



12 June 2024

Sen. Ron Wyden, Chairman
U.S. Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510-6200

Sen. Mike Crapo, Ranking Member
U.S. Senate Committee on Finance
219 Dirksen Senate Office Building
Washington, DC 20510-6200

Re: Recent Congressional Inquiries into Youth Residential Treatment Facilities

Dear Sens. Wyden and Crapo:

Following recent inquiries into youth Residential Treatment Facilities (RTFs), I send this letter on behalf of the National Association for Behavioral Healthcare to 1) clarify the definition and purpose of youth RTFs, and 2) underscore the critical need for the clinical and educational services they provide for youth with mental health and/or substance use disorders.

NABH represents behavioral healthcare systems that provide mental health and addiction treatment services across the entire continuum of care, including inpatient, residential treatment, partial hospitalization, and intensive outpatient programs, as well as other facility-based outpatient programs, including about one third of the nation's opioid treatment programs. Our members represent behavioral healthcare providers in 49 states and Washington, D.C., and three of our system members participated in the recent congressional inquiries into RTFs.

If public discourse about this topic is to benefit the public good, it is vital that policymakers, the media, and providers share the same clear, informed understanding about the important role RTFs play in the behavioral healthcare continuum.

It is also important that the American public has an accurate view and clear understanding of youth RTFs when they learn about specific incidents that represent a small number of the youth who receive vital and necessary services in these facilities. These incidents are heartbreaking, unacceptable, and contrary to both the expectations and efforts from our nation's quality RTF providers. And it's imperative that worried parents, concerned teachers, and other citizens hear about the children whose lives have been greatly improved – or saved – as a result of the care and treatment RTFs provide every day.

The Role of Youth RTFs

For children and adolescents with more serious behavioral health conditions, residential treatment settings can provide a more comprehensive array of therapies and more contact with specialized providers.

Residential treatment provides a necessary level of care for children and adolescents with significant needs, such as those at risk of hurting themselves or others or who have been diagnosed with serious behavior problems. Children and adolescents requiring this level of care often have difficulty relating successfully to others at home and in school and are at risk of dropping out of school and/or becoming involved in the criminal justice system. Psychiatric residential treatment can provide the necessary expertise and resources that the child welfare, juvenile justice, and education systems frequently lack.



The admission criteria for residential treatment reflect the severity of the behavioral health conditions treated in these settings. For residential treatment to be considered medically necessary, and covered by insurers or healthcare coverage programs, a child or adolescent must be at risk of self-injury or danger to self, physical aggression, assault, or danger to others or disruptive and destructive acts in the community.

Some of the children and adolescents who need this level of care have suffered hardships and abuse, including multiple failed community placements through child welfare programs. This experience can be traumatic and can cause increased emotional and behavioral problems.

Children and adolescents in foster care are at heightened risk of dropping out of school, at a rate of 75%, according to one study. They are also at greater risk of drug use. Rates of delinquency and arrest among these children and adolescents are also much higher.

The goal of psychiatric residential treatment is to provide care to children and adolescents with significant social and emotional needs in a non-hospital, highly structured, and therapeutic environment. These settings provide a safe place where individuals can gain stability, support, and treatment for mental health diagnoses, substance use disorders, intellectual/developmental disabilities, sexual conduct disorders, and other disabilities that require long-term treatment.

Psychiatric RTFs are Subject to Strict Oversight Requirements and Staffing Ratios:

Psychiatric residential treatment facilities provide 24-hour, therapeutically planned behavioral health interventions in a highly supervised and structured group living and active learning environment. These healthcare settings are subject to external monitoring on validated standards and independent auditing of potential safety issues.

State agencies license and regulate these treatment settings, and nationally recognized entities such as the Joint Commission and the Commission on Accreditation of Rehabilitation Facilities, or CARF, accredit them. There are mechanisms in these settings to prevent self-harm and harm to others as well as opportunities for adolescents and staff to report their concerns.

Meanwhile, nearly every state has a required staffing ratio for this level of care that indicates how many staff are required for the number of patients being treated. In some circumstances, the number varies based upon the shift (day/evening/nights) and, in some cases, it singles out the registered nurse-to patient ratio versus the behavioral health technician-to-patient ratio. These numbers vary widely across state lines.

In addition, there are federal regulations that are applicable to the RTF programs related to using restraint and seclusion as well as emergency preparedness. The state survey agencies, on behalf of the Centers for Medicare & Medicaid Services, have been instructed to conduct a certain percentage of reviews of these regulations each year so that during the span of five years, each RTF is reviewed at least once. Each CEO is required to attest, on an annual basis, that his or her facility is compliant with the regulations.

Each state Medicaid plan also has requirements for this level of care that can begin with staffing or workforce make-up as well as medical record documentation standards. An RTF can have multiple contracts with state Medicaid plans, which also increases the level of oversight for each individual program through onsite and/or desk reviews to ensure compliance.

Education Services and Supports are Key Components of RTFs for Children and Adolescents:

Ensuring children and adolescents with behavioral health conditions can maintain their education is also



critically important. Behavioral healthcare services in schools can improve access to treatment while providing necessary support for those with less serious mental health and substance use disorders.

Moreover, some behavioral healthcare providers have developed specialized therapeutic schools for children and adolescents who need more intensive, education-focused supports. Residential treatment settings provide education services tailored to address the needs of children and adolescents with more serious behavioral health conditions. Most of these children and adolescents have struggled in regular school settings and would not be able to succeed without the support these centers provide.

There is oversight for the educational services through national accreditation as well as state Department of Education requirements that also vary by state.

There is an Urgent and Growing Need for Youth RTFs:

Equally important to understanding the role of youth RTFs is recognizing the urgent and increasing need for them in the United States today. As this [study](#) from the Manhattan Institute reports, the Substance Abuse and Mental Health Services Administration (SAMHSA) releases data every two years that detail the number of beds and the number of patients served in “residential treatment centers (RTC) for children,” which include qualified residential treatment programs, or QRTPs. Since 2010, SAMHSA reports the number of these facilities has declined 60.9%, while the number of beds has declined 66.2%. Meanwhile, the number of children served in these settings has declined even more so (77.9%) than the number of facilities or the number of beds.

As youth residential mental health treatment capacity has decreased in recent years, the demand for quality behavioral healthcare services for youth has increased. The number of children and youth in this country diagnosed with anxiety, depression, and other mental health conditions continues to rise. Between 2016 and 2020, the number of children and youth ages 3-17 years diagnosed with anxiety grew by 29% and those with depression by 27%, according to [data](#) from the Health Resources & Services Administration.

In addition, in 2020, suicide was the second leading cause of death for young people ages 10-14 and 25-34, according to a [report](#) by the Centers for Disease Control and Prevention. And while rates of drug and alcohol use declined in youth in 2021, rates of overdose deaths rose dramatically, doubling between 2019 and 2020 and increasing another 20% in [2021](#).

Given these sobering statistics, there is undoubtedly a critical need for youth RTFs so our nation’s children and adolescents receive the appropriate and life-saving treatment in highly regulated settings with experienced staff. We would be glad to arrange a site visit with one of our system member facilities so you can see these programs firsthand. If you have any questions, please contact me directly shawn@nabh.org or 202-393-6700, ext. 100.

Thank you for your time and commitment to high-quality behavioral healthcare services for America’s children and adolescents.

Sincerely,

Shawn Coughlin
President and CEO