

Patterns Persist:

Alarming Concerns in Ohio's Residential Treatment Facilities for Children and Youth

Introduction

In an era defined by widening gaps in quality improvement, Disability Rights Ohio questions whether existing “minimum standards” are truly enough to alleviate errors and the harm perpetuated in some of Ohio's youth residential treatment facilities.

Disability Rights Ohio and many individuals and entities across our state have a shared vision of positive outcomes for Ohio's children and youth residing in isolated environments within residential treatment facilities. Ohio has the potential to become a national leader in the provision of quality, safe, trauma-competent, and recovery-promoting care for children and youth. To achieve such results Ohio's behavioral health system needs a strategic investment in safe, holistic, and individualized clinical care focusing on wellbeing, continuous evaluation of implemented treatment processes, equitable care, and ongoing assessments of recovery progress for some of the most vulnerable children and youth in our state.

What is a Youth Residential Treatment Facility (RTF)?

A residential facility is a place where children and youth live temporarily or long term for the purpose of receiving mental health treatment. The Ohio Department of Behavioral Health (DBH) describes youth residential facilities on their website as “Class 1 Residential Facilities that provide housing, care, and mental health treatment services for children and teenagers with serious emotional problems. This type of out-of-home placement is time-limited, it is not a permanent living facility”. Children and youth are to receive therapy, medication management, and help with socialization and activities of daily living. Most of the facilities in Ohio offer on-site education services as well.

Ohio's youth RTFs serve some of the most vulnerable and at-risk children and youth in our state. The youth commonly have complex trauma histories and challenging treatment needs. An RTF is a highly restrictive setting, second only to hospitalization. Many of these live-in settings more closely resemble institutions in environment and operations than what the public would define as “a home”. The facilities are intended to be safe, structured, and welcoming environments where children and youth can participate in therapeutic programming and activities that help promote their healing, growth, and recovery. Children and youth are often placed in these facilities by their parents or guardians who have made the exceedingly difficult decision to turn over the care of their child, and at times their custody, to unknown people across the state or even out-of-state to get their child the help they deserve. The children and youth placed in RTFs often intersect with multiple systems of care such the Ohio Department of Behavioral Health, Ohio Department of Job and Family Services, Ohio Department of Youth Services, and numerous county child protective service agencies.

Who is Disability Rights Ohio?

Disability Rights Ohio (“DRO”) serves as the federally authorized protection and advocacy (P&A) system for people with disabilities in Ohio. DRO is a non-profit organization with a mission to empower people with disabilities to advance rights, access, and equity.

Patterns Persist

Part of DRO's function as the P&A system is to conduct monitoring activities and to investigate reports of alleged abuse or neglect of Ohioans with disabilities in state-operated, licensed, and certified facilities within and across various systems of care. Monitoring activities are non-complaint-based visits to facilities that focus on rights education and protection, environmental conditions, and standards of care and treatment to advocate for and protect the rights of individuals with disabilities. Investigations typically start with a complaint or report alleging abuse, neglect or exploitation that may be impacting an individual or group of individuals with a disability. What makes Disability Rights Ohio's primary role and advocacy unique from state agencies, licensing bodies, provider organizations, and other regulators and accreditation bodies is that DRO's charge is to intentionally amplify the voices of people with disabilities receiving services in Ohio's systems.

From January 1, 2020, to March 31, 2026, DRO visited 75 residential treatment facilities (RTFs) serving children and youth. The purpose of these visits was to perform monitoring (66) and investigation (9) activities. DRO toured the facilities, interviewed administrators at these facilities, and spoke with the children and youth who wanted to speak with DRO. DRO reviewed hundreds of records including incident reports, video footage, and children's treatment files. DRO also engaged a national expert to help with the peer review of several clinical records outside of DRO's staff members' expertise. DRO repeatedly elevated concerns to state licensing agencies when incidents were egregious or the facilities did not choose to work with DRO around recommendations made to protect the safety and rights of children and youth. During this same time, DRO issued two Public Reports on youth RTFs after both the facilities and the state licensing body failed to act in a manner that kept youth safe, promoted accountability, or mandated that harmful practices cease.

DRO's Connection to National Concerns

Concurrent with DRO conducting its work, the U.S. Senate Finance Committee issued a report in June 2024 titled "Warehouse of Neglect: How Taxpayers are Funding Systemic Abuse in Youth Residential Treatment Facilities" after a 2-year investigation conducted by the Senate Committee on Finance and the Senate Committee on Health, Education, Labor, and Pensions. The report investigated residential treatment facilities operated by four providers: Universal Health Services (UHS), Acadia Healthcare (Acadia), Devereux Advanced Behavioral Health (Devereux), and Vivant Behavioral Healthcare (Vivant). In the report the Committee stated that "Children should receive high-quality mental health services in the least-restrictive environment that meets their needs. Children are sent to RTFs by private and public actors, including parents and guardians, psychiatrists, child welfare agencies, the juvenile justice systems, and educational systems."

