



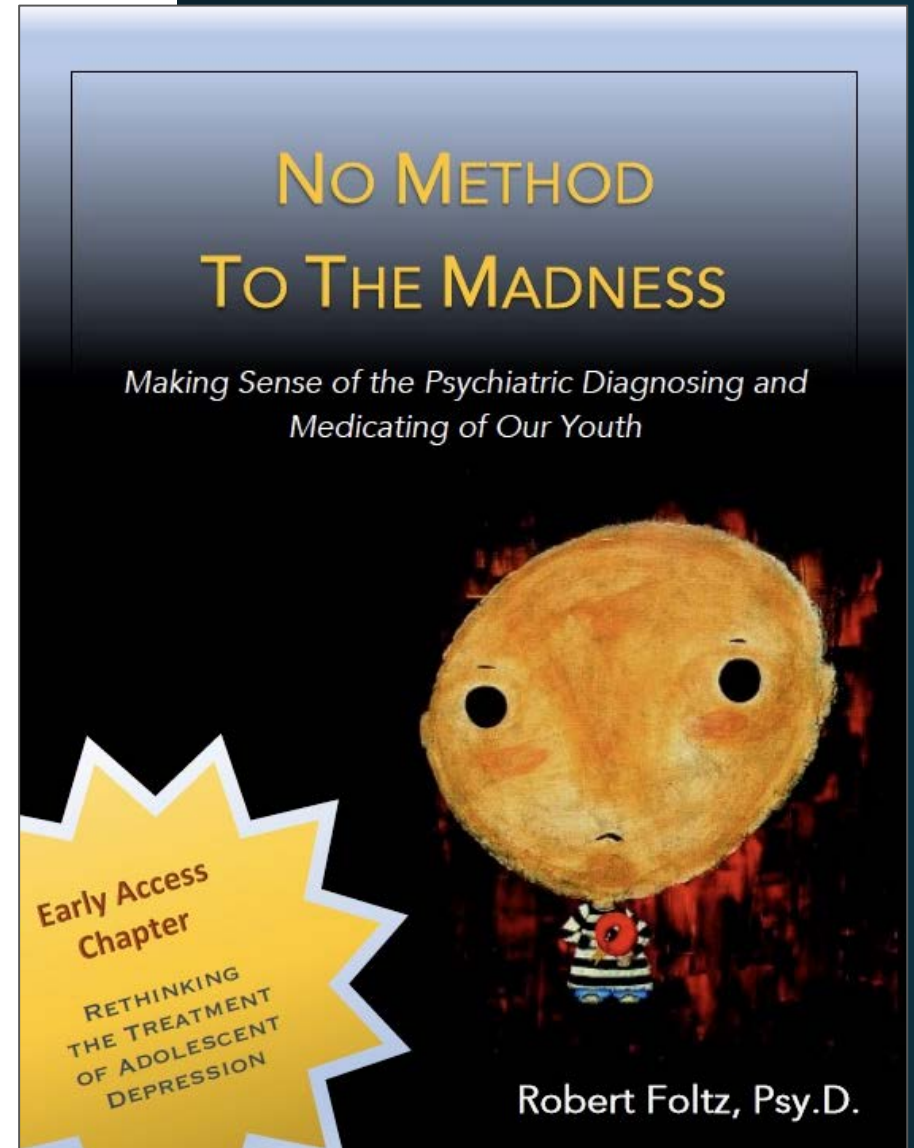
When the Circle is Broken

The Recent Senate Investigation
into Residential Treatment Settings



Introduction

- Involved with Reclaiming Youth since the late 1990s.
- Clinical psychologist with over 35 years of experience in the field.
- Experience in inpatient, residential, and outpatient services, often with adults and adolescents struggling with severe mental illness.
- Professor at The Chicago School since 2009 and his courses include Psychopathology, Pediatric Psychopharmacology, Trauma Theory & Treatment, and Advanced Practicum Seminar.
- Many publications/presentations about the misuse of psychotropic medications.

