

Montana
Developmental
Center
Boulder

November 1 & 2

2012

A Site Review Report with Recommendations of the Treatment
Services Provided at Montana Developmental Center, Boulder.

Mental Disabilities
Board of Visitors

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OVERVIEW

Residential Facility reviewed:

Montana Developmental Center
Boulder, Montana

Gene Haire, Superintendent

Authority for review:

Montana Code Annotated, 53-20-104

Purpose of review:

- 1) To learn about services provided at Montana Developmental Center
- 2) To assess the degree to which the services provided are humane, consistent with professional standards, and incorporate Board of Visitors standards for residential facility services.
- 3) To review the files of individuals served to assure that Individual Treatment Plans are in place and are being implemented
- 4) To make recommendations for improvement of services.
- 5) To report to the Governor regarding the status of services.

BOV review team:

Board:

Brodie Moll, Board Chair
Lin Olson, Board Member

Consultants:

Jennifer Elison, Ed.D, RN, LCPC
Adele Furby, LCPC
Irene Walters, APRN

Staff:

Alicia Pichette
Craig Fitch
Lisa Swanson

Review process:

- Interview MDC staff – management, clinical, program, supervisor and direct care
- Observe Treatment Activities
- Tour Residential Units and Assessment & Stabilization Unit
- Inspect Physical Plant/Campus
- Review Policy and Procedures
- Examine Training/Certification for Staff
- Review Individual Treatment Plans
- Tour the Medical Clinic and Examine Medical Records

QUESTIONS - STANDARDS

Organizational Planning and Quality Improvement

Organizational Planning:

Strengths/Observations:

Since the 2010 Mental Disabilities Board of Visitors (BOV) site review, the Montana Developmental Center (MDC) has restructured its mission, vision, and purpose to address the evolving needs of the individuals served. MDC has developed a strategic plan based on recommendations provided in the 2010 site review report. The recommendations were translated into a work plan/implementation/timeline document that created the foundation for comprehensive restructuring to focus on treatment services provided at MDC.

Action steps for implementing the goals established in the timeline include defining individual and team responsibilities and completing tasks by set dates. Position descriptions are being written to include required competencies that connect staff knowledge and skills with the treatment needs of the individuals served.

MDC's framework for change focuses on treatment and staff training to achieve its goals. The site review team reflected that although the process to create a framework for transforming the service delivery system at MDC did not specifically use a collaborative process to include all interested parties at the outset, it may have been the best, if not the only strategy possible under the circumstances.

MDC created an Organizational Chart this year to reflect the updated mission and purpose of the facility. The chart identifies the leadership and management structure for the facility, denotes supervisory roles for each service division, and provides clarity for the staff about the organizational structure of MDC.

Suggestions:

Develop a communication structure to provide both formal and informal opportunities for staff, individuals served and their family members/guardians, and other interested parties to provide ideas, goals and comments for a strategic planning concept that is dynamic and inclusive.

Quality Improvement:

Strengths/Observations:

MDC has taken Organizational Planning and Quality Improvement to the administrative level incorporating a specific quality mission statement and adopting a management plan to guide the facility's transformation efforts. Facility leadership has established quality as a standard expectation for the facility and staff.

To establish a formal quality improvement process, a Quality Assurance Program position was created and a Quality Management Director (QMD) has been hired. The individual in this position is responsible to develop a continuous quality improvement process for MDC that will analyze data collected from all departments on campus; evaluate the data and establish quality improvement strategies to improve services. The foundation for the quality improvement process includes vision and mission statements and a Quality Management Plan. The plan sets goals for educating core staff in each discipline about the quality management process, and expectations for staff to adhere to the quality management plan within their discipline. The plan sets specific assignments for staff and establishes timeframes for achieving goals; some of which appear to have been met at the time of the site review. As a component of the continuous quality improvement efforts, incident reports are reviewed to determine if treatment interventions or staff training would have prevented the incident or changed the outcome of the incident.

