

Montana  
Developmental  
Center

June 18 & 19,

**2015**

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Montana Mental Disabilities Board of Visitors

Site Inspection

## OVERVIEW

### **Mental Health Facility reviewed:**

Montana Developmental Center  
Boulder, MT

Tammy Ross, Director

### **Authority for review:**

Montana Code Annotated, 53-21-104

### **Purpose of review:**

- 1) To learn about services provided by 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 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.

### **Site Review Team:**

#### **Board:**

Miriam Hertz

#### **Consultant:**

Jan Munday, LCSW  
Irene Walter, APRN

#### **BOV Staff:**

Janette Reget, LCSW  
Executive Director

### **Review process:**

- Interviews with Montana Developmental Center staff and clients
- Observation of treatment activities at the treatment mall
- Review written description of treatment programs
- Inspection of the physical plant at the treatment mall, administrative building, recreational program, and housing units
- Review treatment records, policies and procedures, organizational structure, allegations of abuse/neglect

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## **Summary**

Montana Developmental Center (MDC) is the state facility designated for placement of persons with intellectual/developmental disabilities who are considered a danger to self or others. Clients are committed to MDC by the courts, either civilly or forensically. Most clients at MDC are committed because of violent and aggressive behaviors.

The 2015 legislature passed SB 411, signed by Governor Bullock, to close MDC. Currently, a transitional committee is determining the best way to achieve that end.

The Board of Visitors (BOV) Site Inspection team conducted its site inspection on June 18 & 19, 2015. Overall, the BOV team was pleased and surprised by the positive attitude of staff, the general satisfaction of clients, and the continuing quality of care provided at the facility. Staff stated that they will continue to provide services as if MDC will stay open, although many expressed concern about what would happen to those clients who require more intense services.

Since the last full BOV site inspection in 2012, MDC has improved and updated its policies and procedures, implemented the Treatment Mall, improved the staff training process, and made several other changes to enhance quality care.

## ***Organizational Planning and Quality Improvement***

### **Planning**

MDC implemented strategic planning on October 19, 2012, after the last full BOV site inspection. Strategic planning has not been updated since then. Unfortunately, everything has been put to the side, given the current state of flux. Priorities have had to change. Staff is going forward with an attitude that services continue as normal, and is striving to provide a safe environment for the clients through this transition.

A great deal has been accomplished since the 2012 full site inspection. The culture and attitudes within the organization are much healthier than previously observed. Community partnership is strong. A local dentist, hygienist and eye doctor have made commitments to see clients. The pharmacy at Montana State Hospital ensures timely access to medication changes. MDC has entered into partnership with the Humane Society in Helena so clients can volunteer there. A pet therapy program provides an alternative treatment approach. A recycling program provides vocational opportunities for clients, and allows for community participation.

Interviewed staff indicated problems with lack of consistency and communication between shifts and between Direct Support Professionals (DSP) and professional staff. Staff stated that the client handbook is not always followed, which results in poorer quality care for clients and an increase in behavioral problems. Report books and electronic health record Therap<sup>1</sup> are used on each unit; however, this is apparently not used consistently as a communication tool. Staff does not have the opportunity to have face-to-face reports at shift change. This has resulted in inconsistent service delivery on different shifts.

## **Quality Improvement**

MDC does not conduct satisfaction surveys with clients or family members/guardians. Currently, the Quality Management Director (QMD) is documenting and submitting all events, including alleged abuse and neglect, to the Department of Justice (DOJ) for review. The QMD enters these reports electronically into Therap. This allows treatment team members to access information regarding treatment and safety. The BOV receives these reports as well.

