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Failing our troubled teens: As Washington's shortage of inpatient drug beds persists, one family sues the facility they hoped would help their daughter

Emma Epperly; *The Spokesman-Review*, Spokane, Wash.

Feb. 17—Jamie Million spent years trying to get help for her daughter.

From a young age, it was clear Arianna "Ari" Herron struggled with mental illness.

Million had taken her to the doctor, to counselors and psychiatrists. When Ari turned 13, she could — and would — opt out of some therapy appointments.

By early 2021, the situation was dire. Ari was dabbling in drugs and struggling with an eating disorder.

Million was able to get her into Daybreak Youth Services in Spokane for treatment.

It went well. Ari's counselor helped mediate family issues and held her accountable, Million said.

"I thought, 'Yeah, this is it. I got my daughter back! Thank you, Daybreak,' " Million said.

Despite living in Lacey, near Olympia, Ari came to Spokane for inpatient treatment. There were few places to get such help for teenagers addicted to drugs and beset with behavioral health issues in Washington. So for many, just getting into treatment means all the stars have to align.

Staffing shortages and low reimbursement rates for these centers, and a lack of support before and after treatment, are all factors that contribute to the problems afflicting teens needing help.

And if teens do get into treatment, the problems don't stop.

In Ari's case, she relapsed, ran away and returned to Daybreak.

This second round of care, however, was drastically different. Her problems and vulnerability inside Daybreak attracted the wrong kind of attention. She became victimized by a staff member both during her stay and after her release, according to investigative findings by the Washington state Department of Health.

Ari overdosed and died at home on Feb. 17, 2023. It was only after her death that Million learned the extent of what she believes is the damage done to Ari at Daybreak.

"I wouldn't send my dog to that place," Million said.

Ari's case, along with other complaints of misconduct, led to the forced closure last May of Daybreak's approximately 60 beds at two treatment centers — one for boys and one for girls. The closure was deemed necessary even though it further exacerbated the problem of an inadequate number of inpatient beds for teens with drug and mental health issues.

The Department of Health acknowledges a shortage of inpatient beds in the state to treat youth dealing with substance use disorder, said Ian Corbridge, director of its Office of Community Health Systems.

"Demand continues to outstrip supply of beds," Corbridge said.

But the department can't only look at demand — it needs to look at safety, too.

"It just is a balance of how we try to look at the dual mandate of ensuring access to care and making sure the care is of high quality," Corbridge said.

It's unclear how big the need for inpatient youth drug treatment beds is. The Department of Health does not have a benchmark of beds it's trying to meet, Corbridge said.

To access inpatient care, there are financial and sometimes physical barriers. Most inpatient facilities in the state do not offer medically monitored detox, so patients already have to be off of drugs before entering treatment.

There are 15 licensed beds for youth detox in the state. It's unclear how many of those are in use. Hospitals will treat immediate symptoms, then release detoxing patients, local providers said.

If teens can get detoxed on their own, there are just 85 licensed beds in the state for youth inpatient substance use disorder treatment, according to the Department of Health data.

However, only a portion of those beds are staffed and accepting patients. The Department of Health does not track the disparity between licensed and staffed beds for this type of license, Corbridge said.

More than half of the beds statewide are at the Healing Lodge of the Seven Nations in Spokane Valley.

The treatment center, founded by seven Native American tribes, has been open since the 1900s and is licensed for 45 beds.

The Healing Lodge has enough staff to treat 33 patients, but it has been hard to keep the requisite number of employees to maintain that level, said Danielle Stensgar, interim

executive director of the lodge. It takes about 100 staff members to serve that many teens 24 hours a day, seven days a week.

And while the facility is open to treating anyone in need, the Healing Lodge has a goal of 70% Native patients.

The second largest facility in the state is Excelsior Wellness in Spokane with a 14-bed license for Youth Inpatient Substance Use Disorder treatment. The facility has other inpatient licenses to get to a total of 32 beds, but is only able to staff 16, according to CEO Andrew Hill.