The medical unit has a quality assurance practice in place for monitoring laboratory tests, EKG's and routine medical care such as dental services. Medication errors are reviewed and analyzed by the Director of Nursing. When system problems are identified they are addressed by following quality assurance procedures.

Data and incident reports filed electronically daily on the THERAP®¹ System provide treatment team members information to evaluate and address treatment and safety for individuals served. Staff (direct care, clinical, medical and up to the Superintendent) can review reports, compare treatment data notes with treatment plans for goals achievement, evaluate incidents for quality assurance purposes and develop interventions to address treatment and safety for individuals served.

Quality Assurance is a standing agenda item for leadership and staff team meetings and quality improvement is part of the daily culture of the facility.

Suggestions:

Consistently communicate with staff about the quality assurance measures that will occur as a result of the data collection/analysis process.

Update policy and procedure documents to correct the name of the treatment plan from Personal Service Plan (PSP) to Individual Treatment Plan (ITP).

Rights, Responsibilities, and Safety

Rights, Responsibilities:

Strengths/Observations:

The Handbook for People Receiving Services on the Assessment and Stabilization Unit (ASU) defines rights and responsibilities for the individuals served at MDC. According to the General Admissions Procedure, the social worker organizes the intake process and is responsible for completing a Notification of Explanation of Rights for all persons being admitted to the MDC. Individuals served and family members/guardians verify that their rights and responsibilities have been presented and explained to them by signing a verification form. A handbook of rights and responsibilities specific to Units One through Six is currently being drafted.

The General Admissions Procedure provides information about the complaint and grievance procedures and is presented to clients and family members/guardians by the social worker during admission/intake. Contact information for advocacy services provided by BOV and Disability Rights Montana (DRM) is listed in the Handbook for People Receiving Services on the Assessment and Stabilization Unit (ASU). At admission, the social worker offers information about the BOV to individuals served and their family members/guardians.

The THERAP® System provides a platform for secure communications between families and MDC staff that has improved the grievance process for individuals served and their family members/guardians. When asked, individuals residing at MDC replied that they are aware of their rights and the process for contacting advocacy services.

Suggestions:

Assure informational posters describing the role of and access to the BOV and DRM, including a statement about the requirements of 53-20-163, MCA, are posted in each of the units and are readily visible on campus.

As individuals move between the Intermediate Care Facility for the Mentally Retarded (ICF/MR) and the Intermediate Care Facility for the Developmentally Disabled (ICF/DD), assure that the facility informs family members/guardians if rights and responsibilities differ between the two areas on campus and asks family members/guardians to sign an updated Notification of Explanation of Rights form.

Safety:

Strengths/Observations:

MDC has done a good job since 2010 of updating policies and procedures for reporting, investigating and addressing reported abuse and/or neglect. The policies and procedures reviewed now include a comprehensive set of definitions, investigative procedures and reporting requirements, including a step by

¹ THERAP Services, LLC
<http://www.therapservices.net/>

step investigation procedure log which guides the investigator through the process. In addition, potential antecedents to incidents are reviewed in the investigatory process and when appropriate, a clinical opinion is included in the investigation. As part of the investigation process, the QMD reviews the events and actions that preceded the incident; determines how such events could have been prevented; and what, if anything, staff should have done differently. Clinical oversight is part of the process for investigating critical incidents and ensures that individuals served are supported during investigations. The use of contracted 'on-call investigators' ended in 2011. MDC has not completed the work of defining 'conflict of interest' in policies/procedures with regard to investigating allegations of abuse/neglect.

The facility has established a schedule for staff training about legal and civil rights of individuals served which includes requirements for reporting and investigating allegations of abuse/neglect. All staff interviewed appeared to be fully aware of the correct procedures for reporting suspected abuse/neglect. In-service training occurs as policies and procedures are introduced or updated. Overall, MDC is implementing the requirements of Section 53-20-163, MCA, *Abuse and neglect of residents prohibited*.

BOV reviewed individual records, incident reports, and interviewed staff about the QA process following investigation of incidents and observed that MDC is not consistently debriefing staff after a reported incident has been resolved.