During the last fiscal year (July 1, 2014 to June 30, 2015), the following data was collected:

Number of allegations sent to the Department of Justice	747
Number of allegations considered informational only	558
Number of allegations reviewed as possible abuse/neglect	189

Of the 189 allegations reviewed by Department of Justice as possible abuse/neglect:

Substantiated client to client cases	42
Unsubstantiated client to client cases	54
Substantiated staff to client cases	31
Unsubstantiated staff to client cases	62

Because there were two back-to-back substantiated reports of staff to client and client to client abuse investigations, the Montana Quality Assurance Division believed there was a potential danger to clients on the Assessment and Stabilization Unit (ASU). MDC is contracting with Benchmark Company, a behavioral program consultant group, to address problems and develop a plan of correction on ASU. Currently, clients on other units cannot be transferred to ASU, but the unit is still admitting new clients to the facility for assessment.

MDC provides initial and ongoing training to staff. Initial training lasts three weeks, and focuses on skills and competencies needed to perform the duties of the positions. Staff

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<sup>1</sup> [www.therapservices.net](http://www.therapservices.net)

is trained in Mandt<sup>2</sup> non-physical and physical interventions and in health safety on a yearly basis. Additional training is tracked by the Training/Development Specialist. Interviewed staff seemed knowledgeable and well-trained in treatment delivery, de-escalation techniques and their responsibilities to the clients.

Quarterly pharmacy meetings with the Medical Director, contracted pharmacist and nursing staff occur to review for quality prescribing. MDC has a policy for reporting medication errors. Review of the quality assurance reports and minutes of these meetings are meaningful and appropriate. The pharmacy component is quite impressive. The registered nurse conducts quarterly observation of nursing medication pass procedures. This is a proactive and ongoing part of the quality assurance program.

## ***Rights, Responsibilities and Safety***

### **Rights and Responsibilities:**

Upon admission to MDC, the client and guardian/family members are given a client handbook that addresses rights, responsibilities and grievance procedure. A copy of 53-20-148 M.C.A. is included in the handbook. The complaint/grievance form is available to clients and family members. It does not include additional advocacy resources should the client/family member be dissatisfied with the resolution of the grievance. However, information regarding advocacy services provided by the BOV is included in the handbook. MDC policies address access to records for the BOV and DRM. BOV team could not find any informational posters describing the role of and access to the BOV. These posters were provided to MDC following this site inspection.

Interviewed staff consistently stated that they liked their jobs, they enjoyed the clients they serve, and during conversation, the staff presented with respect and enthusiasm. Most staff verbalized concern for client care and their future placement. They identified the appropriate process to report allegations of abuse and neglect and incidents. Staff seemed aware of MDC policies and procedures regarding client rights.

### **Safety:**

MDC has been closely scrutinized since 2013, when the Department of Justice (DOJ) began investigating all allegations of abuse and neglect. MDC policies include definitions, investigation procedures and reporting requirements for allegations of mistreatment, exploitation, neglect, abuse and injuries of unknown source. Policies

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<sup>2</sup> [www.mandtsystem.com](http://www.mandtsystem.com)

address notification procedures for allegations of sexual abuse, sexual assault, sexual contact, indecent exposure, or sexual intercourse without consent. These policies have been updated to include notification in writing to the DOJ. The DOJ now conducts investigations. The DOJ notifies the Quality Management Director (QMD) within five days that the investigation report has been concluded. The QMD then schedules a meeting of the Event Management Committee which reviews the investigation report and discusses options for corrective program follow up and personnel action.

Currently, MDC staffing is down by 25 direct care staff, which jeopardizes safety on the units and ASU. Staff is working overtime to provide adequate coverage. Clients are impacted by reduced staff and the possible closure of MDC, and many are nervous and demonstrate increased behavior problems. Whenever possible, MDC staff uses non-physical de-escalation techniques, such as body positioning, to lessen aggressive behaviors on the units. A restraint chair is available to restrain clients if needed. A review of the investigative reports submitted to DOJ indicates the chair is seldom used. Staff accompanies clients to the treatment mall, and hall monitors help lessen the amount of behavior problems there. Positioning hall monitors at the treatment mall is a newer procedure, and all interviewed staff agrees this has made a positive difference in behavior problems at the treatment mall.

