The role of the psychiatric care provider in residential treatment settings for youth and families: Opportunities for integrated care and clinical leadership

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One MD's Residential Journey

- "Doc's don't decide things here!"
- Not in Kansas anymore…professional isolation.
- Deep end of the pond. All the easy solutions have already been tried so what's left?
- The "just right" setting between inpatient and outpatient for work with the most troubled and troubling young people and their families.
- "Teamwork makes the dream work".
- Learning to measure progress in small successes and increments.

Lessons Learned

- Have respect for children's resilience and developmental growth and adaptation…
- …as well as the limits of our psychopharmacological armamentarium.
- We do have EBPs and should always use what we know works.
- Meds don't teach skills so what is your exit strategy?
- Find peers working in similar settings (this network could be invaluable in keeping you in the game).
- Practice good self-care and advocate for what you need.

What you need from Residential Staff

- Data, data, data…how are the children functioning in the milieu, at school, with family and in the community?
- More objective the better, i.e. rating scales, checklists, etc…
- Overlay external variables onto behavioral charts to understand what your interventions are doing (+/-) and what are natural reactions to life stressors (e.g. visits, reunification, anniversary dates, etc…)
- Never act on one data point without first triangulating the data.
- Communicate with staff about your plan, letting them know what to look for and invite questions.
- Staff who have the skills and training to implement complex interventions.

What Residential Staff need from you

- Respect as colleagues and team members.
- Knowledge about child development, psychopathology, trauma, family dynamics and what meds can and can’t do.
- Tools for engaging challenging young people.
- Insights into how to understand children’s behaviors as the form of communication their behaviors represent until they learn how to use their words to express their needs and desires.
- Communication about your formulation, skill acquisition plan and treatment recommendations including real time info about any med changes and what to look for in terms of benefits and side-effects.
- Availability, ideally a physical presence as well as a virtual one.

All other duties as needed or assigned…

- Part of Leadership team
- Relationship with Board of Directors
- Risk Management
- CQI team member
- Guide Outcomes measures to inform practice
- Liaison to National Organizations (CWLA, ACRC, MAAPs, BBI, etc…)
- Teaching, training and coaching staff
- Supervision of Nursing
- Flexibility, humor, passion for working with children and families

Scope of Practice

- Early on discuss how to resolve conflict over treatment recommendations.
- Doc's don't get to decide things in a hierarchical way.
- But we DO get to have input and that input needs to be respected and heard.
- But that doesn't mean we always get our way…being heard doesn't mean you'll always get agreement.
- When there is high conflict on a team, step back and observe the process as it may reflect a larger clinical issue manifesting itself.

A Quality Improvement Collaborative to Achieve Best Practice Prescribing in RTCs

- The **utilization rates** of psychotropic medication among children and adolescents in the United States **increased rapidly** over the last two decades, with particularly pronounced increases observed in the foster care population.
- While psychotropic medications can address the behavioral health challenges of youth, they should be **rarely used alone** or in lieu of an evidence-based psychosocial intervention.
- **Polypharmacy** is the simultaneous use of multiple psychotropic medications, and the practice has become **more common**, raising concerns about the potential impact of interactions between medication classes and the potential impact to the developing brain.
- **Copharmacy** is the use of two medications from the same class, such as two antipsychotic medications; the practice has also become more common despite its discouragement in clinical guidelines and **lack of evidence** that concurrent use is safe or effective.

Why Residential Focus?

- In the literature, a limited number of studies assess utilization rates of psychotropic medications in residential treatment interventions (residential treatment facilities [RTFs]).
- These studies generally show **high-utilization rates of psychotropic medication**, which may be consistent with the relatively higher level of acuity seen in youth referred for residential intervention.
- However, there is **concern about the overmedication of children in residential care** as a way to control behavior or to address the lack of coordination and communication across often multiple placements.
- Studies have shown that the use of **evidence-based behavioral health approaches** can reduce youth's reliance on psychotropic medications in residential care.
- Research has also shown that residential care, as an intervention, can be a favorable setting for **thoughtful medication reassessment** because, in general, youth learn new ways of managing their anger, frustration, traumatic experiences, and emotions.

