

**Intermountain
Children's
Services
Helena**

January 11 & 12

2012

A Site Review Report of the services provided by Intermountain Children's Services – both in-patient and out-patient, including School-based Services – in Helena Montana.

**Mental Disabilities
Board of Visitors
Site Review**

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OVERVIEW

Mental Health Facility reviewed:

Intermountain Children's Home and Services (ICHS)
Helena, Montana
(Residential Program and Intensive Day Treatment Program)

Jim FitzGerald, MPA – Executive Director

Authority for review:

Montana Code Annotated, 53-21-104

Purpose of review:

- 1) To learn about the Intermountain Children's Services program.
- 2) To assess the degree to which the services provided are humane, consistent with professional standards, and incorporate Board of Visitors standards for mental health services.
- 3) To recognize excellent services.
- 4) To make recommendations for improvement of services.
- 5) To report to the Governor regarding the status of services.

BOV review team:

Staff:

Alicia Pichette
Craig Fitch

Board:

Lin Olson

Consultants:

Dr. E.Lee Simes, MD
Irene Walters, RN
Jennifer Hensley, Ombudsman

Review process:

- Interviews with ICHS staff
- Observation of treatment activities
- Review of written descriptions of treatment programs
- Informal discussions with children
- Inspection of physical plant
- Review of treatment records

SUMMARY

Intermountain Children's Services sets a standard of highest quality for the services provided to children from Montana and across the country. These services have grown over the past 100 years from a small school serving a handful of children to a comprehensive program that includes: a residential program, in-patient services, out-patient community services, a school on campus and school-based comprehensive treatment in the Helena area and Flathead Valley. The program has a fine reputation state-wide and nationally for the specialized program it offers to children and families. This Mental Disabilities Board of Visitors review focused on the residential, in-patient, out-patient and school based services in Helena. Intermountain services include:

- A residential in-patient treatment campus in Helena where children receive intensive treatment while living in home-like cottages.
- Day treatment out-patient services located in Helena for children struggling in a public school setting, with special education services provided on the campus in Helena.
- School based services in public schools that support students who are affected by emotional, behavioral and mental disorders. Education resources include parent support, individual and family therapy, individualized treatment planning, emotional and behavioral support, crisis intervention and non-school day activities.
- Psychological assessment and treatment which includes: evaluation, consultation and treatment for children, adolescents and their families.
- A family learning center located in the Flathead valley where families in crisis can access supervised visitation and parenting education.
- A crisis residence in Kalispell where safe, short-term crisis intervention is provided, to children aged birth through 12,
- Out-patient clinics in Helena and the Flathead Valley, and
- Adoption and family support mental health services for adoptive and birth/kinship families.

During this site review the Board of Visitors' team was impressed by the strength of the systems and the agency's attention to quality management. Each staff person interviewed had a clear, strong understanding about services the agency provides how the quality of those services is measured and the singular importance of each staff member in delivering those services. Staff training is specific, agency-wide and frequent. One message was clearly articulated: This is a quality program, with educated, engaged, caring staff that is very dedicated to their calling to treat children.

Intermountain Children's Services in Helena was last reviewed in 2005. The recommendations from that review are included in this report. The concluding statement in that report noted:

"Intermountain Children's Home is a special place where children are given the opportunity to heal and thrive. Its sense of mission and purpose is very clear; its clinical and administrative leadership are strong. Staff has sound academic and experiential qualifications, and are very well supervised and supported – expectations for all staff are very high. The treatment culture emphasizes knowledge, teamwork, and respectful communication. All of this creates a therapeutic environment in which children and their families are richly served."

This 2012 site review will echo those observations from 2005 with this addition; Intermountain Children's Services continues to expand and improve services based on quality assessments, family satisfaction, industry best practices, and progressive leadership. The services offered to children and families are of the highest quality.

QUESTIONS - STANDARDS

Organizational Planning and Quality Improvement

Organizational Planning:

Does Intermountain Children's Services have a Strategic Plan?

Strengths/Observations:

The strategic planning process is both a year by year plan and an extended (through 5 years plan). The site review team reviewed the plan and the planning process and found them to be thorough and well thought out, with goals that appeared attainable.

Is the Intermountain Children's Services strategic plan developed and reviewed through a process of consultation with staff, clients, family members, other appropriate service providers, and community stakeholders?

Strengths/Observations:

The plan is definitely developed with input from senior and executive staff throughout a two day meeting that includes all levels of staff. It's apparent that staff feedback and inclusion is valued. Although it appeared to the team that clients and family members may not be actively included in the planning process, Intermountain does a good job of incorporating family input through their QA process. Staff feedback about the status of the implementation of the goals is regularly solicited during weekly department meetings, monthly inter-department meetings and regular agency quarterly meetings as well as yearly retreats.

Does Intermountain Children's Services have operational plans based on the strategic plans, which establish time frames and responsibilities for implementation of the objectives?

Strengths/Observations:

The team noted that specific action items outlined in the operational plan contained implementation time frames for the next two years and complete 'who will do what by when' guidelines.

Quality Improvement:

Does Intermountain Children's Services have a quality improvement plan to evaluate and improve all of its activities related to services to clients and families?