Here are seven of the fourteen key findings in U.S. Senate Finance Committee report. The issues, whether standalone or when found in combination, may be categorized as systemic, serious problems across numerous states, including Ohio.

- ***Need to improve the conditions in RTFs and the broader behavioral health landscape.***
- ***Children suffer routine harm inside RTFs.***
- ***Children inside RTFs often do not get the treatment they need for mental and behavioral health needs, despite RTFs being reimbursed to provide intensive services.***

(con't)

Patterns Persist

- *The use of restraint and seclusion in RTFs allows for unchecked abuse.*
- *Inadequately trained staff and staff routinely fail to discharge their duties.*
- *RTFs are often non-homelike environments, exposing children to unsafe and unsanitary conditions.*
- *State and federal oversight authorities fail to effectively identify and address harm to children in RTFs. When RTFs correct deficiencies, their efforts are remedial rather than companywide.*

Two youth residential treatment providers that are highlighted in the Senate Finance Committee report – Universal Health Services (UHS) and Vivant Behavioral Healthcare (formerly Sequel Youth and Family Services) - either have or have had youth residential treatment facilities licensed in Ohio by the Department of Behavioral Health. UHS is a publicly traded for profit corporation that presently operates four youth residential treatment facilities licensed by the Ohio Department of Behavioral Health. All four of the UHS youth RTFs have been investigated by DRO. One of the UHS youth residential treatment facilities is currently being investigated by DRO, and a second investigation in another UHS facility, lasting over two years, closed in March 2026. In June 2020 Sequel Pomegranate (rebranded as Vivant Behavioral Healthcare) voluntarily relinquished its license in Ohio after a 9-month investigation and a public report was released by DRO.

In general, the themes Disability Rights Ohio has observed, addressed, and elevated to facility administrations and state licensing bodies from numerous monitoring and investigation activities across the state, mirror those mentioned in the 2024 U.S. Senate Finance Committee report:

- *Lack of personalized and homelike environments for youth.*
- *Serious and systemic cases of abuse and neglect.*
- *Violations of safety and treatment standards.*
- *Unapproved and painful restraint techniques and inappropriate use of restraint, including chemical restraint.*
- *Peer-to-peer bullying and staff intimidation.*
- *Physical abuse (including chokeholds and punches).*
- *Poorly supervised, unstructured, re-traumatizing environments.*
- *A failure by agency leadership to provide safe, trauma-informed cultures.*
- *Overall infringement of civil rights.*

“I don’t feel safe here.”

-A youth interviewed by DRO inside a facility

Patterns Persist

DRO Position Remains a Decade Later

Many of the repeated concerns Disability Rights Ohio advocates to change today come a decade after the release of a 2016 Disability Rights Ohio report titled, "Treatment Instead of Trauma: Examining Residential treatment for Ohio's Youth". The 2016 report was published with the intent to integrate the concepts of best practice approaches used to serve youth with mental health challenges and histories of trauma into state conversations. The set of recommendations in the report was developed to help ensure that children and youth receive the services they need in an appropriate setting, and that those services are high-quality and do not cause further harm. Proposed strategies included the effective use of data to assess and improve services, prevention of unnecessary institutionalization by prioritizing high quality community-based services and improving the quality of residential treatment. One recommendation that has been implemented since the release of the 2016 report is the establishment of a youth ombudsman office. Two recommendations that have been partially implemented are 1) a plan for providers to implement trauma-informed environments and trauma-informed care practices within youth residential treatment facilities through rule implementation and 2) the vision to eliminate the need for custody relinquishment through the launch of OhioRISE. Three vital recommendations for youth residential facilities that have not yet been sufficiently addressed are 1) the elimination of restraint and seclusion, including chemical restraint, 2) the prevention of abuse and neglect through mandated reporting, and 3) the implementation of a quality-improvement system for RTFs that goes beyond minimal licensing requirements.

An entire decade later current regulations still only provide a minimum standards approach to the health and safety of children and youth in our state. Through the utilization of a "minimum standards" approach state licensing bodies appear unable to ensure that youth residential treatment facilities align with best practice treatment modalities that have the highest probability for sustained positive outcomes for children and youth. Ten years after the issuance of DRO's report there is still no staff at the Department of Behavioral Health dedicated solely to overseeing residential treatment services for children and youth. Ohio's children and youth need qualified and dedicated state-level staff to collect and analyze data and to assist in the design, implementation, maintenance, and evolution of a quality improvement program for RTFs.

