



# Improvement Strategies for Group Residential Care in New York State

By William T. Gettman, Jr.  
*Chief Executive Officer*  
*Northern Rivers Family of Services*

May 2017

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Northern Rivers Family of Services  
60 Academy Road, Albany, NY 12208  
518-416-2600  
[www.northernrivers.org](http://www.northernrivers.org)

# IMPROVEMENT STRATEGIES FOR GROUP RESIDENTIAL CARE IN NEW YORK STATE

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## INTRODUCTION

Group residential care has a long and complex history in the context of child welfare practice. Intended as a placement of last resort, to be used when psychosocial issues and other factors make family-based settings untenable, use of group care has fluctuated as treatment philosophies change over time.

Nonetheless, placement into group care settings remains a common occurrence for some youth, particularly for youth with extended stays in out-of-home care for whom alternative family- or home-based treatment options are less available. As such it remains an integral part of the continuum of services for a sizable proportion of children in out-of-home care.

In order to best serve the needs of children, group residential care takes on many forms. As a service at the intersect of the three major child serving systems—child welfare, mental health, and juvenile justice—group care has evolved to become “a continuum of programs from substance abuse treatment centers to locked units for sexual offenders to family-style residential group homes, and occasionally even residential school.”

With industry trends favoring alternative family-based, community-based, and home-based treatment options, group care has increasingly fallen in terms of census, admissions, and community support. This shift toward the least restrictive level of care for each child has led to group care facilities serving children with much more acute needs than in the past.

Concerns are manifold. Group care is costly with limited evidence for its effectiveness. Physical plants designed for a particular level of care and treatment is strained by population shifts. Perhaps most critically, group care is an ideological departure from systems of care emphasis on community-based care in the least restrictive setting.

The American Academy of Pediatrics identifies mental and behavioral health as the “greatest unmet health need for children and teens in foster care.” Up to 80 percent of children in foster care have significant mental health issues, compared to approximately 18 to 22 percent of the general population. **Factors contributing to the mental and behavioral health of children and youth in foster care include the history of complex trauma, frequently changing situations and transitions, broken family relationships, inconsistent and inadequate access to mental health services, and the over-prescription of psychotropic medications.**



**Concerns further revolve around reliance on shift staff with often inadequate training and high turnover rates, issues of safety and potential for abuse as well as negative peer processes.**

**While use of group residential care has changed, there is still a need for this specialized service. Group care models have evolved on the fly in response to shifts throughout the child welfare system; the time is now to embark on a planned, evolutionary set of changes to better complement other services and best meet client needs.**

## **CURRENT TRENDS AND CHALLENGES**

Across New York state, program and youth trends impact the delivery of safe, effective, and fair residential treatment. Some of these trends include:

- Growth in the number and complexity of referrals from local government that result in an increase in out-of-state placements
- Increased mental health needs of young persons
- Increased violence of young persons against adult and program structures
- Multiservice needs across developmental disability, mental health, and educational settings

From a provider view trends that impact quality and effective service delivery include:

- Lack of predictable funding increases to reflect residential costs (e.g., insurance, benefits, infrastructure)
- Lack of worker salary increases and a concomitant increase in staff overtime and stretched workforce; turnover rates now average between 35 and 40 percent across the state for front-line staff
- Reduction of benefits by agencies due to fiscal pressures
- Aging infrastructure that is not suited to the physical and mental health needs of the youth
- Outdated staffing standards and related rate structures for direct care supervision (client–staff ratio) program supervision, and initial training
- Crisis levels of staffing for medical and nursing care

In addition, state policy changes will require new and improved programming for young adults. Specific policy changes impacting residential care include:

- Planning for Raise the Age (RTA)
- Managed care transition for residential care
- Transition of federal waiver programs



## STRATEGIES TO IMPROVE RESIDENTIAL CARE

1. Well trained and supported direct-care workforce including:
  - a. Adequate compensation-front line staff are not minimum wage positions
  - b. Professional development
  - c. Coaching and on-the-job training
  - d. Fast-track hiring, clearance functions, and onboarding training
2. Consistent, high-quality, and daily supervision to develop skills and promote development requires additional shift captains, team leaders, and other staff.
3. Adequate and safe facilities including:
  - a. Campus security teams and resources, including appropriate fencing
  - b. Expanded use of cameras in program and common areas
  - c. Appropriate locks and window and door alarms
  - d. Individual rooms and flexible unit size arrangements
  - e. Adequate program and treatment space for small group activities
4. Daily programming that supports child/adolescent engagement, community involvement, restorative justice, and related skill development
  - a. Expansion of recreational and activity specialists
  - b. Development of milieu specialists
5. Adequate, equitable, and predictive compensation schedules
6. Family engagement in development of treatment plans
7. Specialized treatment services related to mental health, violence, substance abuse, and critical medical care
8. Availability of short-term respite resources for escalated youth
9. Consistent policy at state level regarding:
  - a. Justice Center reporting of allegation of abuse, neglect, and significant incidents
  - b. Use of restraint
  - c. Criteria for allegation reporting of abuse and neglect
  - d. Case planning and management
  - e. Behavior management

## CONCLUSION

The role of group residential placements in the child welfare system has changed, and support for the model must evolve to address these changes. Group residential facilities are now treating more challenging clients with complex needs, and require investments in physical plants and workforce development to ensure that the children of New York state get the help and treatment they need and that the state expects them to receive.