Strengths/Observations:

Site review team members noted that the Quality Management process was 'probably the best quality improvement processes that many had seen yet during agency reviews. Families served have many opportunities to comment about the quality of the service their child receives. Staff has continual access to comment about quality of services provided, training available and operational plans and planning. A Continuous Quality Assurance committee meets frequently for the purpose of evaluating the quality of services provided.

Is designated staff of Intermountain Children's Services accountable and responsible for the continuous quality improvement process?

Strengths/Observations:

The Cottage Coordinator is the designated staff for bringing client/staff information to the Director of Quality Assurance. The DQA is designated to implement a continuous quality improvement process, including training, orientation, client/family satisfaction, and compliance.

Is Intermountain Children’s Services able to demonstrate a process of continuous quality improvement that directly affects health and functional outcomes for individual clients?

Strengths/Observations:

Intermountain does an excellent job of gathering pertinent data, analyzing that data across time, programs, and staff, and then getting that information back to staff and supervisors to be implemented.

Rights, Responsibilities, and Safety

Rights, Responsibilities:

Does Intermountain Children’s Services define the rights and responsibilities of and provide verbal and written information about rights and responsibilities to clients and family members?

Strengths/Observations:

Client/family rights and responsibilities are clearly written and easy to understand. Information is provided to families when they first contact Intermountain about the services offered and expectations for family involvement with the services. Rights and responsibilities are provided during the intake/admission process. The Residential Admission Manager explains the services, rights and responsibilities. Families are full participants in the child’s treatment. Family participation in the signing of the rights/responsibilities and acknowledgement of the “Two Rules” of Intermountain is to be commended.

The client/family handbook is thorough, and the information packet provided to potential client/family members is well conceived, attractive and filled with useful information.

Does Intermountain Children’s Services actively promote client access to independent advocacy services?

Strengths/Observations:

Information about advocacy services is posted in the reception area of the Administration Building. The team provided updated posters and brochures and will provide new materials when they are updated again. The Mental Health Ombudsman offered to provide information about the Ombudsman program and Board of Visitors to new staff during orientation trainings. Both entities can provide valuable information to families/staff about the advocacy services they can provide.

Suggestions:

Take advantage of training offered by the Mental Health Ombudsman about the role of the Ombudsman to assist individuals accessing mental health services and the role of the Mental Disabilities Board of Visitors to advocate on behalf of individuals receiving services.

Does Intermountain Children’s Services have an easily accessed, responsive, and fair complaint / grievance procedure for clients and their family members to follow?

Strengths/Observations:

The process is clearly outlined in policy and procedure; each staff interviewed appeared knowledgeable about the process and their role in implementing this procedure.

Does Intermountain Children’s Services provide to clients and their family members at the time of entering services written and verbal information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances?

Strengths/Observations:

Staff interviewed did recognize the role of the Board of Visitors in advocating for the rights of individuals being served. Staff interviewed said that they would suggest the BOV and Mental Health Ombudsman to families if concerns/complaints were not resolved by Intermountain. The information provided seems to lead families to believe that they may/should only contact BOV or MHO as the final complaint step. It should be noted that the advocacy provided by both entities can occur at any time, not just during the grievance process.

Suggestions:

Provide information to families that describes the roles of both the BOV and MHO offices and when this assistance is available may help to clarify these services for families.

Safety:

Does Intermountain Children’s Services protect clients from abuse, neglect, and exploitation by its staff or agents?

Strengths/Observations:

Definitions of abuse and neglect are clearly delineated in policy. The policy does not address the requirements of 53-21-107. Staff understands their reporting requirements within their organization. The team observed that staff may not have a clear understanding about what happens after the internal report is filed.

Suggestions:

Ensure that Intermountain reporting policies address reporting requirements per 53-21-107 and provide staff training related to this mandate.

What has Intermountain Children’s Services done to fully implement the requirements of 53-21-107, Montana Code Annotated (2011) with regard to reporting on and investigating allegations of abuse and neglect?

Strengths/Observations:

Intermountain has not fully implemented the requirements.

In investigations of allegations of abuse, neglect or exploitation of clients by its staff or agents, does Intermountain Children’s Services thoroughly analyze the events and actions that preceded the alleged abuse, neglect or exploitation – including actions and/or non-actions of its staff or agents?

Strengths/Observations:

The process of analyzing and responding to allegations appears strong. When an allegation is made, an internal investigation occurs. Should an allegation rise to a level beyond Intermountain’s ability to resolve it, then the investigation is turned over to the appropriate external source. Staff are placed on paid administrative leave while this occurs. The practice seems to protect both parties in this situation and seems to be fair and impartial. The process appears to be strong and protections are in place for the clients served, and the staff during the inquiry/investigation.

After an allegation of abuse, neglect, or exploitation of a client by its staff or agents is determined to be substantiated, does Intermountain Children's Services debrief all related circumstances – including all staff and supervisory actions or non-actions that could have contributed to the abuse, neglect, or exploitation – in order to decrease the potential for future recurrence?

Strengths/Observations:

Staff interviewed did not have direct experience with this part of the allegation/investigation process. Team member reviews of investigation reports and interviews with members of the staff did not identify a relevant instance of abuse/neglect occurring. Clients and staff appear to be protected by existing practices in place that apparently prevent abuse, neglect or exploitation from occurring.

