

Montana adds protections for kids in private residential treatment programs

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As a teenager attending Chrysalis Therapeutic Boarding School for Girls, a private, alternative therapeutic program in Eureka, Montana, from 2001 to 2004, Meg Applegate was subjected to emotional abuse and not given medical care for injuries from physical labor such as baling hay, chopping wood, and moving rocks, she said. Yet she couldn't communicate what she was going through to her parents because she was not allowed unmonitored phone calls with them for over a year.

Applegate, along with her parents, and other students who attended similar alternative, for-profit behavior modification programs in Montana have testified about their experiences to help pass a new law that aims to bolster protections for teens in programs that are part of what is commonly referred to as the "troubled teen industry."

The law increases the state Department of Public Health and Human Services' oversight of such programs by requiring weekly, unmonitored video calls between program attendees and their parents, more inspections, and a 24-hour child abuse hotline for program residents.

"If we knew then what we know today, my wife and I would never have made the decision to send our daughter to a residential treatment boarding school in Montana," said Richard Gochnauer, Applegate's father.

Like other states, Montana has struggled to fund and regulate options for behavioral health care for adolescents. Those are not only private, for-profit programs in the state, where allegations of abuse and neglect went unchecked for years, but also Medicaid-funded treatment programs in other states where Montana kids are sent, some of which have also faced allegations of abuse.

Advocates for teens have called for national oversight of alternative treatment programs. Celebrity Paris Hilton is among those working to

introduce [federal legislation](#) to better regulate programs nationwide on the basis of her experience in Montana as a teen. Until federal regulations exist, some states, including Utah, California, and Oregon, have aimed to regulate the industry within their borders. In many other states, though, little to no oversight exists.

"One of the things that has been really tough as we shine light on these programs is that the bad actors in the industry condition and prime parents to not believe their own children, and children aren't able to tell their parents what's going on," said state Rep. Laura Smith, a Democrat who sponsored the Montana measure. "So, I wanted to ensure that kids have a way of reporting abuse."

The new Montana law, which takes effect in October, adds protections for youths attending private, for-profit alternative therapeutic programs in the state. It increases the number of unannounced inspections by [state officials](#) to two a year, and requires that at least half the kids be interviewed at each inspection, in addition to their weekly unmonitored video calls. It also allows the state health department to review and approve each program's policies.

Megan Stokes, executive director of the National Association of Therapeutic Schools and Programs, said her group supported the measures included in Montana's new law, such as increased inspections. However, she said she also would like the state to remove its exemption for faith-based programs from those rules.

"It's a loophole a program could go into and then they're unlicensed," Stokes said. "There's no oversight, and that's a concern."

The measure had gotten a boost by the appearance of Hilton, the hotel chain scion who visited Montana and met with senators to impart that a lack of open communication in programs stifles reports of abuse and

neglect. Hilton alleged that she experienced abuse, including being strangled by staffers, while attending a program in Montana.

"It really gave my colleagues in the legislature a real picture of what happens in these programs, because if these programs can be so secretive that they can violently assault a Hilton, what are they doing to foster kids and everyday people?" Smith said.

This law is meant to bolster program oversight, which the state health department took over following an investigation by the Missoulian in 2019 that exposed long-standing problems. Previously, the programs were overseen by a board composed mostly of program owners that dismissed 58 complaints submitted to the board over a decade.

Smith was deputy director of the health department when oversight was transferred in 2019. Within a month of the department taking on the new regulatory duties, it removed 27 children from Ranch for Kids near Eureka and permanently revoked the program's state license based on allegations of children being hit, kicked, and spat on.

In 2021, Reflections Academy for Girls voluntarily closed after the state found the program had mishandled the case of a 17-year-old girl who died by suicide. According to reports, state inspectors found that staffers did nothing to supervise the girl after she told employees she felt suicidal on the day of her death, instead dismissing her statements as manipulation. She was found dead in a bathroom several hours later.

In the time since oversight was transferred, 11 of the 19 programs that existed under the previous board have closed, changed licensure, or moved to other states, according to program licensing records. Now seven programs are licensed in Montana, according to the department's website.

Corey Hickman, executive director at Chrysalis, said that he supports the new law and that it won't be very consequential for his program. He said the structure for weekly calls to parents is already in place, though he said he'll need to figure out the logistics to have a phone available for students to call an abuse hotline.

He said he was uncertain about the events during Applegate's time at Chrysalis, given he and the current owners took over the program nearly a decade after her attendance. Hickman said rules governing access to [medical care](#) were added once the health department assumed licensing.

"I'll be the first one to own it's never perfect," Hickman said. "And we always have to be better and more client-centered."

Other programs did not respond to requests for comment about the law for this article.

Applegate, now 37 and the CEO of Unsilenced, a group that advocates for reform and transparency in the troubled teen industry, said it would have helped to have unmonitored calls during her time at Chrysalis. Yet she said she worried the state may not have the capacity to enforce the new law.

"Even if it's not monitored and a child is experiencing what they believe to be abuse and say, "I need to use the phone unmonitored," that is enough for retaliation," Applegate said.

Jen Shaw, a former teacher who worked at Clearview Girls Academy, a private residential treatment program, said she thinks Montana's new law will help the state hold more programs accountable. The measure includes "basic health and safety standards with actual oversight so that more kids don't die," Shaw said, referring to the suicide at Reflections Academy.

Smith said other aspects of the industry still need improvement, including addressing deceptive marketing practices, a lack of adequate educational services within some programs, and inconsistent professional qualifications required for staff members.

The high demand for treatment of children with behavioral and substance abuse problems and the limited care options in Montana have led state health officials to spend Medicaid funds to send kids to residential programs in other states with less stringent oversight. Some of those programs have been accused of abuse and mistreatment.

Shipping those kids out of state for treatment comes with a high price tag for taxpayers, and often the children's issues are not resolved or grow worse. To reduce the need to send kids out of state, Shaw said, Montana will need to focus on community-based care within its borders.

For years, Montana's medical professionals have struggled because of reimbursement rates that don't cover all their costs for providing care to patients covered by Medicaid, the state-federal program that provides health coverage for low-income people. This legislative session, state lawmakers finally raised providers' Medicaid reimbursements, which may keep more kids in state for treatment.

"This has been under-resourced for a very long time," said Lauren Wilson, a pediatrician and the president of the Montana Chapter of the American Academy of Pediatrics. "This isn't a huge windfall for any of these programs, but it will help them meet their costs, which is a start."

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