



StreetRoots: No place to go: Beds in demand for youths with mental illness

By Emily Green, StreetRoots
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Conversations about Oregon’s shortage are moving forward, but progress is slow

It’s been six months since an Oregon Judicial Department task force quietly released a report outlining troubling shortfalls in the state’s placement and treatment of children with mental health needs in its custody.

Most pressing, it was revealed, is that some juveniles with severe mental health needs are being warehoused in correctional facilities when there are no treatment beds available.

The majority, 73 percent, of juvenile court judges surveyed across Oregon indicated they’d been forced to commit one or more youths suffering from mental health disorders to a juvenile detention facility during the prior year simply because there was nowhere else to send them. One judge committed more than 20 juveniles to detention facilities for this reason.

It’s a situation that’s “probably only gotten worse since we began our discussions,” Nan Waller, task force co-chair and Multnomah County Circuit Court presiding judge, told attendees of a July 6 task force meeting in Salem via speaker phone.

The task force’s last mandated meeting was in January, when it adopted its final report, but members indicated the issues they discovered were too important to leave unresolved, and they decided to meet again this summer to discuss ongoing efforts to drive solutions.

In the months since, their agenda has moved forward, but slowly.

While the extent of the treatment bed shortage appears to be significant based on surveys of caseworkers and judges across the state, the number of



Youths with mental health needs who come into state custody are being warehoused in juvenile detention facilities, like Hillcrest in Salem, according to a draft report from the Oregon Judicial Department.

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additional beds needed is unknown. This is because, traditionally, statewide data haven’t been tracked and mental health screening isn’t consistent among counties.

Task force staffer Megan Hassen told meeting attendees there was a possibility of getting an appropriation to analyze this data so the task force would be able to formulate a specific request it could take to the Oregon Legislature.

“I also heard from judges that we don’t have time for that,” she said, noting that juvenile court judges say they have youths on their dockets right now who need treatment services that aren’t available.

In the months since the report’s release, the shortage of placements in treatment facilities has been compounded by the Oregon Department of Human Service’s increasing loss of foster care beds at a time when it was already coming up short.

Its interim director, Reginald Richardson, said at the same meeting that his department has lost 400 beds in family-run foster homes over the past two years, and it's lost more than 100 beds in residential facilities over the past 12 months.

He attributed the loss of foster families to his agency's failure to "be a good partner" to foster parents. He said several factors have contributed to the loss: not including foster parents as part of the team, the agency's history of removing children from foster homes with "very little notice," placing challenging children who previously would have been placed in residential treatment facilities or a higher level of care into family homes, and not being transparent with foster parents about their needs.

"Our best recruiters were our foster parents," Richardson said, "and they are speaking with their legs: They're walking away from us."

In 2014, Oregon Supreme Court Chief Justice Thomas Balmer convened the Juvenile Justice Mental Health Task Force in response to the increasing number of youths with mental illness within Oregon's juvenile justice system and concerns about the system's inadequacies.

After a year of research and deliberation, members of the task force including representatives from Oregon Judicial Department, Oregon Health Authority, **Oregon Youth Authority**, and advocacy group Youth, Rights & Justice released their report Feb. 4.

Statewide, the report found, the shortage of both residential and emergency beds for youths in mental health crisis has led not only to youths' being sent to detention centers instead of getting needed mental health treatment, but also numerous incidents of child welfare workers' staying overnight in their offices or hotel rooms with youths while they search for more suitable arrangements.

This scenario is mirrored in the state's foster care system, and Richardson said that no more than 12 children at any given time are being housed in hotel rooms with two state employees – an expensive temporary solution.

The task force's report also indicated that as youths bounce between the care of different state agencies,

their service providers and medications often change, their medical records don't follow them, and their prescription plans are subject to varying levels of protections.

These problems, along with treatment shortages, are anything but new.

Mark McKechnie, director of Youth, Rights & Justice, said he's been working on many of these issues for 10 years or longer.

"The issues addressed in the report are things that we've been concerned about for a very long time," he said, "and many of the recommendations are repeats of recommendations that have been made previously."

At the July task force meeting, Paula Bauer, a treatment services program manager at Oregon Youth Authority, expressed frustration with the declining services available.

"If you compare the size of the system in the 1990s to the population of kids we were serving then, and compare the size of the system now to the population of kids we're serving now," she said, "there's a deficit of services."

Furthermore, she said there is no program designed to serve the most challenging kids in the system – severely traumatized juveniles who act out repeatedly and have difficulties keeping their placements.

One proposal on the table would be to start a pilot program that would serve about 24 youths in this category, and it's a proposal the task force is considering.

"The 24 beds we're proposing is a tiny drop in the bucket," Bauer said, "but they won't go unused."

While the bureaucratic process toward allocating more resources inches along, there are traumatized youths sitting in juvenile detention facilities because they have mental health care needs that are not being met.

A spokesperson for Gov. Kate Brown's office, Bryan Hockaday, said Brown is fully aware of the problem.

"The governor is very concerned about the immediate need that children in Oregon and families are facing," he said.

Task force members met with the governor’s staff April 7 to request the formation of a Children’s Cabinet. This Cabinet is one of the task force’s key recommendations, and it would bring together representatives from all three branches of state government – and consolidate the various work groups and task forces assigned to issues facing children in state custody – to address ongoing reforms to juvenile delinquency programs.

Hockaday said Brown is in the process of “re-envisioning what a 21st-century behavioral health system in Oregon looks like.”

But that kind of system overhaul doesn’t happen overnight, and there is an immediate need for placements.

“We’re working very closely with our agencies to figure out what we can do to prioritize the limited resources to better meet the immediate needs and the immediate challenges that we are facing, and at the same time we work to do this overhaul, systemwide so that long term, we’re seeing better outcomes,” Hockaday said.

He said it’s too early to know how these issues might materialize in the governor’s budget.

McKechnie said the state should look to incorporating “treatment foster care” into its system. It serves as an alternative to state hospital-level care and has been shown to be effective with children exhibiting challenging behavioral issues. It involves a higher level of home care and outside resources available to foster parents when they need to call for assistance. He said while the model was developed in Oregon, the state has not figured out a way to fund and sustain such a program as other states, such as Wisconsin, have.

In May, Andrew Nanton, a doctor with Oregon Youth Authority, authored a response to the task force’s findings and recommendations. It was his opinion that Oregon should increase access to Multisystemic Therapy, an intensive treatment program that involves everyone in a child’s environment, from family to community, friends and teachers.

“It is my understanding that this modality was previously available in Oregon, but no longer formally in effect,” he wrote. “It is an effective intervention for Conduct Disorder and would be a useful tool for community interventions to avoid progression to foster care, detention and hospitalization.”

In addition to meeting with the governor’s office, task force members have been working with the Juvenile Department Directors Association to adopt uniform mental health screening across the state’s 11 county juvenile detention facilities; they are working to develop a legislative concept to expand the legal protections for juveniles taking psychotropic drugs within Oregon Youth Authority facilities; Oregon Health Authority has begun a mapping project to collect data on juvenile mental health needs in different regions; and Waller plans to present to judges across the state the task force’s plan and coach them on what to do when there are gaps in service, according to the task force’s implementation plan.

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