“This place is not helping.”

-A youth interviewed by DRO inside a facility

It is concerning that DRO continues to see and report many of the same issues identified at one youth residential facility repeat at another facility with no direct, immediate, consistent, or predictable actions taken by facility leadership or the state licensing body to immediately reduce harm. It remains the role of the facility leadership and licensing bodies to keep the children and youth safe in their care. It is the role of DRO to continue to elevate the voices and needs of children and youth by sharing their experiences and to monitor and investigate for rights education and protection.

Patterns Persist

DRO's Position

It is DRO's position that when a state agency licenses and certifies a residential treatment facility to provide services to children and youth the public should be able to rely upon those licenses or certifications as an assurance that children and youth are safe, that the services required are being provided, and that the standards set are consistently met for as long as the entity remains licensed or certified. If this assurance is not implemented, then the state licensing agency must act to remedy the issues completely.

The state licensing agency must raise the minimum standards

DRO has been told repeatedly that one of the central roles of the state licensing body is to establish a set of minimum standards for licensed residential facilities. If the current quality of care of Ohio's youth meets the state's idea of minimum standards, then the state needs to raise its and providers' expectations on what "minimum" means.

The state's standards need to address what it takes to provide quality care, including the infusion of trauma-informed effective and promising practices into all licensed or certified facilities' physical environments, provision of behavioral health services, resident safety, resident/patient rights, and the administration and management of the facility through ongoing quality assurance practices. The state must apply and enforce standards consistently across all licensed facilities and ensure that the standards are implemented with fidelity in the facilities. This means looking beyond whether a facility complies on paper to measure continuous safety and good clinical care of children and youth in Ohio's residential treatment facilities. Both the state department and the providers they license should have the resources and expertise to safeguard the standards, observe facility practices, and ensure standards are consistently implemented.

Consider the Experiences of Youth in State Planning and Quality Assurance/Quality Improvement Practices

DRO believes DBH and leadership at each youth residential treatment facility must spend time talking with the children and youth while they are in the facility to better understand their perceptions and realities of the treatment that they are receiving.

Children have a right to receive treatment that is focused on their healing, wellness, and life readiness. Most importantly they have the right to be kids, to have their voices heard, their lived experiences honored, their recovery supported, and to have their childhoods restored. The statements of the youth DRO interviewed strongly suggest that this is not happening.

“The staff aren't helpful. They make things worse.”

-A youth interviewed by DRO inside a facility

Patterns Persist

Stronger Enforcement Action is Needed

The state must use all currently available tools and seek additional tools to enforce accountability when a facility does not meet safety, care, and treatment standards. Since September 2025, under existing state law, the Department of Behavioral Health can suspend the license of a class one residential facility that serves children without prior hearing if it finds that certain conditions exist. This includes suspending additional placement of children to the facility and notifying children services agencies about the suspension. Since at least 2013, DBH has also had the power to take possession of and operate a residential treatment facility when there is a substantial risk of physical or mental harm to residents, and it is necessary to protect the health, safety, and welfare of the residents. DRO is not aware of any instance in which DBH has used this authority, beyond suspending admissions. If DBH elected to use this power, it is required to provide notice to DRO – DRO has not received such notice in recent years. The state must make full use of these remedies because the situation facing Ohio's youth requires it.

More is also needed. State licensing agencies must have the authority to remove youth from unsafe environments until facility staff are retrained, and the residential and treatment programs are once again evaluated as safe by the state licensing body for children and youth to return. Furthermore, staff who engage in harmful practices demonstrated through state incident reporting processes must be temporarily removed from the facility's workforce until an investigation is finalized, and if substantiated, permanently removed. Additionally, there needs to be a unified set of state standards and oversight specific to abuse, neglect, and exploitation incident reporting that require all RTF staff to be mandated reporters. Unlike the developmental disability system, staff who are not professionally licensed or certified (those who are not social workers, counselors, psychologists, psychiatrists, nurse practitioners, nurses) are not mandated reporters of child abuse. This means that the staff with whom the children and youth in RTFs spend the majority of their time with, those who are responsible for managing the residential living environments, those who are often responsible for de-escalating situations, involved in restraints, and those who oversee non-treatment activities such as showering, recreation, night time activities, and community outings are currently not mandated to report any abuse that they may see or are told about directly from the children and youth.

