

Mental Disabilities Board of Visitors

SITE REVIEW REPORT

Yellowstone Boys and Girls Ranch

Billings, Montana

March 27-28, 2008

Gene Haire

Gene Haire, Executive Director

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OVERVIEW

Mental Health Facility reviewed:

Yellowstone Boys and Girls Ranch (YBGR)
Billings, Montana
Glenn McFarlane - CEO

YBGR Type: Residential Treatment Facility

Authority for review :

Montana Code Annotated, 53-21-104

Purpose of review :

- 1) To learn about YBGR services.
- 2) To assess the degree to which the services provided by YBGR are humane, consistent with professional standards, and incorporate BOV standards for mental health services.
- 3) To recognize excellent services.
- 4) To make recommendations to YBGR for improvement of services.
- 5) To report to the Governor regarding the status of services provided by YBGR .

BOV review team :

Staff:

Gene Haire, Executive Director

Board:

Joan-Nell Macfadden, Chair
Suzanne Hopkins

Consultants:

Jack Hornby, MD
Bill Docktor, PharmD
Irene Walters, RN
Sheila Smith, LCPC
Pat Frawley, LCSW

Review process :

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

ASSESSMENT OF SERVICES

General Observations

Yellowstone Boys and Girls Ranch's beautiful, bucolic, home-like, pastoral environment is an appealing milieu. YBGR possess some accoutrements that other facilities would be highly envious of, including a very nice gym/recreational building, an equine center, vocational-specific areas, large green houses, a farm setting, an attractive dining hall, a full-service school (the YBGR school is its own school district), a non-denominational chapel, and grounds with very attractive landscaping and water features.

The YBGR residential treatment program is a professional, effective, safe program for residents. The treatment modalities of education, recreation, therapy, and milieu are nicely integrated to provide a comprehensive, well-coordinated plan for each resident. The longevity of key staff is impressive. Employees are experienced, compassionate, and thoroughly committed to the mission of the organization.

Medical Services

Staffing

- 1 Medical Director
- 1 Psychiatrist
- 2 Physician Assistants
- 2 Psychiatric Nurse Practitioner

General observations and comments about YBGR medical services.

STRENGTHS:

- The medical practice at YBGR is excellent.
- The psychiatrist and clinical nurse specialists (CNS) seem to be well-qualified.
- The physician assistants (PA) address most medical issues, but consultation with specialists locally is available, if needed.
- The medical staff utilizes multiple modalities to treat symptoms.
- The PA and CNSs are knowledgeable, enthusiastic, caring, inclined to confer with other professionals on individual cases, and quite familiar with local professionals and service availability.
- Medical charts are well organized, documentation is thorough, and explanations for medical decisions usually could be found.
- There appears to be a strong collegial relationship between the medical staff and psychologists, important in the ongoing process of diagnosis, therapy, and medical decision-making.
- Number, talent, and commitment of providers demonstrate organizational effort to provide exemplary services to residents.
- Financial commitment by organization to ongoing provider training opportunities.
- Time allowance for providers is generous and creates opportunities for flexibility in provider schedule to respond to changing needs of residents.

OBSERVATIONS:

- There is a large number of residents who have the diagnosis of 'Mood Disorder, Not Otherwise Specified'.
- There is a large number of residents who have the diagnosis of 'Bipolar Disorder'.

CONCERNS:

- The medical director/psychiatrist is in semi-retirement working two days a week. At the time of the site review, the other psychiatrist was a locum tenens.
- There are often multiple diagnoses listed in a resident's medical, psychiatric, and other workups. It is somewhat difficult to tell from the documentation whether the diagnoses listed in the master treatment plan list is the consensus, and whether each discipline is working from a common assessment of each resident.

YBGR Comment: *Since the site review, YBGR has recruited a new board-certified child and adolescent psychiatrist who began work on July 1, 2008. The new psychiatrist replaced the locum tenens psychiatrist.*

	<ul style="list-style-type: none">▪ <u>There appears to be a slight disconnect between the medical (psychiatric and nursing/medication) services and other disciplines/modalities.</u> <p><i>YBGR Comment:</i> <i>Unit leaders and/or lead line staff attend the 28 day treatment plan meetings. Treatment plan meetings are attended by all disciplines under the leadership of the attending clinician.</i></p> <p><u>SUGGESTION:</u></p> <ul style="list-style-type: none">▪ Consider ways to develop more precise diagnoses (re: Mood Disorder, not otherwise specified) as each resident so diagnosed becomes more well-known to clinicians.
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Nursing Services