### ***Individual, Family Members/Guardian Participation***

Interviews conducted with administration, staff and clients indicate that family and guardian participation is always encouraged. The client and family/guardians are encouraged to participate in treatment planning upon admission and when treatment plan is updated. Family/guardians participate in person or by teleconference. The client and family/guardians receive a copy of the treatment plan. The interviewed social worker stated that she is in regular contact with family/guardians. Some clients require continual contact due to the client's medical and/or behavioral needs. The social worker and nurse interviewed indicated they make contact with family /guardians when treatment changes are made and document these changes.

The level of family/guardian participation varies. Many family/guardians call several times a week, visit the campus regularly, and request off campus visits. Others are contacted by MDC to report a particular occurrence or to schedule treatment planning. MDC educates family/guardians about the client's mental health diagnosis, and offers treatment options when appropriate and available. The client handbook states that the treatment team will meet with the client and family/guardian to discuss the results of evaluations, treatment goals, and progress. These meetings generally occur every three

months. The treatment team will talk with family/guardian about how they can help the client achieve treatment goals. MDC does not appear to involve family/guardians in strategic planning, the quality improvement process or in advisory groups.

## ***Cultural Effectiveness***

The BOV team could not find a specific policy or plan regarding cultural effectiveness, but MDC provides many opportunities for cultural awareness and experiences for clients. The recreation staff takes advantage of community-based cultural activities whenever possible, attending pow-wows and other community activities. Staffing issues have limited the opportunities for community-based activities on a regular basis. MDC brings cultural demonstrations to campus as well.

The administration and staff at MDC are aware of the importance of providing cultural experiences. New staff is provided cultural diversity training to improve staff sensitivity to ethnic, social and spiritual differences among MDC clients. A non-denominational minister comes to the MDC campus on Tuesdays to provide clients with the opportunity for spiritual practice of their own beliefs.

MDC staff monitors and addresses a wide variety of potentially sensitive situations including cultural prejudice. Clients are monitored for emotional and physical safety. The staff attempts to provide a healthy and safe environment for clients in the least restrictive manner possible.

## ***Staff Competence, Training, Supervision, and Relationships with Individuals***

### **Competence and Training**

MDC policies clearly define the qualifications, competence and expectations for each staff person providing services to clients at MDC. The BOV team was impressed with interviewed staff, their concern for clients, and their dedication to providing good services.

The Staff Development Specialist ensures that all training provided to staff is in accordance with MDC policy 3B. New hire and annual training is dictated in policy, and appears to be meaningful and relevant. New employees reported positively on their training experience. The BOV team was able to briefly observe training and speak with a group of newly hired staff. These staff seemed enthused and eager. They demonstrated

the knowledge necessary to provide services to clients. New staff orientation is thoughtful and scripted. The facility has had to increase the number of new staff orientation trainings, due to the loss of staff and the need to hire and replace staff quickly. MDC is using a temporary employee service to help fill vacant positions.

### **Supervision**

For the most part, it appears staff is satisfied with the level of supervision they receive. On the units, the Unit Coordinators supervise the Shift Managers, who supervise the direct care staff. Because of the staffing shortage, all staff, including administration, works overtime to provide needed coverage. A registered nurse is available on every shift and serves in a leadership role for nursing staff. Staff training can be enhanced by using “real time” training provided by Direct Service Personnel and Shift Managers to provide mentoring to staff that require additional guidance and assistance while they are working on the units.

### **Active Engagement with Individuals**

The BOV team had the opportunity to observe staff interactions with clients. Staff consistently demonstrated gentle, caring and respectful interactions with clients. It appeared that all staff, including administrative staff, knew each of the clients’ names and something about their likes and dislikes. Interviewed clients, for the most part, said they liked the staff at MDC. Clients involved in the vocational program seemed enthused and supported during their work shifts. Some clients expressed pride in their ability to work. The Treatment Mall model has changed MDC culture from one of occupying client time to one of encouraging client growth and wellness. Staff and clients engage in activities such as camping, attending sporting events in the community, doing volunteer work, and other community-based activities. Staff go beyond the “call of duty” to ensure that clients have opportunities they may not have otherwise; a nurse went to the camping trip after her shift at bedtime and early in the morning before her shift to administer medication to clients who wished to attend the camping trip.