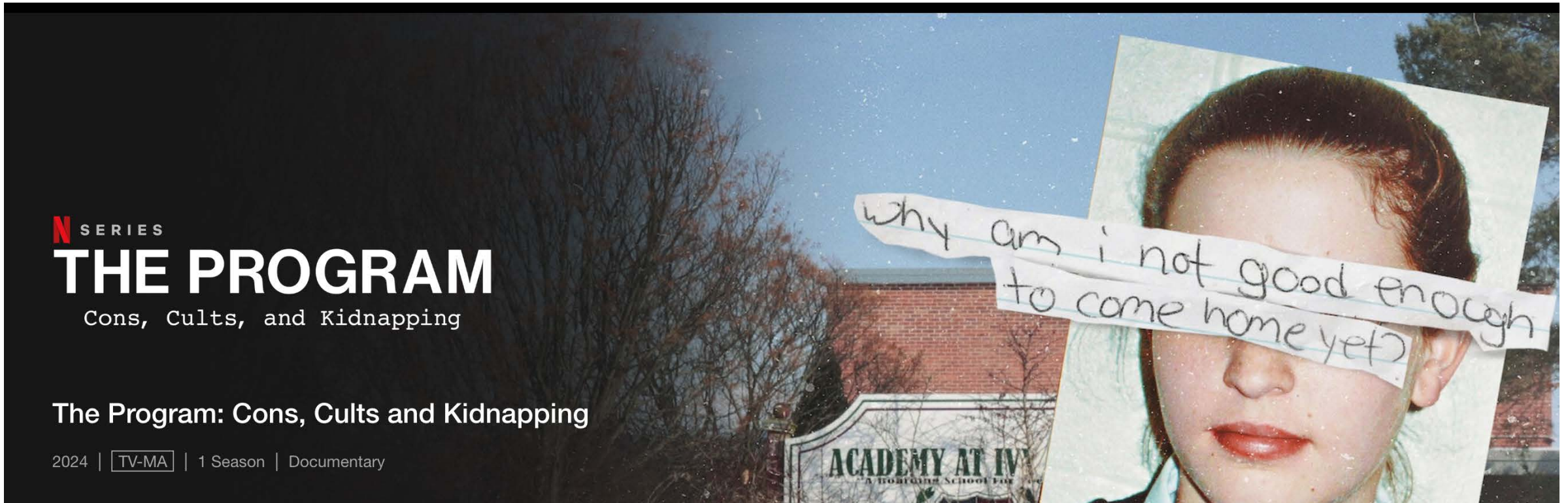


The Goals of this Discussion

- Highlights from a recent Senate investigation into Residential Treatment.
- Warnings about the care being provided.
- The momentum of public exposure of bad residential care.
- If you're in Residential Treatment...and providing *GOOD* care, you need to shout it from the rooftops.



Recent Documentary



N SERIES
THE PROGRAM
Cons, Cults, and Kidnapping

The Program: Cons, Cults and Kidnapping

2024 | TV-MA | 1 Season | Documentary

ACADEMY AT IVY
A BOARDING SCHOOL FOR THE ARTS

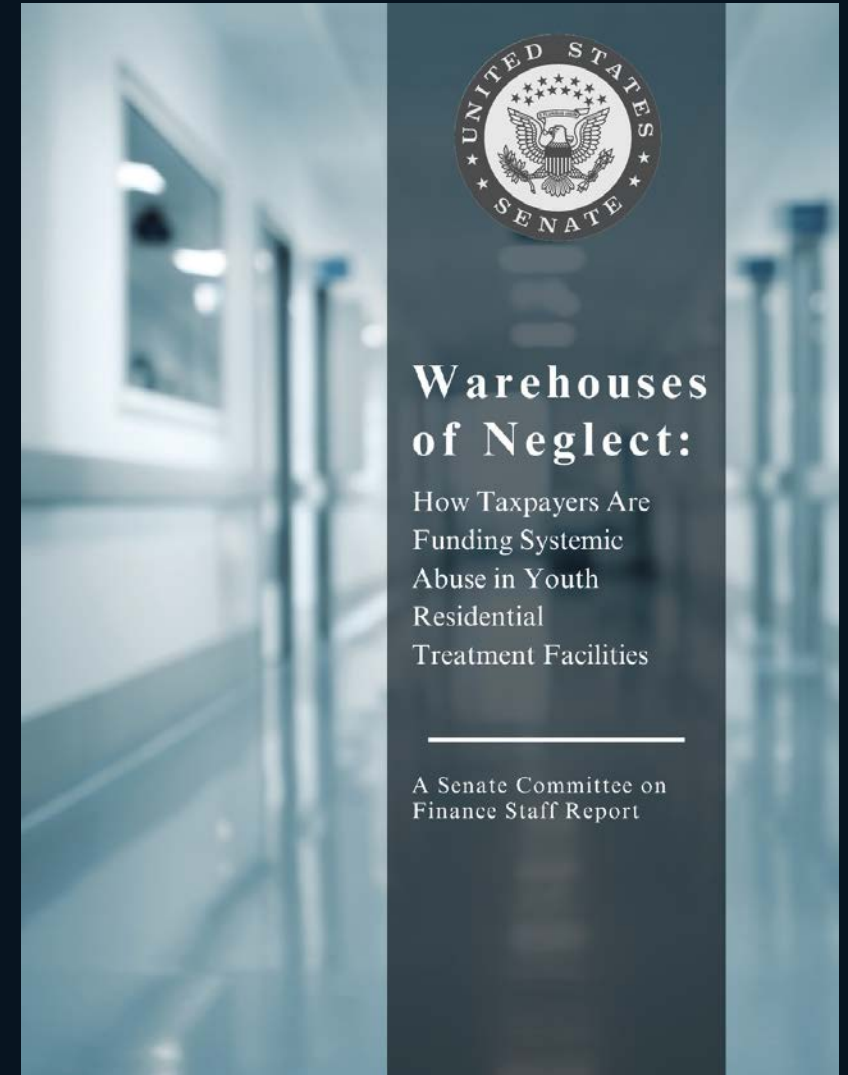
why am i not good enough
to come home yet?



