



MEMO

Date: 4/30/2019

To: Craig Fitch, Mental Disabilities Board of Visitors
LuWaana Johnson, Mental Disabilities Board of Visitors
Dennis Nyland, Montana Board of Visitors

From: Mike Chavers (CEO)

Re: Board of Visitors 2019 Onsite Review

Dear Craig and Team,

Thank you for your visit to our facility and the opportunity to learn more about Yellowstone Boys and Girls Ranch. We view our partnerships with agencies such as the Board of Visitors as crucial to providing excellent care. Onsite reviews give us the opportunity to share our mission through the voices of our staff and youth. Please know that you are always welcome to YBGR.

Immediately following your visit, YBGR initiated a plan of action for the items that were discussed during the exit interview. These areas included four primary focus areas:

- Discharge Planning and Integration
- Chemical Dependency Integration
- Group Therapy Improvement
- Medication Awareness and Training

We would like to share the progress that has already been completed in these areas as well as any future plans that may be relevant. We always strive to improve the quality of our organization.

Discharge Planning and Integration:

YBGR created a subcommittee to look at the flow of information throughout the discharge process and create improvements. A large multi-disciplinary team came together to look at the entire process, break it into components and determine the best changes to make for improvement.

It was decided to create an "Discharge Family Collaborative" that mirrors the Admissions Family Collaborative process that was successful for YBGR. This would allow the entire treatment team to meet with the external members (Parents, Guardians, Social Workers, and other Stakeholders) to ensure that we are prepared for the best possible discharge.

A workflow was created that would ensure all the following areas were discussed and ready in a meeting that would occur around 7 days from the actual discharge date. The meeting would be available in person or via video conference.

- Medication – Ensure the youth will have a minimum of a 7-day supply. Any medication concerns or questions can be addressed with provider or nursing.
- Safety Plan – Review the safety plan created in family therapy with the external team and identify safe interventions for various situations.
- Transportation – Review the logistical items (who/when/where)
- Lodge Checklist – Created and implemented a checklist that ensure that the youth's items are reconciled, and the unit will be fully prepared.
- Aftercare Providers – One last review of the community providers that have been identified during the residential stay. Review accuracy and appointments.
- Aftercare Recommendations – Review any health recommendations such as dentist, vision, etc. that should be addressed after discharge.
- IEP Review – Review school discharge components

On the actual day of discharge the number of tasks are reduced by the Discharge Family Collaborative meeting which ensures that everyone on the internal/external treatment team has the opportunity to ask questions and know the process. The tasks now include:

- Medical Checkout at the clinic
 - Medications and prescriptions are provided as necessary
 - Last opportunity to ask any medical questions with nursing
- Return to the lodge, complete lodge checklist
 - Verify personal items
 - Say goodbye
- Admissions – Update insurer on discharge status to ensure timely access to aftercare services.

Many of these changes have come online; however, finalization of the process requires a form modification in the EMR system that coordinates each component. YBGR expects this to be complete within 30 days of this letter.

In addition to the previous changes YBGR has strengthened the team-based around discharges, requiring team involvement and consensus in the discharge process. This allows all voices to be heard about progress and the status of funding. The goal is to become more aware of the needs of our funding sources to be able to better anticipate discharge dates. This helps create a more successful discharge process that is not sudden or frenetic.

The term Discharge Planning has been rebranded during treatment plan reviews to “Aftercare Service Review” to reduce the stress and anxiety that comes with the thought of discharge for family members and other care givers.

In addition, YBGR worked to remove barriers to making aftercare appointments in order to assist family members and care givers. This includes a new version of the Authorization for Release of Information form (Form 311) that improves ease of use and electronic signatures. A review of the records release process was also completed by training all staff

in various team meetings how to share information safely with the least roadblocks to providing care.

When a youth is admitted YBGR works to obtain as much information as possible about prior providers and determine if they will be utilized after discharge. YBGR has made solid progress in this area; however, increased focus through the quality improvement process will continue.

Chemical Dependency Integration:

YBGR created a subcommittee headed by Kim Chouinard, Executive Director of Community Based Services, and Walter Shore, Director of Chemical Dependency Services, to look at the integration of the new separated Chemical Dependency (CD) services within the Psychiatric Residential Treatment Program (PRTF).

Action steps included:

- Various meetings to coordinate broadly across all stakeholders.
- CD staff were assigned to attend Individual Lodge Staffing for PRTF Clients in CD Programming to discuss progress and coordination of care.
- Director of CD has been re-assigned to at least three days a week at PRTF to increase his presence, awareness, and mentoring of the LAC team.
- Chart audits have been implemented to improve documentation timeliness and clarity. The Monthly Treatment Plan Review (MTPR) CD Summary form was revised for clarity regarding CD programming. It includes current SUD diagnosis, treatment recommendations, progress in treatment, and aftercare treatment planning.
- EMR Modification: Program Managers (PM) now have access to CD Documentation necessary for them to represent CD at the MTPR when appropriate.