Interviewed staff identified the importance of trust and knowing the client in order to be most effective. Staff identified their responsibilities as teaching “life skills, appropriate interactions, social skills, so they can live a quality life.” Staff said they provide training so clients can succeed, help clients maintain a daily schedule and activities, and help them manage frustration. Staff stated, “If I say I can do it, I will.” Interviewed staff said it’s best to be upfront, honest, and remind clients of consequences of their behaviors.

## ***Treatment and Support***

### **General**

The Individual Treatment Plan (ITP) is required to be in place for implementation within 30 days of admission; each discipline conducts an assessment to help formulate the ITP. MDC policy 4-E states the “client receives a continuous active treatment program consisting of needed interventions and services...to support the achievement of the objectives identified in the treatment plan” so the client may discharge to a lower level of care either at home or in their community. Discharge planning is addressed upon admission to MDC, but discharge planning is not included in the ITP.

### **Trauma Informed Care**

MDC policies do not include a policy regarding trauma informed care. The client’s treatment team identifies recent and past trauma to incorporate appropriate interventions on the client’s ITP. The ITP identifies the client’s strengths and limitations or barriers to treatment, which include information about trauma. Trauma informed care is practiced throughout the professional disciplines. Clients identify coping plans to help recognize stress triggers.

New staff is trained on the neurobiology of trauma, and all staff receives annual Adverse Childhood Experience training, provided by the Department of Public Health and Human Services. Because these trainings are relatively new, policies regarding trauma informed care have not yet been developed.

### **Evidence-Based Services**

MDC developed the Treatment Mall to provide a level of structure and consistency in treatment for clients. The treatment mall concept is a widely accepted method of providing treatment to clients in institutions. The basic tenet is the idea that people leave their homes to attend school or work, or community activities. Clients at MDC leave their cottages and spend the day at the Treatment Mall, which includes vocational, recreational, and educational components. MDC has identified both required and elective classes at the Treatment Mall. Clients eat their lunches at the Treatment Mall, and return to their cottages at the end of the day. MDC provides SAMHSA<sup>3</sup> identified evidence based treatment therapies and incorporates these into the client’s daily activities, as described in the treatment plan.

### **Housing**

MDC housing consists of residential units, or cottages. These cottages are not locked, and are intended to be as home-like as possible. Residents prepare their own breakfasts

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<sup>3</sup> [www.samhsa.gov](http://www.samhsa.gov)

and help with dinner preparation. They are responsible to complete assigned chores. The ASU consists of three secure cottages within an enclosed area. The cottages need basic upkeep and maintenance to make them safer. For example, floors need to be replaced, as they are cracking and could become a tripping hazard. Mold could accumulate under the floors, causing a health risk. The grounds at MDC are nicely landscaped and well-maintained.

## **Education**

Some clients at MDC have been participating in education classes to obtain their high school diploma or High School Equivalency Test (HiSet).

## **Employment**

MDC has an active vocational program, including a recycling program that accepts items for recycling from the community. The recycling shop manager states he employs 27 clients that work anywhere from four hours at a time to only a half-hour at a time. He stated that 95% of the clients he employs are good employees. Interviewed clients stated they enjoyed the work, and perform most of it without hands-on supervision. In addition to recycling, the vocational program includes community service, working at the food bank, in the garden, in the laundry, and in other areas on and off campus.

## **Co-Occurring Psychiatric and Substance Use Disorders**

MDC provides psychiatric and medical treatment to clients. The Treatment Mall does not provide specific therapies associated with co-occurring psychiatric and substance use disorders. MDC does provide Sexual Offender Treatment, and two clinicians are training to receive Montana Sex Offender Treatment Association certification.

