MATHEMATICA Policy Research

IN FOCUS

Understanding Practices in Residential Treatment Facilities for Youth

Serious behavioral and emotional disorders affect millions of America's children and their families. Mathematica Policy Research, along with the Center for Health Care Strategies, the Annie E. Casey Foundation, and the Substance Abuse and Mental Health Services Administration, has recently published a series of studies that examines the quality of care in residential treatment facilities (RTFs) for children and youth with behavioral and emotional disorders. Featured in the *American Journal of Orthopsychiatry* on *Residential Treatment for Children & Youth*, this series presents findings from the national Survey of Residential Treatment Facilities (SRTF) for youth as well as from interviews with stakeholders in children's mental health services. The papers, which highlight data collected from 293 facilities nationwide, are intended to inform policies and practices for improving mental health care for children and youth.

Three Quarters of Residential Treatment Facilities Seclude or Restrain Children and Youth

Policymakers, advocates, and families remain concerned about the use of seclusion and restraint in RTFs for children and youth. Among the facilities in the SRTF, 76 percent reported having secluded or restrained youth during a 12 month period ; this statistic did not vary by profit status, licensure, or accreditation. Among facilities that secluded or restrained youth, only 34 percent reported implementing all possible post-incident practices measured in the survey: debriefing staff, youth, and the family following the incident; notifying the attending physician; and recording the seclusion or restraint activity in the treatment plan. However, most facilities reported consistently implementing at least one of these post-seclusion or restraint practices. The analysis also revealed that accredited facilities were more likely than nonaccredited facilities to report that their staff consistently implemented each practice following such an incident.

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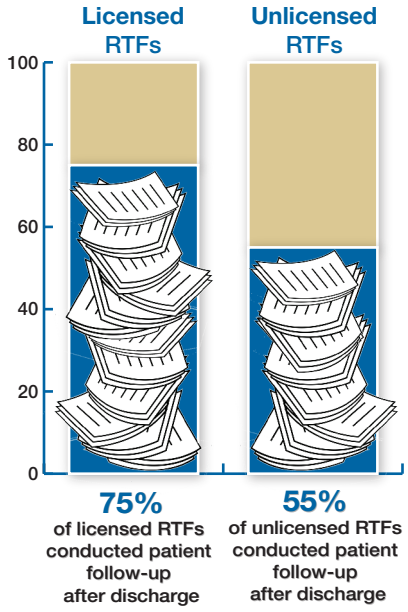
There remains a widespread need to reduce seclusion and restraint and to ensure that proper seclusion and restraint practices are followed. Unaccredited facilities and those that fail to gather information from youth and families regarding treatment preferences could particularly benefit from education about ways to avoid the trauma of seclusion and restraint.

Only Half of RTFs for Children and Youth Monitor Patient Outcomes Beyond Satisfaction

Measuring patient outcomes after discharge is important for both understanding the effectiveness of treatment and assisting in integrating children into community systems. Findings from the SRTF show that, although 69 percent of facilities measured patient satisfaction with the RTF after discharge, only about half measure other post-discharge outcomes such as the use of mental health services, housing, school performance, or functional status.

The survey also found that facilities licensed by a state agency are more likely to monitor outcomes compared with unlicensed facilities. Seventy-five percent of facilities licensed by a state agency conducted client or patient follow-up after discharge, compared with 55 percent of unlicensed facilities.



The findings from this report suggests that, first, future studies are needed on outcomes monitoring practices in RTFs and, second, challenges to collecting outcomes data need to be better identified and solved.

Youth and Families Have Limited Involvement in the Oversight or Governance of RTFs

Recent studies have shown that youth and families can make important contributions to the oversight and governance of RTFs. Family or youth involvement in governance can take several forms, such as serving on the board of directors or other agency advisory committees, providing input for performance-improvement plans, and participating in quality-assurance reviews and hiring. According to the SRTF findings, however, only 20 percent of residential treatment providers reported that their facility includes youth or their family members in operations or oversight activities. But despite this low percentage, 38 percent of providers also believed that licensing and accreditation standards should require the inclusion of families or youth in facility governance.

Supplemental interviews with stakeholders in the child welfare and child mental health service systems identified various challenges to engaging youth and families in the governance of RTFs:

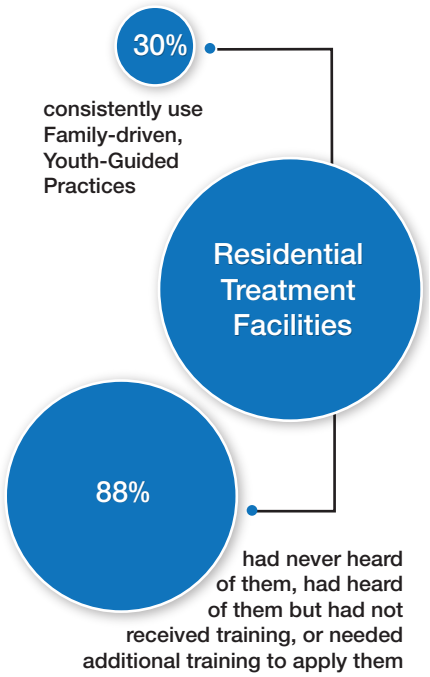
Challenges to including youth and families in RTF governance

- It is difficult for RTFs to maintain consistent contact with youth and families.
- Families have competing demands, and many live in poverty.
- Some RTFs do not provide funding for youth and family participation in governance.
- RTFs need guidance on how to engage youth and families in governance activities.

RTFs Can Increase the Adoption of Family-Driven, Youth-Guided Practices

Family-driven, youth-guided principles have the potential to shape the delivery of mental health services for children and youth. This form of care embraces the concept of shared decision making and responsibility for outcomes among youth, families, and providers. However, only 30 percent of providers reported that youth or family members were the primary decision makers in the development of treatment plans, suggesting that certain family-driven, youth-guided practices are not being used in RTFs. At the same time, 88 percent of providers reported that their staff had never heard of family-driven principles, had heard of them but had not received training, or needed additional training to apply them.

Several treatment and management practices indicate a commitment to family-driven, youth-guided principles. Examples include strength-based individual treatment planning that respects family members and youth as experts in their own care; engaging family members and "natural helpers," such as coaches and ministers, in the treatment process; and collaborating with community-based providers to reintegrate youth into the community in a timely manner.



Taken together, the findings from the SRTF suggest that RTFs implement some, but not all, family-driven, youth-guided principles and that there is room for improvement in many facilities. The findings also illustrate the substantial differences among RTFs in their practices and philosophies of care. Several efforts are underway, including the Building Bridges Initiative, to better integrate RTFs into community-based service systems and to improve the quality of care in RTFs. Continued monitoring is necessary to ensure that these facilities provide high quality care to children and families.

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