Individuals served have access to staff of their own gender and can identify who they consider to be 'preferred staff.' A preferred staff member is often able to assist an individual during stressful situations by prompting them to use their coping skills.

Medical records reviewed contained erroneously filed records.

Suggestions:

Staff and individuals served would benefit from a therapeutic review and discussion of their individual experiences and perspectives after a serious incident has occurred.

Conduct an audit of medical charts for individuals currently being served at MDC to assure that information is filed correctly.

Client / Family Member Participation

Strengths/Observations:

Family members/guardians are encouraged to be involved in treatment and the social worker is the agency contact person identified for client and family member communication. The Qualified Mental Retardation Professional (QMRP) supervises the social worker and will also contact family members/guardians as needed. BOV has received complaints from family members/guardians of individuals served about the inconsistency of contact from MDC when their family member has experienced an important event.

Nursing staff interviewed reported that family communication regarding medication changes are documented in the psychiatrist's notes and that the social worker documents family communication in the THERAP® System.

The treatment team includes individuals served and family members/guardians (when interested and able to attend) in treatment planning and plan reviews. The QMRP and social worker assist the individuals served in maintaining regular communication with family members/guardians. Individuals served and family members/guardians are routinely provided with copies of the treatment plan. If family members/guardians or individuals express concern about the treatment planning process or disagree with any part of the treatment plan, the QMRP will communicate directly with the family. BOV observed that communication between MDC and family members/guardians of individuals served is inconsistent.

Treatment decisions are based on clinical practices and focused on assisting individuals served to learn the skills to successfully live in a community setting. Planning for discharge begins at or before the time of admission, and individuals are referred for community placement as soon as possible after admission. Active treatment is built into every interaction between staff and individuals served. A full menu of treatment activities is in place and is reviewed continually. A daily schedule of treatment activities is integrated across all disciplines and is consistent. Individual treatment schedules are based on identified treatment needs and

a master treatment schedule. Individuals served participate in scheduled treatment activities daily. Treatment plans have specific, measurable objectives, strategies to achieve objectives, and defined responsibilities and time frames for implementing strategies, with treatment goals continually being updated and revised.

After assessment and diagnosis, the psychiatrist provides education to the client/family related to diagnosis, medications, options for treatment and expected outcomes. The BOV team reviewed treatment plans and charts, and concluded that this education by the psychiatrist is ongoing over the course of an individual's stay at MDC.

Suggestions:

Designate a section in the treatment plan for team members to document their communication with families/guardians.

Evaluate the treatment planning process and survey individuals served and their family members/guardians to determine if they were satisfied with the level of their involvement in the process.

Cultural Effectiveness

Strengths/Observations:

Staff interviewed reported being aware of the need to address cultural, ethnic, social, historical and spiritual differences that may be relevant to an individual's treatment. MDC has attempted to provide training for staff about these issues and acknowledges the importance of ongoing training on these issues. However, MDC does not have a Cultural Effectiveness Plan in place to direct culturally competency training/issues.

MDC has an Indian Club conducted by recreation program staff, several individuals served attend and all are welcome to attend. Activities include attending cultural events off and on campus. Native American speakers from different tribes have been called upon to provide training for staff about cultural and language differences between tribes. The recreation staff who coordinate the program are not Indian and readily admit the Club would benefit if Native American organizations in the community could bring information about cultural history, language, different traditions and ways of communicating, and their spiritual practices to MDC.

Suggestions:

Develop a pro-active plan for integrating more cultural and spiritual awareness into the MDC culture. This would include:

- Adding a statement regarding multicultural and spiritual awareness in the MDC Vision Statement.
- Requiring all employees of MDC to successfully complete a basic class in multicultural and spiritual awareness.
- Require all employees who come in direct contact with MDC clients to complete at least one class in multicultural awareness annually; emphasize such education for psychiatric aides and shift leaders.
- Add cultural and spiritual assessments to client intake assessments. Enhance efforts to identify each client's cultural and spiritual background, each client's current cultural and spiritual orientation (for example for a Native American, ascertain whether the individual considers himself/herself "traditional" or not), and integrate cultural and spiritual considerations into the client's discharge plan.
- Add cultural and spiritual categories into the Treatment Plan matrix, include goals, objectives and interventions which are culturally and spiritually driven according to the client's orientation and desires.
- Develop a policy to encourage discharge planning which is pro-active in finding placements on Indian Reservations for those clients who identify themselves as native and have tribal affiliations.
- Actively recruit staff from diverse cultural/racial/ethnic groups and in particular, Native American staff.
- Add more culturally diverse activities on campus, and particularly emphasize Native American events and cultural skills (such as Native crafts and games).
- Actively encourage all clients to consider their own spiritual orientation and encourage development in that area as important to whole person integration. Actively offer and provide support for spiritual exploration, learning, and practices for each individual served

Staff Competence, Training, Supervision, and Relationships with Clients

Competence and Training:

Position Descriptions for staff positions at MDC are being rewritten to include detailed information: Work Unit Mission Statement or Functional Description, Major Duties and Responsibilities, Description of Job Purpose, Minimum Qualifications, Behaviors Required to Perform Duties, Education and Experience Required, and other important job information.

The training curriculum focuses on new staff achieving optimum knowledge and competence. Staff pre-service orientation training is two weeks long. The pre-service training curriculum includes basic information about intellectual disability and mental illness with an introduction to medications used to treat mental illness. Each new staff member must successfully complete a final exam to conclude the pre-service training. To complete pre-service training, new staff must successfully complete the following: a six month probationary period, a minimum of 2000 hours as a paid trainee, 23 mandatory classes and 5 pre-service training classes.

Staff members are supported to complete continuing education, including attending NADD² Conferences, Department of Public Health and Human Services trainings, and professional conferences. MDC pays for nursing staff to attend continuing education programs which relate to improving quality of care for the individuals served. One nurse described great flexibility in her scheduling to allow for the continuing education needed for her to transition from an associate's degree to a baccalaureate degree in nursing. A goal noted by staff in the nursing department is that nursing staff will be able to complete a psychiatric nurse certification program. The position description for the Registered Nurse indicates a minimum of a Bachelor's degree. At the time of the site review, not all RNs on staff had this level of education.

A detailed training certification report for each staff member was supplied to the BOV team. Verification that scheduled training has been completed is detailed by name of staff, training completion date and expiration of certification dates. Assessment of staff to address knowledge and competence deficiencies is done at the weekly What Works meetings and as needed.

MDC is to be commended for their recognition of the potential for staff burnout and for their plan to initiate Trauma Informed Training to assist staff in developing personal stress management care plans and for supporting nursing continuing education.

All MDC employees receive training from training officers certified by the Mandt System³. Mandt® is a nationally accepted program focused on how to develop appropriate interactions with individuals served. The training is given to all new staff employees who work directly with clients as well as administrative personnel. Continuing Mandt® education is required each year.

Information gathered by the team suggests that an additional level of boundary training is needed for employees who "float" to the ASU. Staff interviewed noted that Individuals residing at the ASU may require higher levels of staff training and skills and often the least experienced staff may be assigned to the ASU.

Suggestions:

Assure that RN position descriptions describe correctly whether a Bachelor's degree is a minimum requirement or preferred requirement as a qualification.

Provide additional training for nurses who are transitioning from a Licensed Vocational Nurse (LVN) status to a RN; these roles have differing scope of practice.

² NADD: An Association for Persons with Developmental Disabilities and Mental Health Needs

<http://thenadd.org/>

³ The Mandt System®

<http://www.mandtsystem.com/>

Supervision:

Strengths/Observations:

A training program specific to supervisory duties is a work in progress. A workgroup has been appointed to prepare a training module for shift managers. This same workgroup is working toward a process to evaluate supervisor skills using performance appraisals which will identify areas for further supervisor focused training.

Supervisors monitor treatment plan implementation and evaluate staff knowledge about the details of each treatment plan, including staff member roles for implementing treatment goals for each individual served. Supervisors indicated that “Safe Haven” and “What Works” are processes used to monitor and oversee that staff are implementing treatment plans consistently. Staff remarked that the debriefing and training provided at those meetings is valuable and effective.