Staffing

- 1 Nursing Director
- 6 Registered Nurses
- 5 Licensed Practical Nurses

<p>General observations and comments about YBGR nursing services.</p>	<p><u>STRENGTHS:</u></p> <ul style="list-style-type: none">▪ Good team orientation.▪ Diverse experiential and educational knowledge base. <p><u>CONCERN:</u></p> <ul style="list-style-type: none">▪ Nursing staff reports limited opportunities for training.▪ Job satisfaction appears to be negatively impacted by nurses' limited involvement with residents (outside of medical clinic), and their perception of a lack of input into strategic planning.▪ Nursing appears to be an ancillary service with little involvement in ongoing residential treatment services.▪ The medication error reporting protocol has unintended punitive outcomes for staff (see Medication, page 39).▪ Currently only 4 of the nurses have psychiatric certification. <p><u>SUGGESTION:</u></p> <ul style="list-style-type: none">▪ Consider developing increased opportunities for ongoing education for nursing staff.▪ Consider ways to increase nurses' direct involvement with residents. Possible ways to do this: (1) incorporate nurses as full members of the treatment teams; (2) develop health and medication classes for residents taught by nurses; increase involvement of nurses in the SAIL treatment model to enhance nurses' working relationship with the unit staff on behavioral issues.▪ Consider ways to incorporate nursing goals into the strategic plan.▪ Consider ways to reduce the unintended punitive nature related to reporting medication errors.▪ Consider encouraging all nursing staff to get psychiatric certification.
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Clinical Services

Staffing

- 1 Clinical Director
- 1 Director of Therapeutic Services
- 1 Director of Residential Services
- 11 Primary Therapists
- 2 Chemical Dependency Therapists

General observations and comments about YBGR clinical services.

STRENGTHS:

- Psychologists are very experienced, and appear to be well motivated, knowledgeable, flexible, good listeners, and play a central role in the team approach.
- Clinical supervisors of therapists and of unit coordinators are experienced, thoughtful, informed about the individual clientele, and appeared to be well trained.
- Unit coordinators are an especially strong component - well educated, concerned and caring about their staff, open to changes within the system; all appear to be truly fine people whom BOV could see the residents respecting and learning from.
- The new SAIL model of treatment appears well-thought-out and applicable to this environment/specific pathologies.
- The flexible use of dialectical behavioral therapy (DBT) appears to make very good sense in a population that experiences difficulty with mood modulation, respect for others, and ownership of problems as they occur.
- Psychologists utilize testing when needed and refer to neuro-psychologists off-campus when need arises.
- Caseload sizes are reasonable.
- Residents receive a good mix of individual and group-related services.
- YBGR has decided to change from a system where therapists are attached to lodges, to one in which therapists follow individual residents throughout their stay.

Residential Treatment Units

Brief Overview of Services

- YBGR Residential Treatment services are provided in 11 separate residences or "lodges": (from YBGR literature)
 - **Brekkeflat Intensive Treatment Unit:** Highly secure, gender-specific intensive treatment for 8 boys in one area, and 8 girls in another area.
 - **Fortin Lodge East and West, Paul Stock Lodge:** Three step-down, highly secure, intensive treatment lodges for boys ages 12 to 18.
 - **Alvina Kramlich Lodge:** A step-down, highly secure, lodge that provides intensive treatment for 10 girls, ages 12 to 18.
 - **Shumaker Lodge, Jessie Grant Lodge:** Two 10-bed lodges for girls, ages 12-18 that provide structured care and treatment for girls, ages 12 to 18.
 - **McVay Lodge:** A 10-bed lodge that provides structured residential care and treatment for boys ages 12 to 18.
 - **King Lodge:** A 10-bed lodge that provides less structured care and treatment for boys ages 12 to 18.
 - **Leuthold Lodge:** A 10-bed lodge that provides structured care and treatment for boys ages 9 to 13.
 - **Dorothy's Lodge:** An 8-bed lodge that provides structured care and treatment for boys ages 6 to 11.

Staffing

- 2 Residential Services Directors
 - each lodge
- Unit Leader
- Lead Counselors
- Residential Counselors
- Night Counselors

General observations and comments about YBGR residential treatment units.	
	<p><u>STRENGTHS:</u></p> <ul style="list-style-type: none"> ▪ The residential treatment units are well-organized and well-run. ▪ Quality staff with sincere appreciation of the needs of residents. ▪ Each unit is a community within itself and functions as such; this creates a sense of belonging and individual responsibility for the success of the group. ▪ Residents have a lot of space in most of the residential units. ▪ Several of the girls' units are particularly impressive - bright and welcoming. ▪ There are many counselors available - no resident goes anywhere alone.