QC Goals

- To show changes in RTF practices, over time, either due to the use of evidence-based approaches or other strategies;
- The changes of interest were those that positively impact both problematic medication utilization rates and overall behavioral health functioning and outcomes in youth.
- The initiative's outcomes were designed not only to benefit participating RTFs but also to inform the field on best practices in prescribing psychotropic medication for youth during residential interventions.
- Assessment of outcomes occurred through both quantitative and qualitative measures.
- Results do not compare one RTF against another but show change over time: either in overall medication utilization within an RTF or overall behavioral health functioning and outcomes from admission to discharge.

Structure of QC

- 9 Residential locations from across the U.S. including 2 from Massachusetts
- Core faculty for the Collaborative included several TA Network partners and consultants with comprehensive knowledge of SOC philosophy and practice.
- Project co-leads brought content expertise in child psychiatry, behavioral health, and residential practice; they also brought an experience and understanding of quality improvement approaches and project management to the Collaborative.
- Collaborative core faculty intentionally reflected and modeled SOC values of family and youth voice and offered the perspectives of former RTF administrators and purchasers.
- Throughout the Collaborative, core faculty convened regularly, initially weekly then bimonthly, to discuss participant technical assistance needs and plan webinars and meetings.

Expectations of RTFs

- RTFs were required to have the capacity to collect and report data on the utilization of psychotropic medication. Specifically, the nine participating RTFs were required to:
  - Provide baseline **data on the use of psychotropic medications** among youth in their care.
  - Identify **quality improvement goals** related to practice, including ensuring the appropriate use of psychotropic medications and appropriate access to evidence-based psychosocial therapies.
  - **Measure, collect, and report data on both process and outcome indicators through the end of the three-year project** (e.g., measurements in the aggregate and at the individual child level, psychotropic medication utilization, and behavioral health outcomes of the population(s) served by the RTF) and identify an approach or approaches to implement and examine for impact in the data.
  - Complete assigned tasks within the assigned time parameters and contribute meaningfully in the three-year Collaborative through active participation during scheduled calls and virtual and in-person meetings.
  - Participate in **peer-to-peer learning activities** designed to help identify and implement strategies to improve psychotropic medication use and prescribing practices in their facilities.

Common Measures

- Percent of youth on fewer, more, the same, and no psychotropic medication(s) from admission to discharge.
- Percent of youth on fewer, more, the same, and no antipsychotic medication(s) from admission to discharge.
- Percent of youth on four or more psychotropic medications, concurrently, from admission to discharge.
- Percent of youth on fewer, more, the same, and no sleep medication(s) from admission to discharge.
- Frequency of critical incidents (as defined by site's state licensing body) from admission to discharge.
- Percent of youth taking an antipsychotic medication who were being appropriately monitored for metabolic disturbances (following the American Diabetes Association/American Psychiatric Association guidelines).
- Percent of youth discharged to a less-restrictive setting, foster home, or to family.
- Percent of youth and parent/caregiver who know the reason for the psychotropic medication and if the medication is helping.

Lessons Learned

- To improve the use of psychotropic medications in residential care, it is critically important that **RTF leadership see psychotropic-medication utilization as an area appropriate for a quality improvement approach**.
- Psychiatric care providers in RTFs are an expensive and rare resource, so leaders of RTFs are often more focused on ensuring that they have any psychiatric care provider to care for the residents than on worrying about the quality of that psychiatric service.
- This Collaborative was designed to challenge that assumption and to model best practices for applying a quality improvement approach to this critical area of clinical practice.
- A core element of this quality improvement approach, and a mechanism sites used to elevate this issue within their organization, was the focus on gathering and reporting actionable data on psychotropic medication-related measures—**using data to drive the sites' quality improvement initiatives** was at the forefront of almost all project activities.