## **Medication**

MDC follows best medical practice through quarterly chart reviews conducted with nursing, medical director, and pharmacy. Recommended laboratory screening for long term medication use practices are clearly defined and addressed as part of standard practice. Medications are delivered through a unit dose system delivered and monitored through the pharmacy at Montana State Hospital. Medical incident reports are monitored as part of Quality Assurance. The use of psychotropic medications is closely monitored. Medications are packaged in unit dose packets that are delivered by the pharmacy weekly. Medications are stored in a locked box that contains a selection of commonly prescribed medications.

Physician services are available 24 hours per day. The physician, in consultation with nurses and the Qualified Intellectual Disability Professional (QIDP) develops a medical

care plan for clients requiring 24 hour licensed nursing care, and incorporates this medical plan into the ITP.

### ***Access and Entry***

All clients currently at MDC are committed through the courts. The Residential Facility Screening Team determines the client's appropriate placement at MDC. The preliminary evaluation screening consists of background information and current assessment of functional, developmental, behavioral, social, health and nutritional status.

Upon admission, each client receives a continuous active treatment program, oriented towards acquiring behaviors that allow the client to function with as much self-determination and independence as possible.

### ***Continuity of Services through Transitions***

Currently, the number of clients on the referral list for community placement is 24. These clients have met maximum benefit during their stay at MDC and are considered able to manage in a less restrictive placement. During this transition process, several meetings are scheduled with providers to set up a community treatment plan and discharge plans. Client Services Coordinators (CSC) are the primary point of contact for clients' family/guardians and for community providers. The CSC are considered advocates for the clients. The CSC completes the Community Placement Profile within 30 days of the client's admission, upon completion of assessments. This profile identifies the things that need to occur before a client can be discharged. The discharge referral packets are sent to the Referral Coordinator in Helena, who contacts providers in order to place clients in the communities. The Referral Coordinator tracks denials from communities—the primary reason for denial of community services is lack of staffing. The Community Placement Profile is kept in the client's file on Therap.

Staff at MDC are concerned that community providers are unwilling to accept the responsibility of caring for the high needs of MDC clients. The staff realizes that the clients they care for would have a difficult experience attempting to live in the community. Some clients require "line of sight" supervision, or one-to-one supervision, or even two-to-one supervision. Communities will need to increase staffing to provide this level of supervision.

## **Suggestions**

- 1) Keep staff fully informed of the decision-making during this transition process by providing regular updates in the weekly staff bulletin. Use the weekly staff bulletin to bolster staff morale by recognizing the efforts being made to provide services for clients through public demonstration of support (certificates, recognition in the weekly staff bulletin, postings on bulletin boards, etc.).
- 2) Improve family/guardian participation by inviting them to participate for reasons other than client care; for example, attending open campus activities, strategic planning and quality improvement meetings, advisory meetings, and support groups.

## **Recommendations**

- 1) Provide brief, non-physical de-escalation training on a quarterly rather than a yearly basis for all staff, to potentially reduce staff to client allegations of abuse.
- 2) Special attention must be given to communication between staff in order to help ensure consistency in treatment provision. Initiate a staff initial/check-off at each shift change to ensure they have reviewed report book and documentation in Therap before each shift. Conduct “refresher” sessions for staff to review the client handbook.
- 3) Identify those clients who are most often involved in allegations of client to client abuse and try to identify patterns in their behaviors (certain clients that are targeted, certain times of day, when certain staff are on shift, etc.). Using this information, develop specific behavioral interventions that help lessen those behaviors. Intervene, if possible, prior to any acting out behaviors. Staff must communicate and be consistent when using those interventions.
- 4) Especially during this transitional period, it is important to gather responses from clients and family members/guardians regarding their satisfaction with services provided at MDC. Develop a brief satisfaction survey that can be filled out when family/guardians visit. Encourage clients to voluntarily fill out the survey; complete the initial surveys within a designated time to establish a baseline to measure satisfaction. Use data gathered from these surveys to facilitate program development.
- 5) Include contact information about the Board of Visitors on grievance forms.

- 6) Develop a Treatment Mall class to address cultural diversity, especially the Native American culture, through storytelling, dance, art, food, customs, and music. Encourage clients to share their cultural heritage within group activities when appropriate.