Suggestions:

Continued due diligence to assure that these protections for clients and staff remain strong. New employee orientation/training should reinforce the importance of preventing abuse, neglect or exploitation and include information about the process for debriefing after allegations have been investigated.

Is the staff of Intermountain Children's Services trained to understand and to skillfully and safely respond to aggressive and other difficult client behaviors?

Strengths/Observations:

Staff interviewed clearly indicated that Crisis Prevention Institute De-Escalation training and Intermountain Holdings Training was required within 6 months of hire and that direct care staff could not work unsupervised with any client until the training was completed. Area Directors and Program Managers are responsible for assuring that mandatory trainings are scheduled and completed. Most program areas create an annual mandatory training calendar to assure trainings occur. Actual use of trainings seems limited and reasonable. Staff and client injuries do not appear to be a problem.

Does Intermountain Children's Services give clients access to staff of their own gender?

Strengths/Observations:

Cottages have gender balanced staffing. If staff of a specific gender are not on the shift one is locatable by phone as requested/needed.

Does Intermountain Children's Services use special treatment procedures that involve behavior control, mechanical restraints, locked and unlocked seclusion or isolation, and time out?

Strengths/Observations:

Intermountain does "hold" if a child is in danger of harming 'self or others'. There are no mechanical or chemical restraints and no seclusions used in the residential setting.

Does Intermountain Children's Services debrief events involving special treatment procedures, emergency medications, aggression by clients against other clients or staff, and client self-harm; is there retrospective analysis of how such events could have been prevented; are staff and clients supported during and after such events?

Strengths/Observations:

These events are debriefed and follow up occurs. Staff interviewed indicated their belief that both staff and clients are appropriately supported during and after the event.

Client / Family Member Participation

Does Intermountain Children's Services identify in the service record a client's family members and describe the parameters for communication with them regarding treatment and for their involvement in treatment and support?

Strengths/Observations:

Family members (biological, adoptive, and foster) are all clearly identified in each child's file. If a Family Goal is a part of a client's treatment plan, detailed contact/behavior notes are taken daily. For all children, parameters for communication are described in the service record. Family members are encouraged to be involved in treatment. Parents and kids are both considered to be the client with the relationship between them as the focus for treatment planning. Implementation of structure is first and then treatment follows. The case manager and core team (therapist or cottage coordinator) are the contacts for family members. Family members are oriented for 4 days with a whole curriculum. Families are required to come to campus for face to face therapy and family visits every 4-6 weeks. Treatment plans have a requirement that parents will speak with their child on the phone at least weekly and this is in addition to family therapy related calls.

Do Intermountain Children's Services assessments, treatment planning sessions, and treatment reviews proactively include the participation of clients and family members?

Strengths/Observations:

Family participation is actively required at all levels during the client's treatment at Intermountain. Family orientation to the program takes place during the first 4 days after admission. Client/Family is introduced to the program, the curriculum, the role of the family is addressed and discussed. Information detailing goals achievement for both family members and clients is documented in the client's treatment plan.

When a diagnosis is made, does Intermountain Children's Services provide the client and family members with information on the diagnosis, options for treatment and possible prognoses?

Strengths/Observations:

Clients and families are actively engaged in the treatment planning and implementation of the plan. Each step of the process involves the client, family and treatment team. ICS maintains weekly contact with families. Treatment coordinators have developed good communication skills to work with families which lead to increased comfort and trust. Quarterly updates are provided via telephone or in person. Families must visit and participate in treatment/training on a regular schedule.

Does Intermountain Children's Services proactively provide clients and family members a copy of the treatment plan?

Strengths/Observations:

It is standard practice, clearly defined that families receive copies of the treatment plan. The medical records person has everyone on track. Families always participate in treatment plans even if they cannot participate in person; conference calls are arranged if families live out of state. Under ARM the facility has 10 days to create a treatment plan and the plans reviewed meet that requirement.

Does Intermountain Children's Services review exit plans in collaboration with clients and family members as part of each review of the individual service plan?

Strengths/Observations:

Intermountain coordinates and collaborates with providers who will serve the clients and families when they exit services; discharge planning teams involve as many providers as possible who will be part of the client's treatment after they exit services.

Does Intermountain Children’s Services promote, encourage, and provide opportunities for client and family member participation in the evaluation of components of the services, client satisfaction with services, effectiveness of communication with clients and families and that treatment outcomes are measured?

Strengths/Observations:

Evaluation of the services is ongoing, families evaluate the training provided through their child’s treatment plan 4 times a year, then again after transition from services is occurring. During the residential stay, clients also complete informal and formal satisfaction surveys, they are asked “what do you like/hate the most?”

Cultural Effectiveness

Does Intermountain Children’s Services have a Cultural Effectiveness Plan – developed with the assistance of recognized experts - that includes defined steps for its integration at every level of organizational planning and that specifically emphasizes working with American Indian people?