An updated format for appraising staff performance was introduced in 2011 and continues to be refined. This format will allow staff to set annual goals for professional development and performance improvement. Appraisals for supervisors include objectives to define expectations for additional training and leadership development. BOV reviewed the performance appraisal format and observed that the process does not yet consistently provide the opportunity for staff to discuss adjustments in the work environment that would improve job performance.

Many of the staff interviewed mentioned stress as a job related concern, a few suggested that training about compassion fatigue would be beneficial to address the emotional and physical demands of working at MDC.

Suggestions:

Consider adding a module to continuing education offerings about compassion fatigue.

Relationships with Clients:

Active Engagement

Strengths/Observations:

Education about mental illness has been integrated into new employee orientation/pre-service training. The emphasis on mental health education appears to be universally accepted as beneficial to staff. A number of staff were able to articulate that having information to help them understand why behaviors happen. Staff can recognize mental illness and respond to behaviors more therapeutically. Two days have been added to orientation so new hires now receive 12 days of pre-service training. Staff voiced concern that training for therapeutic boundaries is an on-going need and requested more training in that area.

The benefit to staff of the additional pre-service training was apparent during the site review. BOV observed evidence of staff partnering with individuals served in treatment rather than the treatment being applied to the individual. Staff on the units generally demonstrated respect and caring while maintaining a sense of professionalism when interacting with individuals served.

Staff expressed a genuine belief that incidents of physical and verbal aggression are declining, incidents of restraint have declined, and that there are fewer grievances and allegations of abuse/neglect. Although the Quality Assurance Department did not have complete data to support the statements, the comments illustrate a shift of perspective among staff interviewed. In 2010 a majority of the staff expressed a pessimistic and negative attitude about safety for staff and individuals served.

Suggestions:

Continue focusing on supervision that ensures professional staff is consistently in treatment environments interacting with staff and individuals served; providing in the moment education, while modeling and reinforcing healthy, constructive and respectful interactions.

Treatment and Support

General:

The treatment planning process begins at admission to MDC. A complete nursing assessment and physical evaluation is completed by a registered nurse immediately, and the medical director reviews the findings. A nurse collects a medical history then evaluates health, nutritional needs and need for dental care. The psychiatrist performs an evaluation within four days of admission to evaluate medical conditions which may be responsible for presenting psychiatric symptoms. After diagnosis, the psychiatrist provides education to the individuals served and family members/guardians about the diagnosis, medications that will be prescribed, and options for treatment.

MDC introduced a new Individual Treatment Plan (ITP) format in 2011 to meet requirements for active treatment. ITP plans are simple to read and follow, are based on interdisciplinary assessments and clearly identify which staff members are responsible for completing the treatment goals with the individuals served. Identifying and treating symptoms and behaviors that resulted in the individual served being admitted to MDC is the focus of treatment. The safe, successful transition back into the community is the ultimate goal of the ITP and treatment process.

MDC policy requires that the treatment planning process includes staff from all disciplines, the individual served. Family member/guardian involvement is strongly encouraged.

Evidence-Based Services:

Strengths/Observations:

MDC is providing treatment and support to adults in a manner that is consistent with Substance Abuse and Mental Health Service Administration⁴ (SAMHSA) principles for recovery. SAMHSA recommends that treatment plans incorporate evidence-based practices consistent with principles for recovery; the ITP is providing that framework. Plans include treatment objectives for individuals who have identified cognitive disabilities with co-occurring psychiatric and substance use disorders. The clinical director, the psychiatrist, and the therapists interviewed indicated good knowledge and use of currently-accepted evidence-based and trauma-informed care practices.

Trauma-informed care recognizes the presence of trauma symptoms and acknowledges the impact of trauma on individuals as part of the treatment planning process. There is an understanding that trauma plays a role in mental and substance use disorders and should be systematically addressed in treatment and recovery settings as a universal standard of care. Since 2011 MDC has emphasized staff training on the SAMHSA principles of trauma-informed care as an approach to providing treatment to individuals served.