Furthermore, similar to the developmental disability system, an abuser registry needs to be created. Within the developmental disability system an abuser registry is a list of individuals who have been involved in a substantiated incident of abuse, neglect, or exploitation that is part of a predetermined list of registry offenses, and have been determined to be ineligible for hire at any facility or agency until removed from the registry by the State Director. If an abuser registry was to be adopted by the Department of Behavioral Health, all licensed and certified behavioral health employers and state-operated behavioral health facilities would subsequently be required to check the abuser registry before hiring an applicant, to confirm that they are not on the registry. Employers should also be required to complete an annual check to ensure their employees are not on the abuser registry as part of their quality assurance activities.

Need for State Level Transparency

At a minimum, families, guardians, and systems of care should have ready access to information and data about facilities that are failing minimum care and quality standards. DRO believes that state licensing bodies should make publicly available on their state websites lists of facilities, updated in real time, that are under corrective action plans or are in some phase of license suspensions or revocation.

Patterns Persist

High performing youth RTFs in Ohio that intentionally work to ensure the delivery of safe, quality care deserve more positive attention than to be grouped into the same category as their peers who are not performing, are underperforming, or worse are doing harm to the children and youth in their care.

Ohio's children and youth deserve to know where they are going. None of the youth who spoke with DRO during on-site visits said they would have voluntarily left their families, friends, schools, and communities to come into isolated, institution-like settings.

Stop Reliance on National Accreditation Bodies to Identify Lapses in Quality Care

National accreditation bodies, to which the agency pays membership dues, strive to keep their network of providers intact and growing. While national accreditation is one mechanism to determine the presence of quality, best, and promising treatment practices it should not be the process licensing bodies rely on to evaluate ongoing quality care for the providers they license.

Invest in Continuous Professional Development for All Staff

Trauma competent care practices are necessary in youth residential treatment facilities. These practices follow the core principles of safety, choice, collaboration, trustworthiness, and empowerment in interactions with children and in policies and procedures. As stated by the CDC, "Adopting a trauma-informed approach is not accomplished through any single technique or checklist. It requires constant attention, caring awareness, empathy, and a cultural change at an organizational level".

Quality and clinical competent environments demonstrate a culture of safety. These settings provide ongoing and intensive staff training for those who are specifically responsible for milieu management, as unlicensed personnel these staff have not received formal clinical training. These environments also promote the training of all facility staff and the development of clinical skills and clinical intuition necessary for individualized and holistic care.

Conclusion

Leaders at the state and national level are recognizing these problems and trying to make changes to address them. As recently as April 2026, Ohio House Bill 811 was introduced to the 136th General Assembly by Representative Crystal Lett regarding Behavioral Health licensed residential facilities. The Bill aims to amend state law to mandate action when certain unsafe conditions exist, rather than leaving the discretion to act to the state agency. Mandated action of this type would require the standard to be applied equitably across all licensed residential facilities.

In December 2025, a U.S. Senate bill that builds on the 2024 Senate Committee's investigation and report was proposed by U.S. Senator Ron Wyden, Oregon. The purpose of the new bill is to expose abuse at residential treatment centers for children with behavioral health needs and youth in foster care.

Patterns Persist

The current reliance on “minimum standards” only reinforces minimum expectations as to how facilities are to operate. They intentionally and unintentionally set the floor void of aspirational treatment for children and youth in our state. When used alone a minimum standard approach fails to establish consistent benchmarks for compliance, innovation, quality treatment, and positive life outcomes for children and youth that can be evaluated for results. The current mandatory “minimum standards” floor is sagging in several youth treatment residential facilities across Ohio. Licensing, regulatory and accreditation bodies must adopt enforceable universal trauma-competent quality practice standards that dismantle systemic harm, empower individuals, support youth in becoming active participants in their treatment, demonstrate individualized treatment that promotes wellness, and foster quality assurance standards at provider organizations.

It is Disability Rights Ohio’s vision and hope that this report is the starting point to have others join advocacy and treatment efforts to jointly implement standardized actions across state agencies, licensing bodies, provider organizations, and other regulators and accreditation bodies that mandate measurable, accountable, and enforceable solutions in Ohio’s RTFs to provide better, safer, individualized quality care for some of the most vulnerable and at-risk children and youth in our state to ensure their long-term success.

About Disability Rights Ohio

Disability Rights Ohio is the federally and state designated Protection and Advocacy System and Client Assistance Program for the state of Ohio. The mission of Disability Rights Ohio is empowering people with disabilities to advance rights, access, and equity. Disability Rights Ohio provides legal advocacy and rights protection to a wide range of people with disabilities.