Documentary
Just released

June 2024

- The U.S. Senate Finance Committee conducted a Hearing about Residential Treatment Facilities
- This hearing represents a 130+ page report, summarizing an investigation of facilities across the country and over 25,000 documents
- The investigation reveals a pattern of abuse, failure to provide treatment, and business models driven by profits



Who they Reviewed

- The Senate investigation focused on four of the largest national providers of residential treatment (UHS, Acadia, Vivant, Devereux).
- They are for-profit providers (*Devereux is non-profit*).
- According to the most recent data from the CDC, there are 30,600 residential care communities in the U.S. with a total of 1,197,600 licensed beds.
- **82% of these beds are for-profit...**(982,032 beds)



Universal Health Services, Inc.



What they found

- Video file was too big.
- Video can be seen here:
- <https://www.finance.senate.gov/hearings/youth-residential-treatment-facilities-examining-failures-and-evaluating-solutions>
- And more info here:
- <https://www.finance.senate.gov/chairmans-news/wyden-investigation-exposes-systemic-taxpayer-funded-child-abuse-and-neglect-in-youth-residential-treatment-facilities>



Failing to Connect

- “The reason I don’t feel safe here is because they never clean the until the State gets here.” (former patient)
- “I felt like a dog in a cage...like an animal shelter with the bare minimum.”
- Staff were...”very much power tripping...treating us like we were nothing.”
- Staff “were constantly making me feel bad about myself and bullying me...”that’s why your mom didn’t want to keep you. That’s why you’re in foster care.”

Failing to Care

- Failures to provide qualified care was found throughout their review.
- Staff commented, “[w]e would watch the kids leave, and to be honest with you, it’d be like, ‘Okay, I wonder how long it is before they’re in a jail cell somewhere, or they’re in another program,’ because they weren’t getting better with us.”
- A former nurse at Piney Ridge Treatment Center (Acadia; Arkansas) stated a similar position saying, “[t]hese kids, when they leave, they are worse off than when they got there.”
- ”There was no hope of ever actually receiving any kind of psychological treatment, it was psychological mistreatment and they knew it” (former patient)



Psychiatric Medications - Polypharmacy

- The report determined that polypharmacy was five or more medications administered concurrently (though this definition varies). They noted this was a common pattern.
- Antipsychotics, antidepressants, stimulants, “mood stabilizers” were the most common.
- One child at a UHS facility had 13 medications.
- Five to eight medications was not uncommon at one site.
- Medications were often being used as “chemical restraints” (drugs like Haldol). “Chemical restraints and seclusion cannot be used simultaneously, per federal regulation.”

Failing to Document!



Long periods of time
without therapy



Long periods of time
without group therapy



Lack of clarity around
medication documentation



The conditions and state of affairs outlined in this report did not arise by accident.



The harms, abuses, and indignities children in RTFs have experienced and continue to experience today occur inevitably and by design: they are the direct causal result of a business model that has incentive to treat children as payouts and provide less than adequate safety and behavioral health treatment in order to maximize operating and profit margin.



Facilities, often filled to capacity with dozens of children with mental health conditions, offer minimal behavioral health care by operating an intentionally lean staffing model with few and inadequately trained clinicians.

Dominating, Controlling...



The harmful and deadly conditions in these facilities are not isolated incidents— they are the result of business decisions by the owners.



Despite the egregious failures outlined in this report, these companies are not failing— they are succeeding wildly in securing federal dollars by warehousing children and providing them with inadequate services to meet their needs. Providers will continue to operate this model because it's good business, unless there is some bold intervention.

Accountability

Given these horrible conditions, Agency Leadership **must** be held accountable, right?

Agency	CEO	Company Revenue
Devereux	\$800,00+	\$500,000,000 (95% from Medicaid)
UHS	\$14.5 million	Behavioral Health Division - \$6.2 billion (39% from Medicaid). Company total = \$11.8 b.
Acadia	\$7.5 million	\$6.5 billion (54% comes from Medicaid).

Increased Government Oversight is Coming

- “Create independent, interdisciplinary medical review boards to assess children who are subjected to polypharmacy.”
- Nationwide tracking
- Outcomes Monitoring
- Quality Control
- Re-evaluating Accreditation
- Focus on Community Services



What Can You Do?

- Contact Policy Makers
- Amplify Your Positive Outcomes



- Promote ProSocial Values
 - Collaborate
 - Communicate

Thoughts? Comments?

- Contact me:
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