Both facilities also offer longer stays than is typical with the Healing Lodge, including a 90-day stay at the Healing Lodge and Excelsior's Lifepoint program that extends up to a year. Those factors make turnover rates lower and waiting lists longer.

Staffing crisis

At every facility, finding qualified staff amounts to a crisis.

"Staffing has definitely been an issue for us, especially frontline staff, which are the majority of our staff capacity," Stensgar said. "It really is going to be the frontline staff who work directly with the kids 24/7 — that's the biggest struggle."

It takes the right personality to work at an inpatient treatment facility, she said. Due to higher reimbursement rates and grants, the Healing Lodge is able to pay better wages and reduce turnover.

"We have a lot of positives to our funding streams, who we're licensed under, more than other facilities in Washington state," Stensgar said.

At Daybreak, the frontline staff were known as skills coaches and were paid about \$15 an hour in 2021, according to investigative documents. At the time, that was about \$2 an hour over minimum wage.

That led to chronic understaffing. The problems were compounded when multiple skills coaches at Daybreak were accused of misconduct.

Excelsior was set to open a significant expansion to its inpatient offerings, including detox beds, weeks before the COVID-19 pandemic led to shutdowns. The nonprofit kept staff on as long as they could afford to, but eventually had to let people go when it became clear the pandemic would persist.

Once Excelsior was able to open the facility, the organization's leaders realized the referral system that had been in place pre-pandemic had drastically changed.

"A lot of those referral pathways were relational," Hill said.

Historically, direct care workers have seen the lowest pay. Now, there's such a shortage that to be competitive in the market, organizations must pay more and offer better benefits, such as covering 100% of medical insurance and increased retirement matching, Hill said. Those increases are worth it to get the right staff who will "bring the standard of care forward," Hill said. "You can't make an exception."

Excelsior's LifePoint program offers behavioral health and substance use services, along with wraparound services to support youth who otherwise could end up homeless. The program is long-term, with residents staying up to a year.

"It really is a model of providing the housing that people need and the recovery environment that people need, and then pairing that with the right support services," Hill said.

Excelsior also has a host of outpatient options. While the inpatient program is small, Hill hopes to expand with the help of other community organizations. Facilities, he said, need help getting through the transition of opening and expanding beds. Paying for staff to be hired and trained — and getting intakes and referrals to fill beds — takes time and money, sometimes so much that facilities can't make it work, he said.

Corbridge, from the Department of Health, agreed that the staffing crisis in all areas of health care is one of the biggest problems limiting access.

'There should be something better'

When a teenager is ready to seek help, "you need to jump on that," said Dennis Smith, program manager at Crosswalk, a shelter for homeless youth in downtown Spokane.

Once every few months, Smith will see a kid who is ready to go to inpatient treatment and there's nowhere to send them. Typically, they'll see if the Healing Lodge has space. If not, there are behavioral health options, like the Psychiatric Center for Children and Adolescents at Providence Sacred Heart Medical Center. However, that facility is a higher level of care than a residential treatment center and focuses on mental health conditions, not substance use.

"That's not what these kids want," Smith said.

If a teenager does get into treatment after staying at the shelter, coming back to the shelter upon release can be hard, Smith said. With drugs easily available downtown, sobriety is a challenge, he said.

Hill and Stensgar agree that making a release plan with clients from their facilities can be a challenge. While outpatient programs can continue their treatment, if the teen is going back into the unstable environment where they were in active addiction, it can be difficult.

There aren't very many transitional housing facilities for teens, Hill said.

And the state doesn't just need more inpatient treatment beds — it needs more services at every part of the process, he said.

Getting someone into inpatient treatment once can feel like a Herculean feat, Smith acknowledged, but often once isn't enough. Most people relapse during recovery at least once and may need to return to inpatient care. Not every type of program works for every person, Smith said, so maybe a different kind of program might reach a teen after the first one did not.