Outcomes

- **Increased the quality of engagements of youth and their families** to ensure they are involved in and informed about psychotropic medication decision making.
- **Increased staff training opportunities** to educate both clinical and nonclinical staff about psychotropic medication risks and benefits, what medications can and cannot do to treat symptoms, and about what changes in behavior to expect from medication use.
- Developed or enhanced the site's **trauma-informed approach** to working with youth, throughout their facilities, so that staff can react appropriately to difficult or sometimes aggressive behaviors.
- **Improved communication** between psychiatric care providers and other RTF staff to achieve a consistent flow of information regarding youth behavior and symptomology, so psychiatric care providers can make informed decisions regarding medications.
- **Improved the capacity of data gathering and reporting systems** available at the site and increased the use of available data to support reporting and quality improvement.
- **Assess and appropriately reduce the amount of psychotropic medications prescribed to youth**.

Notable Innovations

- Use a data-driven CQI approach for the **utilization of PRN or "as-needed" medications**.
  - One site regularly analyzed data on how PRN medications were used within their units and created the systems and culture change necessary to drastically reduce, by over 90%, the number of youth receiving PRN medications.
- Use a ***peer review*** **system when two or more medications are prescribed**. One site instituted this change after analyzing their common measure and site-specific data revealing significant differences in prescribing rates across providers within a specific site and across sites.
- **Involve youth in treatment team meetings**. One site instituted this change to better incorporate youth voice into the treatment-planning process, thereby striving to ensure youth are involved in medication decision making and understand the risks and benefits of their medications.

Notable Innovations (Cont'd)

- Increase collection and use of data to improve practice for **obtaining consent for medication**. Realizing the negative impact that a lengthy process to obtain consents had on timely administration of required treatment, one site developed a consent-tracking system. The site shared data with its comprehensive team (including the out-of-home care treatment team and the staff family engagement specialist) and monitored and shared results, thereby drastically reducing by 91% the average number of days from initial consent request to signed return.
- Support **sleep hygiene** to reduce reliance on sleep medications. One site piloted a sleep-hygiene initiative that included assessments of the sleeping environment and an individual youth's needs; the initiative produced immediate results.
- Have clear processes and accountability for **ensuring that youth on antipsychotics are metabolically monitored**. After reviewing rates of metabolic monitoring, multiple sites instituted new policies and procedures to ensure that youth were monitored at recommended intervals.

Recommendations for the Field: Youth Engagement

- Youth must be full participants in treatment planning—this leads to better-informed decision making by the provider and fosters engagement of youth. It is critical to have regular discussions with youth regarding:
  - Symptomatology.
  - Understanding of medication risks and benefits.
  - Satisfaction with medication—do they think it is helping? Are they concerned about side effects?
- Provide youth with opportunities to ask questions and communicate concerns about their medications beyond their routinely scheduled face-to-face appointments with their psychiatric care provider.
- Ensure that youth are fully prepared and knowledgeable about their medications at discharge (i.e. they understand why they are taking their medication and are confident their medication is helping as they move to their next living situation and treatment setting).

Recommendations for the Field: Family Engagement

- Family members are critical to success in treatment. Engage the family with the treatment team and ensure they are kept informed about psychotropic medications effects.
- Family members have multiple opportunities to ask questions about the medications prescribed to their youth—this may include multiparent educational groups.
- Family members are involved in developing organizational policies and procedures and in informing programmatic approaches.
- For youth without available family to participate in treatment, providers must make an effort to identify and engage potential supportive individuals to partner with youth and be partners in any formal “family finding” efforts.