Strengths/Observations:

Intermountain appears to have a significant level of expectation, awareness, and flexibility in assessing and meeting the particular cultural needs of clients/family. Staff interviewed was not aware of a separate written cultural effectiveness plan. Each staff member acknowledged having received training on cultural effectiveness. Staff training incorporates cultural awareness/effectiveness as integral to treatment planning. Culture is not articulated separately in the structure of the treatment planning process. Staff is trained to constantly seek and bring a child’s particular culture into the treatment plan. The intake process appears to thoroughly screen for all sorts of cultural possibilities. When cultural issues are recognized, the organization appears to do a good and thorough job of attempting to meet every child’s particular cultural needs. A limited number of clients being served during the site review were Native American. Each staff member interviewed had been trained to recognize that each client has a culture – whether that culture was American Indian, Jewish, or Upper-class East Coast academic.

Suggestions:

Assure that staff requests for expanding access to even more cultural effectiveness training are met:
-continue to expand the list of contacts with cultural expertise that could be available to provide clinical consultation or training for staff;
-continue to provide training for staff specific to the predominant cultural backgrounds served by the organization.

Does Intermountain Children’s Services define expectations for staff knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the mental health treatment of the people served, with a specific emphasis on American Indian people?

Strengths/Observations:

The process for identifying a family’s culture is strong. During the intake/admission process families are interviewed specifically to discuss the culture of the family. The interview asks families to identify traditions that might be appropriately addressed to achieve a sense of the family culture. Staff training for cultural effectiveness includes interview techniques to ‘open the conversation’ about family culture.

Does Intermountain Children's Services provide staff training conducted by recognized experts that enables staff to meet expectations for knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the provision of mental health treatment of the people served, with a specific emphasis on American Indian people?

Strengths/Observations:

Staff interviews and staff/client interactions observed indicated to the team that staff does have a level of cultural awareness however they could not provide a specific date that the training had occurred. The new residential staff orientation training module provided to the site review team did not include information about cultural effectiveness training

Suggestions:

Assure new staff has training specific to cultural effectiveness as of new employee orientation that also includes Native American/American Indian culture.

Do treatment plans take into account individually-identified cultural issues, and are they developed by a culturally competent clinician or in consultation with such a clinician?

Strengths/Observations:

Staff interviewed praised the thorough intake process that is designed to identify cultural needs that the clinical professionals can incorporate into treatment plans. Clinical professionals assured team members that identified cultural issues are part of each client's treatment plan.

Has Intermountain Children's Services developed links with other service providers / organizations that have relevant experience and expertise in the provision of mental health treatment and support to people from all cultural / ethnic / religious / racial groups in the community, with a specific emphasis on American Indian people?

Strengths/Observations:

Intermountain has clearly demonstrated a dedication to securing the services of experienced professionals with expertise in whatever cultural/religious background necessary for effectively serving their clients. The organization does not limit these links to service providers that provide mental health services.

Does Intermountain Children's Services actively recruit, retain and promote staff from cultural/racial/ethnic backgrounds representative of the community served with a specific emphasis on American Indian people?

Strengths/Observations:

Team members observed that Intermountain demonstrated a strong commitment to recruit, retain and promote staff from diverse backgrounds.

With regard to its own staff, does the leadership at Intermountain Children's Services monitor and address issues associated with cultural / ethnic / religious / racial prejudice and misunderstanding, with a specific emphasis on prejudice toward and misunderstanding of American Indian people?

Strengths/Observations:

Cultural awareness and related issues are discussed at weekly staffing meetings among the cottage and therapeutic staff, and in every interaction with peer staff. This organization appears to be able to actually back up their assertions that they are open-minded, vigilant, and pro-active when the need arises.

Does Intermountain Children's Services assess the demographics of its catchment area and identify underserved cultural groups, with a specific emphasis on American Indian people?

Strengths/Observations:

Intermountain does assess the demographics of the clients they serve for all possible

cultural/religious backgrounds. Services to the community include CSCT programs in the schools, and underserved cultural groups in the greater Helena area can be identified. Team members observed that assessments for service needs looked at the needs of children served in school programs and were not limited only to the residential program.

Staff Competence, Training, Supervision, and Relationships with Clients

Competence and Training:

Does Intermountain Children's Services define minimum knowledge and competence expectations specific to working with people with mental illnesses for each staff position providing services to clients?

Strengths/Observations:

After reviewing the essential competencies required for staff positions, team members noted that job requirements appeared subjective and lacked defining criteria. Required knowledge and competencies appeared to presume a knowledge base specific to working with people who have mental illness for professional staff. Competencies for direct care staff did not appear to contain a requirement for training specific to serious emotional disturbance or mental illness.

Suggestions:

Consider rewriting the minimum competencies for staff positions to include a requirement that candidates for staff positions will have mental illness training.

Does Intermountain Children's Services have written training curricula for new staff focused on achieving optimum knowledge and competence expectations specific to working with people with mental illnesses for each position providing services to clients?

Strengths/Observations:

Intermountain policy requires new hire training/orientation to be is specific and consistent. Orientation is specific to the program/area where staff will be assigned, and will include: attachment theory, childhood development, Intermountain Culture, treatment philosophy, discipline and supportive containment, language of supportive control, and attunement. Trainings must be completed within the first year of employment.

Does Intermountain Children's Services train new staff in job-specific knowledge and competence prior to working with clients OR requires new staff to demonstrate defined optimum knowledge and competence specific to working with people with mental illnesses prior to working with clients?

