

# **Characteristics of Residential Treatment** **For Children and Youth with Serious Emotional Disturbances**

**By Abt Associates Inc.**

**For the  
National Association for Children's Behavioral Health (NACBH)  
and the  
National Association of Psychiatric Health Systems (NAPHS)**

**Summer 2008**



**Abt Associates Inc.**

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## **Acknowledgements**

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NACBH and NAPHS would also like to thank their members for participating in a survey illustrating current practices in residential treatment programs. Most importantly, we would like to thank those who participated in the NACBH/NAPHS Work Group on Residential Treatment for their time, talent, and years of commitment to serving children, youth, and their families.

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## **Executive Summary**

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Millions of American children and youth experience serious emotional and substance use disorders (*see chapter on "Prevalence"*). Of these, a critical percentage experience problems so severe, disabling, or complex that they require 24-hour out-of-home placement for treatment.

Many types of residential programs exist. How can the differentiation be made between the 24-hour services that provide *treatment* for children and youth with serious emotional disturbances and substance use disorders and those that only provide care and housing? The question is particularly timely as states, federal policymakers, payers, and others work to identify what services should be funded to meet the needs of youth with the most serious illnesses and how the programs should be defined and regulated.

Abt Associates was asked by the National Association for Children's Behavioral Health (NACBH) and the National Association of Psychiatric Health Systems (NAPHS) to develop this paper to focus on the characteristics and role of a specific type of specialized treatment, residential.

This paper is intended to reintroduce state and federal policymakers and other key stakeholders to residential treatment programs as they are distinguished today from the many other types of residential programs - as a vital resource to attend to the unique needs of children and youth with serious enough and debilitating enough symptoms and diagnoses to require a structured, safe, and therapeutic out-of-home placement.

## **Conclusions**

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An Abt survey of members of the National Association for Children's Behavioral Health (NACBH) and the National Association of Psychiatric Health Systems (NAPHS) indicates that the children and youth served by the NACBH and NAPHS residential treatment programs are clinically complex and functionally impaired, with multiple psychiatric diagnoses and co-occurring substance use, neurological, developmental, learning, medical, and other behavioral disorders.

Residential treatment is a treatment of choice, albeit a difficult one, when a young person is in need of a total 24-hour safe, structured environment to provide an array of appropriate and relevant services to address the severity of social, emotional, and/or behavioral disorders. As important as the admission criteria to assure clinical necessity is the need to assure for the child or youth that there is the therapeutic potential to benefit from treatment.

Residential treatment is an intervention, not a destination. It is a level of care in an array of services that children and youth, with or at risk of emotional or behavioral disorders, need at a particular time given their histories, diagnoses, complexities of impairment, and living and learning situations. It is a critical component of a system of care that some children need in order to have the chance to recover and regain their functioning in daily lives in the community as

productive participants at home and in school, safe and living with hope.

Policymakers and researchers agree that the optimal use of any one service in a comprehensive array of services in a system of care is highly dependent on the availability and capabilities of the other services in the system. When access to any service is limited, the system does not work as effectively as it could.

## **Introduction**

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Residential programs have a long history of service dating back to the 1700s. Residential treatment has evolved as the mental health service delivery system has grown.

As organizations representing substantial numbers of residential treatment programs, the National Association for Children's Behavioral Health (NACBH) and the National Association of Psychiatric Health Systems (NAPHS) commissioned Abt Associates, Inc., to develop this report – with input and perspectives from multiple stakeholders – to inform discussions within states and communities and at the national policy level about residential treatment for children with serious emotional disturbance (SED) and other behavioral health conditions.

The need for the report was identified through a Residential Treatment Work Group convened in 2007 by NACBH and NAPHS. The Work Group, composed of both clinical and administrative leaders of residential treatment programs that belong to the two associations, identified areas for review and potential gaps in knowledge and information about residential treatment and the population served.

To inform the paper, relevant data were gathered from literature reviews, and key informant interviews were conducted to identify issues, problems, and practices. Abt Associates was asked to evaluate existing information on residential treatment leadership, policy, outcomes and innovation that may influence communities working to develop comprehensive systems of care, as well as recent federal policies assuring that residential treatment is an essential and integrated component of a full array of services. In addition, Abt conducted a survey of NACBH and NAPHS member organizations throughout the United States to gather program policy and practice data that correlate with the issues identified in the literature review and key informant survey.

## Prevalence of Emotional and Substance Use Disorders in Children and Youth

According to *Mental Health: a Report of the Surgeon General*, approximately 20% of the nation's children and youth are at risk for or have mental disorders (DHHS, 1999). Emotional disturbance and mental health conditions affecting as many as one in five adolescents require treatment, and about half of those adolescents have significant functional impairment as a result, according to the National Institute of Mental Health (NIMH, 2007).

Research findings indicate that young people experience many different types of problems, as noted in overall prevalence statistics in the Surgeon General's Report:

- mood disorders: 6.2% of children and adolescents aged 9 to 17, with 5% who have major depression and 1% who have bipolar disorder,
- depression: 10% to 15% of youth exhibit symptoms at any given time,
- psychoses: 1% of youth have bipolar disorder or schizophrenia,
- disruptive disorders: 10.3% of children and adolescents aged 9 to 17,
- substance abuse disorders: over 20% of youth with a mental health condition have co-occurring substance use conditions,
- anxiety disorders: 13% of children and adolescents aged 9 to 17,
- eating disorders: approximately 10% of youth, and
- chronic health conditions: an estimated 10% to 15% of children and adolescents have a chronic health conditions, frequently co-occurring with behavioral health conditions.