The overall presence of the CD program leadership within the PRTF has led to a significant increase in collaboration. The team-based approach to care in parallel has helped ensure that all voices within the treatment team are heard consistently. Dual diagnoses are common with YBGR youth and these changes help ensure that treatment teams are providing the right amount of focus on both areas.

Group Therapy Improvement:

The expectation for twice weekly group therapy (GT) was revisited with the Clinical Program Therapist (CPT) group. PM's and CPTs were required to dedicate time for GT in the weekly schedule to improve consistency. Our Lead CPT is conducting a monthly audit for note completion that reflects group note completion, as well as conducting mini-weekly audits to track timely completion of group notes being started/entered into the EMR.

Monthly audits show a dramatic increase in documentation compliance for group therapy. YBGR has increased the percentage of completed notes as expected by the group therapy schedule to 95% in March.

Continued auditing in this area will ensure that groups are being done consistently.

Medication Awareness and Training:

YBGR has made several strides in the clinic over the past year. Using feedback from the Board of Visitors visit more improvements were made or are planned.

Nursing students have been facilitating several improvements while gaining experience at YBGR. Students have worked to create education resources that can be disseminated through a SharePoint intranet site. They have also helped to create education components that will be shared with youth. As the curriculum is fully developed nursing students will be able to assist in teaching youth and staff.

YBGR Clinic has been developing videos narrated by providers on medication. Additionally, a resource SharePoint site was created to make education easily available for several topics. The overall goal is to be able to provide education resources to staff, youth and their external stakeholders.

Several YBGR staff have been involved with Project ECHO. YBGR will continue to work through local and remote partnerships YBGR would like to continue to become better connected with the treatment community.

Nursing staff have been more integrated into the treatment of the youth. Over the past year it has been critical to push nurses from operating at the bottom of their license to the top. Nurses now attend monthly treatment-plan reviews and are available to cover any concerns with the medical components of treatment. Schedules and lodge assignments have been reviewed to ensure nurses have ample opportunities to interact with clients and treatment teams.

Other Suggestions from Board of Visitors Report:

Suggestion: It may be helpful to have 14-year-old and older youths take a career/employment interest exam to determine education and trade programs to be looked at for each individual.

Response: YBGR does have a grant-based Individual Placement and Support Employment Program. The program has an interest inventory that they use to determine a youth's career interests. YBGR is working to ensure that the interest survey is more available to youth in the residential program. YBGR is focusing on creating a single organization versus a residential/outpatient culture. Areas such as this are targets to hit to ensure that we are providing as many services as possible for youth no matter how they entered into our services.

Suggestion: The treatment team would benefit from establishing a plan for the individual that could be given to the person at the time of discharge if they were to leave AMA or if insurance declines treatment coverage so they are not left without services and confidentiality is not violated.

Response: YBGR does utilize the discharge plan to identify what services were being planned, medications, safety plans and other useful pieces of information. This plan is provided to youth regardless of discharge reason. As indicated above, YBGR is working to improve the specificity and value of these plans.

Response to Recommendations from Board of Visitors Report:

1. Develop a medication education group for YBGR clients with a structured curriculum provided by the nursing staff.

YBGR Nursing Staff have been meeting with clients to provide medication education and the response has been positive. A more structured curriculum is currently being developed. Director of Nursing is working with providers to create videos specific to common medications and other documentation to be delivered via SharePoint. The ultimate goal is to be able to provide education to both youth and their guardians.

2. Consider including more detailed medication administration instructions on the MAR for nurses to ensure proper administration techniques and adequate treatment efficacy (i.e. must take ziprasidone (Geodon) with at least 500 calories of food and lurasidone (Latuda) with at least 350 calories of food to ensure appropriate absorption and efficacy).

YBGR is working with Billings AllCare Pharmacy to provide information on drug labels. Prescribers are also being asked to include this information on orders. A feature request for the electronic medication administration software was requested. Currently, the EMAR is not able to provide these warnings.

3. Recommend an annual review of the Medical Care Presentation for lodge staff to promote continued medication education and safety

YBGR requires all direct-care staff on the residential program to take the medical training each year. For all others the training is provided at orientation. The training was revised and expanded in January 2019. The training is also available via SharePoint for users to review ad-hoc.

4. Ensure the new Treatment Coordinator positions include an expectation that the coordinator will make an attempt to follow up with a discharged resident/family member or the new provider of services to ensure the continuity of care.

YBGR has created a "Post-Discharge Interview Questionnaire" to be used by clinic staff shortly following a youth's discharge. The questions cover medications, follow-up provider appointments and allows for any additional questions to be asked by the youth/parent. This questionnaire will be in place by May 17, 2019.

If you have any questions or want to learn more about anything in this report. Please do not hesitate to contact us at 406-655-2100.