Strengths/Observations:

New hire and job specific trainings are delineated in policy. Job specific one to one training occurs on the units. Individuals are cleared to work independently based on the staff and the trainer's assessment of their readiness. Direct care staff may not work unsupervised/non-mentored, alone with clients until all training is completed and competency achieved. Staff may not administer medications to clients until the Medication Administration Training has been completed and staff has been approved by a supervisor to administer medications.

Does Intermountain Children's Services provide staff opportunities for ongoing training including NAMI-MT Provider Training, NAMI-MT Mental Illness Conference, Mental Health Association (MHA) trainings, Department of Public Health and Human Services (DPHHS) trainings, and professional conferences?

Strengths/Observations:

Ongoing training is offered and encouraged. Members of the review team noted that staff interviewed did not have much knowledge about NAMI or MHA or training opportunities available

through both those entities. Staff expressed interest in receiving more leadership focused training.

Suggestions:

Staff would appreciate and benefit from the opportunity to attend the annual Montana Mental Illness Conference and other training offered through NAMI, MHA and DPHHS.

Does Intermountain Children's Services periodically assess current staff and identify and address knowledge and competence deficiencies?

Strengths/Observations:

New hire and annual training are required. If deficiencies are identified through regularly scheduled performance appraisal, then training to address areas of weaknesses is provided. Training is thorough and ongoing. Weekly quarterly and annual meetings include training opportunities. Staff has excellent access to training options provided by Intermountain.

Supervision:

Does Intermountain Children's Services train supervisors and hold them accountable for appropriately monitoring and overseeing the way clients are treated by line staff?

Strengths/Observations:

Supervisory staff and direct care staff work very closely together throughout the day with regular opportunities for feedback. Required weekly team meetings appear to be thorough and intense. Supervisor training is ongoing through weekly and monthly meetings. Staff have 1:1 meetings with supervisors regularly and both staff and supervisors are held to outcomes measured through performance evaluations and client satisfaction with services. The structure appears to be very effective.

Does Intermountain Children's Services train supervisors and hold them accountable for appropriately monitoring, overseeing, and ensuring that treatment and support is provided effectively to clients by line staff according to their responsibilities as defined in treatment plans?

Strengths/Observations:

As noted previously, the team concept appears to be very strong. Each staff has a development plan with competencies. Through the performance evaluation/goals process staff identify personal performance/training goals and those goals become part of the annual staff development program. Success is attributed to transparency of the staff – 'trust people until they give you a reason not to and then give them the benefit of the doubt' is a rule of thumb.

Intermountain places specific focus on the client/family relationship each staff member has a role in attaining the goals established in the treatment plan. Each staff person interviewed responded affirmatively that they were aware of their responsibilities in ensuring the treatment plan is followed.

Relationships with Clients:

Does Intermountain Children's Services staff demonstrate respect for clients by actively engaging; demonstrating a positive demeanor; expressing empathy, and calmness; and, validating the wishes of the clients?

Strengths/Observations:

Staff has training in building therapeutic relationships as part of new employee orientation and ongoing continuing training. If a supervisor observes staff to client interactions that appear to exceed established boundaries, the supervisor will intercede. If staff to client problem arise, progressive discipline is implemented.

Is the mental health service professional staff consistently present in all treatment environments interacting with direct care staff and clients teaching, modeling, and reinforcing healthy, constructive, respectful interactions?

Strengths/Observations:

Professional staff are present throughout the day, in the classrooms, during meals and after school in the cottages. The site review team observed that interactions between staff and clients to be caring, open, transparent, and appeared to be treatment centered on each individual client.

Do the mental health service supervisors ensure that direct care staff spend their time with clients engaged in consistently positive, recovery-oriented incidental interactions?

Strengths/Observations:

Supervisors spend 3 hours a day in contact with direct care staff, assuring that all interactions are treatment oriented. When necessary the supervisors will cover shifts. Members of the team observed staff - direct care, clinical, teachers – engaging in positive interactions in every setting – classroom, lunchroom, during activities.

Supervisors cover shifts when necessary.

Treatment and Support

General:

Is a written treatment plan in place and being implemented for every client receiving services from Intermountain Children's Services?

Strengths/Observations:

Every child receiving services has a written treatment plan. The treatment planning process begins almost before admission. The initial treatment planning interview with the client and family is conducted within 24 hours of admission. During the time families and Intermountain are exchanging information about the services the agency can provide and the needs of the potential client, an assessment process is underway. This process includes reviewing: information about the current needs of the child, evaluations that have been conducted, family concerns, and family ability to participate in the child's treatment. After admission, the treatment planning team begins creating the treatment plan. Families and the client are key members of the treatment planning process.

Is a written discharge plan in place for every client receiving services from Intermountain Children's Services?

Strengths/Observations:

Treatment plans have discharge from Intermountain's services is the ultimate goal; each component of treatment is geared toward transitioning the child from the residential program into a community-based out-patient setting and ultimately out of services.

Clients and family are key when developing the treatment plan/discharge plan. A discharge team is a component of the treatment planning team and is initiated soon after admission, with the plan for discharge developing and evolving throughout the child's stay.

Does Intermountain Children's Services link all clients to primary health services and ensure that clients have access to needed health care?