Supported employment goals are established in treatment plans to prepare individuals for transition to community-based services. Education, vocational training, and on-the-job experience are goals in most treatment plans to assure individuals served have the life skills, job skills and work experience needed to be successful when they move to the community.

The team observed that treatment planning may be improved if each individual being admitted has recently received a neuropsychological evaluation assessing brain function and learning capacities from a doctoral-level licensed practitioner. This evaluation will provide needed information regarding how the individual can learn coping skills. Educate staff about each individual's learning style strengths and weaknesses and actively assist staff to understand interventions which will best support the client to learn the necessary new skills. When the treatment plan is reviewed, especially consider whether or not the current interventions used are effective and if not, consider alternative modes of teaching necessary coping skills.

Suggestions:

The new ITP format has 4 "problem statements." Consider splitting problem #2, concerning diagnosis, into two divisions--one to address cognitive issues and one to address the other diagnosed psychological disorders on Axis I and II.

⁴ Substance Abuse and Mental Health Services Administration
<http://www.samhsa.gov/index.aspx>

Assure that participants in the assessment and treatment planning meeting are listed on the treatment plan form. Indicate who is responsible for the diagnosis being given, and that a diagnosis is being determined by a licensed mental health professional and not by a case manager.

Assure that substance-abuse disorders are being identified through assessment with treatment options included in treatment plans.

Medication:

Strengths/Observations:

Medication protocols appear to be based on the most current evidence. MDC has recently hired a psychiatrist who is on-site 20 hours a week; an increase from previous psychiatric services. Additionally, both the prescribing psychiatrist and the medical doctor provide coverage by phone as needed. The rationale for prescribing and/or changing medications is documented in the psychiatric and medical records. Family members/guardians are notified about medication prescription changes by the psychiatrist or medical doctor.

The LVN or the RN is responsible for promoting adherence to medications. Nursing staff encourage and negotiate with individuals served for medication compliance as it is needed. Individuals served receive education about the use and side effects of their medication by the physician and information is reinforced by the nursing staff. Nursing staff will listen to concerns voiced by individuals about the medications they receive and continually provide education about the benefits of the medication and the potential impact of suddenly discontinuing a medication. Ultimately, the nurse recognizes that the resident has the right to refuse a medication. Physicians are notified when a resident refuses medication. Documentation of the missed medication is reported on the Medication Administration Record (MAR), THERAP®, and in the log book. Support or access to treatment is not withdrawn if an individual served does not adhere to medications. All medication deliveries are provided by nursing staff to individuals at each of the units.

Nursing staff report that access to the psychiatrist is assured as soon as concerns about medications and adverse reactions are identified. These reactions are documented in the nurse's notes. Staff also report that the psychiatrist educates the staff regarding monitoring for side-effects.

Information about monitoring individuals taking antipsychotic medication is documented in the physician's notes. The Laboratory Test Protocols for MDC include the baseline and follow-up labs indicated for individuals receiving antipsychotic medication. MDC is meeting and in some cases exceeding recommendations set forth by The American Psychiatric and Diabetes Association. Nursing staff assess for extrapyramidal⁵ symptoms (EPS) at least quarterly and more often, as needed.

MDC has an inclusive policy and procedure for documenting medication errors (see ATD 701.14). The Director of Nursing (DON) reports that this procedure is followed and that the Quality Improvement process in place has resulted in a change in the environment and/or process of administration of medications. As a result medications errors have decreased.

Standing medical orders for PRN medications related to managing pain, elevated temperature, colds and coughs, acute asthma, skin and lip conditions, seizures, chest pain, digestive difficulties, and nicotine replacement therapy are in place. PRN medication usage for behaviors is appropriately monitored and documented. Nursing staff report that the process to determine the PRN medication use is very individual and that, while the least restrictive interventions are always used first, the safety of the individual and those around him/her are also considered. The nurse who is responsible for the particular living area makes the decision about the use of PRN medications and records when they are used on THERAP®, MAR, and in the log book.

