therapy, family involvement, academics, and a structured schedule to reinforce healthy behaviors.

Additionally, registered psychiatric nurses with experience in mental health services direct programming 24 hours per day, seven days per week. Mental health programming includes appropriate child supervision, the first goal of which is always patient safety. Nurses also collaborate with CAPs and other physicians in medical management, medication administration, and monitoring. The nursing staff delivers care that is developmentally appropriate, supportive, and family centered.

Opportunities for Improvements

It is imperative that residential treatment facilities maintain a safe environment to ensure the safety and well-being of the youth it seeks to serve. Staffing numbers must be appropriate to the needs of the facility and all personnel must be adequately trained. Therapeutic environments should never be coercive or punishment-based. Use of physical restraints or additional emergency medication administration is done in emergencies only – when the patient poses a legitimate risk of harm to themselves or others and fails more conservative measures of de-escalation. We oppose the unnecessary use of force in treatment settings. Federal licensing standards for youth residential treatment programs must address the issue of institutional child abuse. Staff must be trained on compliance with national and local regulatory standards and be familiar with the process of identifying, reporting, and taking action on any risk found in the environment.

Length of stay decisions should be driven by the patient's needs, not on insurance status. The treatment team has the responsibility to continue to provide care until the patient proves able to engage in appropriate aftercare.

AACAP believes that effective residential treatment programs provide:

- A comprehensive evaluation to assess emotional, behavioral, medical, educational, and social needs
- An Individualized Treatment Plan that puts into place interventions that help the child or adolescent to attain these goals.
- Individual and group therapy.
- Psychiatric care coordinated by a child and adolescent psychiatrist.
- Involvement of the child's family or support system. Model residential programs encourage and provide opportunities for family therapy and contact through on-site visits, home passes, telephone calls, and other modes of communication.
- Nonviolent and predictable ways to help youth with emotional and behavioral issues. The use of physical punishment, manipulation, or intimidation should not occur in any residential treatment program.

Recommendations

AACAP maintains that residential treatment facilities are a crucial delivery modality of psychiatric care for youth and must provide a safe, therapeutic environment to ensure that patients receive high quality care that meets their needs. AACAP calls on the Committee to consider the following policy recommendations:

- Convene a roundtable with stakeholder groups, including professional medical associations, to develop definitions, standards, and best practices.
- Increase Medicaid reimbursement rates, particularly for services provided to children and youth adults who require a high level of care.

AACAP thanks the Senate Finance Committee for its work and is ready to work with the Committee on this issue to improve the care and safety of children and adolescents.