Strengths/Observations:

Intermountain has a policy and has established close relationships with pediatricians and other physicians in the Helena community; the neurologist at St. Peter's Hospital is available if needed. Client charts reviewed during the site visit documented visits to physicians in the community as they were needed. The residential program has a Residential Health Aide who arranges and keeps track of dental, vision and well-child appointments.

Does Intermountain Children's Services proactively rule out medical conditions that may be responsible for presenting psychiatric symptoms?

Strengths/Observations:

As established by Intermountain policy, thorough medical examinations are conducted by the Medical Director soon after admission and are coordinated by a team including: a physician, psychiatrist, psychologist and if needed a neurologist.

Evidence-Based Services:

Does Intermountain Children's Services provide treatment and support to clients that incorporates the following SAMHSA-identified evidence-based practices: Illness Management and Recovery, Assertive Community Treatment, Family Psychoeducation, Supported Employment, Integrated Treatment for Co-occurring psychiatric and substance use disorders?

Strengths/Observations:

Members of the site review team recognized that it is difficult to implement all of the SMAHSA identified practices when providing services to children, some as young as 4 in the in-patient/residential setting. As part of the assessment process addiction/co-occurring disorders are identified and the treatment team/treatment planning process will address those disorders when they are present. Intermountain has 2 LAC's on staff to support children if co-occurring issues are in a family. Children over age 14 can receive out-patient services in the community through the Adoption and Family Support Program (AFSP) that can address employment, housing, and other evidence-based practices.

Medication:

Is the medication prescription protocol evidence-based and reflect internationally accepted medical standards?

Strengths/Observations:

The psychiatrist is thoughtful and conservative in her approach to medication. She provides structured supervision for the APRN's that she works with. Case conferences for out-patients are held weekly. This seems to be a highly functioning team under the psychiatrist and nurse manager's leadership.

Information about evidence-based medication is limited; to the extent possible evidence -based practices are included in treatment planning.

Suggestions:

Ensure that treatment plans include pertinent information regarding the use of anti-psychotic medications so staff is aware of the link between medications/treatment as they implement treatment plan goals.

Is medication prescribed, stored, transported, administered, and reviewed by authorized persons in a manner consistent with laws, regulations, and professional guidelines?

Strengths/Observations:

Access to medications is carefully limited, only the Psychiatrist, APRN and RN can access the medications. Samples are placed in locked area in the clinic. Team members did not observe problems and noted that the procedures appeared to follow professional guidelines, laws and regulations.

Are clients and family members provided with understandable written and verbal information about the potential benefits, adverse effects, and costs related to the use of medication?

Strengths/Observations:

Medical staff at the out-patient clinic has a good philosophy and practice of educating patients and families about the medications being prescribed. Handouts are used to explain to the families about the benefits and side effects of medications. Some staff expressed a concern that some of the information included in the handouts wasn't written in client/family friendly language. Members of the site review team observed that overall Intermountain does a good job of educating clients and families about mental illness and medications.

Is "medication when required" (PRN) only used as a part of a documented continuum of strategies for safely alleviating the resident's distress and/or risk?

Strengths/Observations:

Staff interviewed indicated that emergency PRN medications are rarely used at Intermountain. The physician attempts to avoid PRN medication. Staff expressed concern that the use of PRN medications could ultimately create problems for the clients and family at home – not wanting to create an opportunity for standing doses and not cause error of the family giving PRN medications for the wrong indication.

Does the mental health service ensure access for clients to the safest, most effective, and most appropriate medication and/or other technology?

Strengths/Observations:

This appears to be a very positive issue and strength at Intermountain. The providers appear to be very proactive in responding to the needs of families and clients.

Where appropriate, does the mental health service actively promote adherence to medication through negotiation and education?

Strengths/Observations:

Staff interviewed reported that medications are not forced, so negotiation and education are primary strategies to achieve compliance. This appears to be a very positive effect of the relationship between Intermountain, the family and the client.

When legitimate concerns or problems arise with prescriptions, do clients have immediate access to a psychiatrist or mid-level practitioner?

Strengths/Observations:

Several new staff members have been added to the out-patient clinic and this area appears to be a positive for this program (3 new APRN's in the clinic). At the campus, access to the psychiatrist and mid-level practitioner is easily achieved, direct care staff report concerns to nursing staff.

Are medication allergies, side effects, adverse medication reactions, and abnormal movement disorders well documented, monitored, and promptly treated?

Strengths/Observations:

Again, these providers are astute in their monitoring and detection of problems, when adjusting or changing doses staff are observant, document concerns and if medication changes are needed they occur in the appropriate time frame. Clients being served both in-patient and out-patient settings are closely monitored for adverse medication reactions and interventions are prompt.

Are clients taking antipsychotic medication monitored according to the consensus guidelines of the American Diabetes Association and American Psychiatric Association?

Strengths/Observations:

Concerns about metabolic issues noted by clients, families and staff are addressed in the treatment plan and the client's chart.

Are medication errors documented?

Strengths/Observations:

Medication errors are documented as required by Intermountain's policies and procedures. Treatment team members including the new APRN allow more "eyes" on the effects of possible medication errors. This additional scrutiny should decrease potential for errors. If errors do occur they are clearly documented, monitored and follow up is thorough.