Increase the Quality of Communication between Clinical and Nonclinical Staff regarding Youth and their Medications

- Processes are needed that make the **exchange of information and communication among staff** about specific individuals routine and manageable. Regularly sharing data on youth behavior, possible side effects of medication, and rationale for medication changes can benefit treatment overall and also help deflect any tendencies to focus on sharing information only in crisis situations.
- Timely **debriefing** is necessary—that includes both youth and staff—following any critical incident to ensure that information is shared regarding what triggered the incident, what steps were taken by staff, and any necessary feedback or follow up.
- **Psychiatric care providers participate fully as part of the treatment team** whenever possible. Residential-intervention providers with psychiatric care providers on staff, versus psychiatric care providers who worked in a consulting capacity (i.e., contracted or locum tenens), saw differences in the ability and effectiveness of psychiatric care providers to communicate with other staff regarding youth treatment plans and to fully understand the organizational systems involved in addressing youth behaviors beyond the use of psychotropic medications.

Invest in Staff Recruitment and Training with an Eye toward Staff Retention

- Milieu and other clinical staff play a large role in the treatment process—paying attention to their preparedness for difficult situations they may face and how to respond appropriately to youth behaviors are key. Helpful strategies to select individuals with the right skill set include sharing information with recruits on what their job really entails, starting as early as the interview process through the use of videos or by bringing recruits into the milieu .
- New staff should be supported through opportunities to shadow and/or be mentored by seasoned staff.
- Trauma-informed approaches should include a method for working with staff to understand their own adverse childhood experiences (ACEs) and protective factors that foster resilience.
- Staff training must specifically include psychopharmacology education, so nonclinical staff understand the risks and benefits of specific medications, the appropriate role of medication in treating youth with behavioral health disorders, and what to look for in terms of symptoms and expected changes in behavior.
- It is critical to train staff on family and youth-driven treatment—and their role in that.
- Engaging staff voice in broader organizational decisions and initiatives can be a strategy to encourage staff retention.

Adopting and Continuing to Improve upon a Trauma-Informed Approach

- Implementation is not a time-limited project or task—ongoing work is necessary to ensure sustainability of a trauma-informed treatment milieu.
- There are many trauma-informed models available to residential-intervention providers (i.e. Sanctuary, Handle with Care, Nurtured Heart). Consistency of approach is important as is staff's clear understanding of the expectations and strategies available to them.
- Psychiatric care providers may not be well versed in complex trauma and trauma-informed care—they too need training and support in implementing a trauma-informed care model.

Structure Psychotropic Medication-Related Quality Improvement Initiatives for Continuity and Sustainability

- It is critical to have a champion within the organization and a designated project lead. They may be the same person or different people, but it is important that someone generates enthusiasm for the initiative, and that someone is responsible for ensuring that work get done.
- Project teams should be multidisciplinary, and include people with specific organizational roles (e.g., clinical, quality improvement, information technologies, and operations). It is especially important that staff responsible for data collection and reporting are included from the beginning as full project team members.
- While quality improvement processes are iterative, attention must be paid to planning for potential sustainable practices from the beginning.

Structure Psychotropic Medication-Related Quality Improvement Initiatives for Continuity and Sustainability (cont'd)

- Whenever possible, psychiatric care providers are full project team members.
- Ongoing commitment from organizational leadership is needed, both to ensure the availability of financial and personnel resources devoted to the project and to ensure that lessons learned can be fully incorporated into organizational changes.
- Share data regularly with leadership to foster awareness, understanding, and continued commitment.
- Youth and family perspectives are invaluable components of the CQI process. "Nothing about us without us".

Invest in Data as Soon as Possible and Use Them Strategically

- When procuring EHRs, pay attention to how easily one can access automated medication data reports.
  - Sites that had flexible EHRs that were easily customizable were more successful at producing actionable data.
- **Identifying what you are going to measure is a team effort**—staff in different roles need to be involved in selecting measures to gather data on and in defining measure specifications. It is important to ensure that measures make sense from the perspective of those who input the data and those who extract and analyze the data.
- **Data need to be relevant to all clinical and nonclinical staff, including milieu staff, and shared regularly** so that staff are invested in the process and see the usefulness of the data collection—buy-in is critical to ensure data quality and overall outcomes. Share data in a digestible manner, ideally using visualizations (charts and graphics) and thoroughly integrating it into treatment-care decision processes.
- **Manual data collection for complex or numerous measures is unsustainable**. Sites that manually collected common measures data reported being burdened by the process, and some were unable to spread the process beyond utilization within a small pilot unit.