Medication samples are not used at MDC. Unused or expired medications are placed in a secure box and are collected by the pharmacist weekly.

Suggestions:

Expedite the completion of the security system in the clinic so medications in the clinic are housed in one secure location.

⁵ Extrapryramidal Symptoms

<http://www.medicalnewstoday.com/releases/13702.php>

Access and Entry

Strengths/Observations:

Individuals enter services at MDC through emergency admission and court commitment. Court commitments are made on the recommendation of the Residential Facility Screening Team (RFST). Emergency Admissions may be made by a professional person for no more than thirty days under 53-20-129, MCA. If the RFST concludes an individual is seriously developmentally disabled and meets the criteria for admission, it will file a request with the court to order commitment to MDC.

The Client Services Coordinator organizes the intake process and serves as the single point of contact for family members/guardians. A nurse completes an admission assessment using standard nursing protocol. Outside treatment is not allowed once an individual is transferred to MDC except to provide support to the individual during the transition into the facility. A General Admissions Procedure Form outlines the facility's duties and responsibilities for services and treatment while the individual is at the facility. Each individual receives a handbook of information about MDC that includes an explanation about individual rights and responsibilities at the facility. Family members/guardians receive information about their rights and responsibilities while their family member is receiving services at MDC.

Suggestions:

Update the General Admission Procedure (ATD 104.1) and/or other forms to reflect that MDC has an on-site Psychiatrist and clarify whether the psychiatrist sees the clients during the intake process or shortly thereafter.

Include an assessment of spiritual, cultural/racial, and trauma experience considerations in the intake assessment process.

Continuity of Services through Transitions

Strengths/Observations:

Client Service Coordinators manage the discharge planning efforts for an individual's transition back to the community. BOV observed that in some transitions, MDC staff did not assume responsibility to assure a smooth transition, and did not take the lead for implementing the transition.

MDC does not appear to have a specific formal protocol for staff members to follow up with community providers when an individual moves into their services. Follow-up appears to be informal and sometimes haphazard. Staff reported that community providers know they can contact MDC if they have problems, concerns, or questions. Service providers reported that the most successful transitions occur when MDC staff familiar with the individual served accompanies that person to the community program, and stays through an initial orientation to the new program. This does not always occur.

Community-based service providers have requested more detailed information about the individuals moving into their services from MDC. Providers expressed concern that the transition process has recently been abbreviated and the information they receive about individuals is not adequate. Service providers want a complete treatment plan that includes a summary of behavioral goals, objectives and interventions; a description of the degree to which each goal was achieved; and, suggestions for ongoing behavioral treatment within the new program.

The individual served leaves the facility with medication to last 30 days. The client services coordinator is responsible for obtaining medications for the uninsured or underinsured clients at discharge. Psychiatric and medical appointments are arranged by the community service provider.

Suggestions:

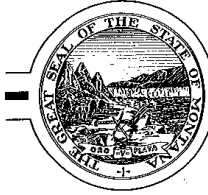
To assure a successful transition, MDC staff who accompany individuals served should be familiar with the individual, able to provide specific information to the community provider, and accompany the individual through an orientation to the services.

During transition assure that the community provider is aware of the presence of a co-occurring substance abuse issue if one exists.

RECOMMENDATIONS

1. Establish a process for communicating with families/guardians that identifies the type of information families/guardians want to receive; who will be responsible for contact; and, how the contact will be documented. The process should identify supervisor responsibilities for assuring MDC staff is communicating with families/guardians.
2. Update the current training and readiness evaluation process to assure that all employees have a level of skill and training, including boundaries training, sufficient so they can work safely at any unit on campus.
3. Establish a model to consistently debrief staff after allegations of abuse and/or neglect are substantiated.
4. Design a section in the ITP matrix to include spiritual, cultural/racial, and trauma experience categories to be addressed by the treatment plan.
5. Develop a transition communication process to provide community service providers a complete treatment plan that includes a summary of behavioral goals, objectives and interventions; a description of the degree to which each goal has been achieved; and, suggestions for ongoing behavioral treatment within the new program.
6. For quality assurance purposes, create a survey instrument and contact community based providers to survey them about their experience when an individual is transitioned into those services.