Is there a quality improvement process in place for assessing ways to decrease medication errors?

Strengths/Observations:

Medication errors are not common; when they do occur they are closely monitored. The quality improvement process is thorough and includes training to decrease the potential for errors.

Is the rationale for prescribing and changing prescriptions for medications documented in the clinical record?

Strengths/Observations:

Clinical records are well updated, client symptoms targeted by the medications are identified and often the family and/or client is involved with decisions about medication changes.

Is there a clear procedure for the use of medication samples?

Strengths/Observations:

Medication samples are not used in the inpatient/residential setting. The out-patient clinic does provide samples as needed, and that process is closely monitored by the psychiatrist and medical staff.

Are unused portions of medications and expired medications disposed of appropriately after expiration dates using – when resources are available - the protocols described in SMAR_xT DISPOSAL™ ?

Strengths/Observations:

Site review team interviews of Intermountain staff and observations about facility practice indicate that the practice for disposing medications is appropriate.

Is there a clear procedure for using and documenting emergency medication use, including documentation of rationale, efficacy, and side effects?

Strengths/Observations:

Emergency medications are not used in the residential setting. Policies and procedures are in place and used when the need for emergency medication at the out-patient clinic arise during clinic hours.

Is there a clear procedure for using and documenting ‘involuntary’ medication use, including documentation of rationale, efficacy, and side effects?

Strengths/Observations:

Involuntary medications are not used at Intermountain, in the residential/inpatient program or the out-patient services provided through the clinic.

When a client who is transitioning to another service provider is taking psychotropic medications, does the mental health service proactively facilitate the seamless continuation of access to those medications by ensuring that: (1) the client has an appointment with the physician who will be taking over psychotropic medication management, (2) the client has enough medications in hand to carry him/her through to the next doctor appointment, and (3) the client’s medication funding is established prior to the transition?

Strengths/Observations:

When discharge planning begins for a client, other service providers are contacted, transitions are thoroughly considered, medications are provided for the interim. If needed, samples are used. Medication management is established for a client through the discharge/transition into community services.

Access and Entry

Is Intermountain Children’s Services convenient to the community and linked to primary medical care providers?

Does Intermountain Children’s Services inform the community of its availability, range of services, and process for establishing contact?

Strengths/Observations:

Intermountain is very much part of the local community, has a good reputation across the state and attracts clients from across the country. Communities across the state are aware of the services provided by Intermountain – residential, inpatient and out-patient community based services. Local area Head Start programs, schools, local physicians and clinicians refer children to the residential and out-patient programs provided through Intermountain. Intermountain relies on physicians in the community to provide medical care. CSCT programs are used to assist clients/families through transitions into community services.

For new clients, is there timely access to psychiatric assessment and service plan development and implementation within a time period that does not, by its delay, exacerbate illness or prolong distress?

Strengths/Observations:

A Psychiatric assessment will be scheduled during the intake appointments and will occur as quickly as possible; certainly no later than 30 days after admission. The treatment plan is developed during these first days after admission. Some treatment planning begins as part of the admission process. Initial goals are set with the client/family during the first few weeks. Protocols are written, the family receives information about the program and what they can expect from the admission process at each step of the process. Information is presented in person, in writing through the website and information packets are provided all who ask for information about the program.

Does Intermountain Children's Services ensure that clients and their family members are able to, from the time of their first contact with the agency, identify and contact a single mental health professional responsible for coordinating their care?

Strengths/Observations:

During the time a family is being introduced to the services provided by Intermountain, the first contact is with the Admission Manager. Information is shared with the family about the services provided, the admission process and the Intermountain philosophy for family engagement with treatment and treatment planning. The introduction to Intermountain packet is complete and contains contact information for the Admission Manager, the first family contact. After admission has been confirmed, a case manager will be the single point of contact for a family to receive information about their child.

Is an appropriately qualified and experienced staff person available at all times - including after regular business hours - to assist clients to enter into mental health care?

Strengths/Observations:

Clients/family entry to the program is orderly and doesn't happen without advance planning. Intermountain does not provide the type of crisis services that require immediate access to services 'after regular business hours'.

Does Intermountain Children's Services have a system for prioritizing referrals according to risk, urgency, distress, dysfunction, and disability, and for commencing initial assessments and services accordingly?

Strengths/Observations:

Intermountain does have a system for determining when and how referrals will enter services; urgency, distress, dysfunction and disability are considered, along with other need. Clients/families do enter services through referral, and after an assessment team has determined whether the child/family is appropriate for the services provided by Intermountain.

Continuity of Services Through Transitions

Does Intermountain Children's Services review the outcomes of treatment and support as well as ongoing follow-up arrangements with each client and - with consent - family members prior to their exit from the service?

Strengths/Observations:

Intermountain has a robust quality improvement process that regularly tracks clients' progress and is capable of demonstrating client outcomes. Each client has a detailed discharge plan upon exit. To return to services from a higher level or out of treatment, families receive public financial assistance if they qualify, case management or respite. Case managers from Intermountain stay involved during transition. Referrals to placements in foster care are completed before the child is transitioned out of Intermountain services if the child does not return to family.

Does Intermountain Children's Services provide clients and their family members with information on the range of relevant services and supports available in the community when they exit from the service?