It's also a critical time in these kids' lives to make a change, Smith said.

At Crosswalk, staff tries to be honest with the teens they serve, said Isaac Barville, shelter supervisor.

There just aren't many options. Outpatient treatment through the Native Project is usually all that's available, Barville said.

System gives way to tragedy

After her first round of inpatient treatment, Ari relapsed, ran away and was victimized, according to police records.

Daybreak worked before, so, with the help of Ari's probation officer, Million sent her daughter back for another round of inpatient treatment.

That's when Ari encountered Madison Taber, a 24-year-old skills coach at the facility.

Taber was overly friendly with patients, flirting with them, even getting a tattoo of one patient's drawing, according to a Department of Health investigation.

Multiple other teens in treatment reported that Taber was having an inappropriate relationship with Ari, who was then 15.

Million knew something was different. Ari revoked her mother's ability to get information from the facility. Then she asked to be released into the care of her grandparents who live in Eastern Washington.

Million was frustrated, but kept wanting to support what her daughter said she needed in recovery.

"I always wondered what, why Ari did this, because it didn't make sense," Million said.

What Million didn't know is that Taber began visiting Ari, multiple people reported to the Department of Health.

Ari relapsed and began doing harder drugs, Million said.

Then things took a surprising upturn around Christmas 2022.

Ari came home and returned to being the funny, goofy and artistic girl Million knew.

She did Elf on the Shelf for her little brother and decorated for the holidays.

"She was calm and engaging," Million said.

But something was wrong.

One Friday in February when Ari didn't have school, Million, who is deaf, was off work, recovering from ear surgery.

When Million went to check on Ari, she found her unresponsive.

Ari died at home from a fentanyl overdose. She was 17.

As Million learned more from the Department of Health investigation into Daybreak, she realized the place that was her last hope to save her daughter may have instead put her on a path to her death.

"No kid should ever fail to recover because they went to get help," Million said.

Following Ari's death, the Department of Health found a pattern of hiring staff who acted inappropriately with patients at both Daybreak's Spokane facility for girls and the nonprofit's facility near Vancouver for boys. Daybreak, which refused to cooperate during the investigation, has a history of complaints dating back to at least 2018.

Both locations lost their license and were forced to close.

Daybreak has continued to deny any wrongdoing, stating through their attorney, David Smith, that the Department of Health has twisted these situations. The nonprofit is fighting the closure of its facilities to the Washington state Court of Appeals.

Taber has since voluntarily surrendered her license for life. She agreed to a stipulation that stated she had inappropriate interactions with clients. But the more severe allegations of a relationship with Ari were left out of the agreement.

Taber denied those allegations in an email responding to questions from The Spokesman-Review.

"I used poor judgment and spoke with the DOH about it. I am grateful that we worked together with the DOH to arrive at a stipulation that removed the most egregious and untrue allegations that had been made against me," Taber wrote. "I learned that I was pretty naïve about this job. I learned that trying to rescue patients that I cared about is not appropriate. I learned that I never saw the warning signs that put myself in this position. I learned that I need to react more effectively in the future. I learned that this is

not a profession I wish to pursue. I learned that I need to be open with the people who support me when I'm feeling overwhelmed about a problem."

Taber was never arrested nor criminally charged in connection to the investigatory findings of the Department of Health.

Million plans to sue Daybreak.

"It's a struggle to get these youth into these facilities to start with. And once they're in, they should be relieved to be getting the help they need," said Million's attorney, Janelle Carney Boston.

There were signs Ari was being groomed, Boston said, but Daybreak ignored them.

"Nobody listened. Nobody is doing anything," she said.

Million wants to fight for justice, not only for her daughter, but for others who may have been harmed in treatment. But that won't bring her daughter back.

"That's all there is in the end," Million said. "Photos and memories."