Lessons for State Agency and Managed Care Organizations

- The **“us-versus-them” dynamic** that sometimes plays out when child-serving state agencies and MCOs purchase services from the private sector can hinder the ability of the system, as a whole, to address complicated issues that impact young people and their families, for whom purchasers and providers share responsibility.
- **Shared Responsibility for Achieving Outcomes.** Agencies that purchase children’s residential interventions need to develop meaningful relationships with provider-agency leadership, so there is clear communication regarding how the jurisdiction and provider can work in tandem to improve the use of psychotropic medications for youth across service types.
- **Decisions about whether or when to discontinue or start a deprescribing regimen during a residential intervention for youth are impacted by the length of stay.** Ideally, the funder and the residential-intervention provider will agree on the goals of the residential intervention and engage in discussions about how to assess the appropriateness of medication a youth is currently prescribed—and whether there are opportunities to discontinue or deprescribe some of the psychiatric medications as the youth learns new skills during the residential intervention.

Take Action to Increase the Availability of Child and Adolescent Psychiatric Services to Youth in Residential Interventions

- There were clear differences in the ability of residential-intervention providers to address some of the prescribing-related goals that each provider had as part of the Collaborative based on their relationship with the psychiatric care provider at their organization.
- For sites with non-staff, consulting (or locum tenens) psychiatric care providers, it was more difficult to include them in the initiative, thereby resulting in less impactful site-specific and common measure goals.
- The shortage of child and adolescent psychiatric care providers, in general, and their willingness to work within RTFs is a challenge greater than any one organization can bear. State agencies and funders need to work with RTF providers on establishing more systemic approaches to increase the availability of psychiatric care providers, such as by reducing barriers to and supporting internships and rotations, loan-forgiveness programs, recruitment efforts, and the like.

External Factors

- Consider the Impact of Large-Scale Reform Efforts on Long-Term Quality Improvement Goals.
  - The sites in states that were undergoing large-scale system reform efforts were less able to focus attention on following through with set goals and objectives. In some jurisdictions, change is constant; new administrations can lead to a shift in priorities and focus, preventing provider organizations that contract with child-serving agencies from making investments in long-term solutions. Whenever possible, system partners should leverage ongoing initiatives and priorities to advance shared goals.
- Invest in Quality Improvement Infrastructure.
  - As purchasers and providers move toward more outcome-driven, value-based services and contracts, attention should be paid to the infrastructure needed to develop successful programs at the provider level. Financial resources are required to ensure that the necessary systems are in place to gather and report data metrics.
- There may be opportunities for states and MCOs to support intentional investment in data systems and data-sharing strategies that can make information more available to system partners to drive quality improvement.

The Future

- Shorter lengths of stay
- Increased aftercare responsibilities
- Higher Acuity
- Greater accountability
- Increased demands for post-discharge outcomes measurement
- Greater opportunities for youth to be in home and community prior to discharge
- Pressure to reduce or eliminate S & R
- On-going challenges around the role of residential in our systems of care.

Useful Websites

- Building Bridges Initiative: Building Bridges Initiative (buildingbridges4youth.org)
- Center for Healthcare Strategies: Improving the Appropriate Use of Psychotropic Medication for Children in Foster Care: A Resource Center - Center for Health Care Strategies (chcs.org)
- Report on Improving the Use of Psychotropic Medication with Youth in Residential Treatment Facilities: a4788f37-046d-4a41-bbe9-a0c2d7a3918e.pdf (constantcontact.com)
- NCTSN: All NCTSN Resources | The National Child Traumatic Stress Network

Questions?

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