Strengths/Observations:

Many of the clients served in the residential/inpatient program are from out of state and this recommendation isn't particularly pertinent to that program. Staff interviewed were very well aware of the various services in the Helena community and link the children with those services prior to discharge and make sure the family is aware of those resources.

All information is given at exit along with list of referrals. Treatment coordinators give specific areas of referral for individual needs and families. A community Out-patient Services Information and Contact List is part of the information shared with families.

When a client is transitioning to another service provider, does Intermountain Children's Services proactively facilitate involvement by that service provider in transition planning?

Strengths/Observations:

Staff interviewed related their experiences in actively coordinating with local service providers and the schools. The Helena school system has implemented an electronic tickler file to keep track of students entering/exiting various programs and sends notices to families and providers when a child misses the scheduled appointment from one provider to a new one. Clients/families are the core of the services and all are followed closely through development of the discharge plan and the transition into community services. This is done well.

Does the Intermountain Children's Services ensure that clients referred to other service providers have established contact following exit from the mental health service?

Strengths/Observations:

Out-patient staff praise the local electronic follow up system implemented by the Helena School District. Members of the site review team observed that staff interviewed each took personal responsibility for assuring this gets done, even different staff members on the same team made certain that the client/family were followed until established in the community services.

Suggestions:

This is a great improvement upon the bland reassurance provided to BOV at most facilities that "someone does it". Assure continued improvement by assigning a specific staff member as a contact so this responsibility isn't accidentally overlooked.

If a client was receiving community mental health services prior to an inpatient or residential treatment admission, does the community mental health service assume primary responsibility for continuity of care between Intermountain Children's Services treatment and community-based treatment?

Strengths/Observations:

Intermountain's services to the Helena community are well integrated and part of the treatment planning process involving education, out-patient care family support and school based services.

2005 RECOMMENDATIONS

1. Develop policies and procedures that comply with § 53-21-107, Montana Code Annotated.
2. Include information about the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program in written information given to children and families.
3. Display posters and/or brochures that promote independent advocacy services provided by the Mental Disabilities Board of Visitors.

2012 RECOMMENDATIONS

Ensure that Intermountain reporting policies address reporting requirements per 53-21-107 MCA and 37.97.136(3) ARM and provide staff training related to this mandate.

Include orientation/training for new employees about the process for reporting allegations of abuse and neglect with training regarding debriefing after allegations have been investigated and concluded.

Take advantage of training offered by the Mental Health Ombudsman about the role of the Ombudsman to assist individuals accessing mental health services and the role of the Mental Disabilities Board of Visitors to advocate on behalf of individuals receiving services.

INTERMOUNTAIN RESPONSE TO 2012 RECOMMENDATIONS



Alicia Pichette
Executive Director Board of Visitors
P.O. Box 200804
Helena, MT 59620-0804

March 5th, 2012

Alicia,
Intermountain is very appreciative to the Board of Visitors (BOV) for the thorough and professional manner in which they conducted their site review in January of 2012. It was refreshing to have professionals come to Intermountain and focus on the quality of care provided to our clients.

This letter pertains to the recommendations given to Intermountain from the BOV site review. We have listed our responses below and an accompanying plan of correction for each recommendation. Our Quality Assurance Director, Julie Ouzts, spoke with you to discuss our plan of action. We appreciate your accessibility and assistance with this process.

1) Ensure that Intermountain reporting policies address reporting requirements per 53-21-107 MCA and 37.97.136(3) ARM and provide staff training related to this mandate.

Intermountain has created new procedures around 53-21-107 MCA as well as ARM 37.97.136 (3) in which the Quality Assurance Director (QAD) will communicate with the BOV and send copies of all incident reports, as well as any child abuse and neglect reports, that are filed. The QAD has already distributed two incident reports to the BOV since the time of the site review.

2) Include orientation/training for new employees about the process for reporting allegations of abuse and neglect with training regarding debriefing after allegations have been investigated and concluded.

The Intermountain HR Director is working to update our staff orientation plan as well as create a new training process for all staff. We will add child abuse allegations, and the following investigation, to our new staff training. Our HR department will work to ensure staff are aware of the steps taken in the event an allegation is made.

3) Take advantage of training offered by the Mental Health Ombudsman about the role of the Ombudsman to assist individuals accessing mental health services and the role of the Mental Disabilities Board of Visitors to advocate on behalf of individuals receiving services.

We have requested a staff training covering the responsibilities and role of the Mental Health Ombudsman and the assistance this office can offer to struggling families. We have requested that, in conjunction with the Mental Health Ombudsman training, we can also have Board of Visitors training. We would like the BOV's role explained to our staff as well as the services they provide.

Finally we have requested training in the subjects the Mental Health Ombudsman office can offer to our families, as well as what the BOV offers state wide. Given that our families come together twice a year for training we would welcome at those times the participation of the Mental Health Ombudsman and the Executive Director of the Board of Visitors.

Again Intermountain sincerely appreciates the manner in which this site review was conducted. The team was informed, professional, thorough, accommodating, and marvelous to work with. Please let us know if there is anything additional that Intermountain can provide now and in the future.

Sincerely,

Jim Fitzgerald, CEO
Intermountain Children's Home and Services

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The Joint Commission