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December 27, 2012

Alicia Pichette, Executive Director
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Ms. Pichette:

Thank you very much for the draft of the site review report for the Board of Visitors' review of services at the Montana Developmental Center conducted by the Board on November 1 and 2, 2012. We greatly appreciated the opportunity this review presented for our staff to discuss current services, ongoing projects for improvement, and plans for continuing improvement.

I also want to acknowledge and thank you for your insightful analysis, suggestions, and recommendations. We embrace the Board's perspective and value its feedback. The Board hasn't requested that we respond to plans for implementation of the report's "suggestions" – only the recommendations. However, in addition to the specific plans for implementation of the recommendations included in the enclosed report, we fully intend to implement all of the suggestions also. We see all of the Board's ideas as valuable guidance that will enhance our improvement efforts.

Sincerely,

A handwritten signature in black ink, appearing to read "Gene Haire".

Gene Haire, Superintendent
Montana Developmental Center

"AN EQUAL OPPORTUNITY EMPLOYER"



MDC RESPONSE to RECOMMENDATIONS

Establish a process for communicating with families/guardians that identifies the type of information families/guardians want to receive; who will be responsible for contact; and, how the contact will be documented. The process should identify supervisor responsibilities for assuring MDC staff is communicating with families/guardians.

MDC Response:

The MDC Residential Services Director will work with the QMRPs and Client Services Coordinators to establish a process for communicating with families/guardians that identifies the type of information families/guardians want to receive; who will be responsible for contact; and, how the contact will be documented. This information will be organized on Therap for each client/family. This process will identify supervisor responsibilities for assuring MDC staff is communicating with families/guardians. The Client Service Coordinators will be responsible for ensuring that communication with families follows this process. The QMRPs will be responsible for ensuring that this process is followed. Target Date: 3/1/13

Update the current training and readiness evaluation process to assure that all employees have a level of skill and training, including boundaries training, sufficient so they can work safely at any unit on campus.

MDC Response:

The MDC Residential Services Director will work with the QMRPs, Unit Coordinators, and the Staff Development Specialist to update the current training and readiness evaluation process to assure that all employees have a level of skill and training, including boundaries training, sufficient so they can work safely at any unit on campus. The Staff Development Specialist will be responsible for ensuring that this training and readiness evaluation process is followed. Target Date: 3/1/13

Establish a model to consistently debrief staff after allegations of abuse and/or neglect are substantiated.

MDC Response:

The MDC Quality Management Director will work with the Client Protection Specialist, the Clinical Director, the Residential Services Director, and the Treatment Services Director to establish a model to consistently debrief staff after allegations of abuse and/or neglect are substantiated. The Quality Management Director will be responsible for ensuring that debriefings occur. Target Date: 2/15/13

Design a section in the ITP matrix to include spiritual, cultural/racial, and trauma experience categories to be addressed by the treatment plan.

MDC Response:

The Clinical Director will work with the Treatment Division to incorporate spiritual, cultural/racial, and trauma experience categories into the individual treatment plan. Target Date: 3/1/13

Develop a transition communication process to provide community service providers a complete treatment plan that includes a summary of behavioral goals, objectives and interventions; a description of the degree to which each goal has been achieved; and, suggestions for ongoing behavioral treatment within the new program.

MDC Response:

The Clinical Director will work with the Treatment Division to develop a transition communication process to provide community service providers a complete treatment plan that includes a summary of behavioral goals, objectives and interventions; a description of the degree to which each goal has been achieved; and, suggestions for ongoing behavioral treatment within the new program. Target Date: 3/1/13

For quality assurance purposes, create a survey instrument and contact community based providers to survey them about their experience when an individual is transitioned into those services.

MDC Response:

The Quality Management Director will create a survey instrument and contact community based providers to survey them about their experience when an individual is transitioned into those services. Target Date: 2/15/13