CONCERNS:

- Generally, the residential units are old (circa 1960s), small and confining, and bleak*. Fortin is very small and serves 8-10 older adolescent boys. There is only one large "living room" space other than the bedrooms and one double bedroom was exceptionally small for two big boys. The walls are essentially blank which lends a rather stark, cold feeling to the unit. The Brekkeflat Intensive Treatment Unit is particularly bleak and cold and feels like an outdated acute hospital unit, and conveys a message that is inconsistent with all other areas. The outside "bullpen" is concrete and very small. Since the residents in that unit do not leave the unit for school or meals, there is a concern that the unit itself could perpetuate an expectation of severe behavior, making it harder for residents to develop a culture of more normalized behavior within a treatment milieu. Residents stay on this unit until they have progressed in treatment so that they can safely transition to a less intensive lodge.

YBGR Comment: Improvements to the interior of lodges began in the fall of 2007. The girls lodges and little boys lodge have been completed. Brekkeflat Intensive Unit will be next.

SUGGESTION:

- Consider ways to improve the milieu of Brekkeflat Unit without compromising safety.
- Pending remodeling of units, consider ways to make the environment in all lodges more warm, inviting, and "home-like".

MENTAL DISABILITIES BOARD of VISITORS STANDARDS

Organizational Structure, Planning, Service Evaluation

Structure	
<p>Are the lines of authority and accountability in both the organizational chart and in practice:</p> <ul style="list-style-type: none"> ➤ simple and clear for all staff? ➤ lead to a single point of accountability across all sites, programs, professional disciplines and age groups? 	<p>YES</p> <p><u>STRENGTHS:</u></p> <ul style="list-style-type: none"> ▪ <u>YBGR appears to have a very good organizational structure with effective mechanisms in place for accountability and integration with a good system of checks and balances across disciplines. This accountability and integration became more apparent in BOV interviews with unit leaders, program directors, and training director.</u> ▪ Lines of accountability and authority come back to the YBGR CEO and Board both on the organizational chart and in practice. The administration actively stays abreast of what issues are “bubbling up” relative to the organization’s objectives and services. ▪ Staff speak positively about their supervisors and feel they can go to them with any problems or questions. ▪ Staff across all disciplines commonly use the word “team” when discussing their work; there appears to be a strong team culture at YBGR – and significant commitment to the team by staff. ▪ There is a great deal of emphasis on accountability in all residential units and service areas. ▪ Residential Program Directors, Unit Leaders and Quality Improvement staff seem to work well together <p><u>OBSERVATION:</u></p> <ul style="list-style-type: none"> ▪ BOV heard from a number of staff that they wished the administrative leaders were more visible to them, and that they would “manage by walking around” more in all areas of the campus. The message is that staff value their leaders and want a more face-to-face, dynamic relationship with them.
<p>Does YBGR have a structure that identifies it as a discrete entity within the larger system of mental health services?</p>	<p>YES</p> <p><u>STRENGTHS:</u></p> <ul style="list-style-type: none"> ▪ YBGR has fifty years of experience in working with children and youth; the last 32 years have been devoted largely to service for children and youth needing intensive residential care. YBGR is well-known, and is an important part of the service continuum for residents’ mental health services in Montana. ▪ <u>YBGR participates in statewide coalitions, task forces, and work groups.</u> <p><u>CONCERN:</u></p> <ul style="list-style-type: none"> ▪ At the time of this site review, <u>only about 6% of the residents in residential treatment at YBGR were from Montana.</u> For this reason, <u>it is perhaps not as well integrated with the Montana children’s mental health system as it otherwise could be.</u>

<p>Does the structure of YBGR:</p> <ul style="list-style-type: none"> ➤ promote continuity of care for residents across all sites, programs, and age groups? ➤ reflect / support a multidisciplinary approach to planning, implementing, and evaluating care? 	<p>YES</p> <p><u>STRENGTHS:</u></p> <ul style="list-style-type: none"> ▪ <u>Continuity of care across the</u> treatment units and services is effective_ ▪ Residents progress from more restrictive to less restrictive units. ▪ The impressive longevity of key staff promotes continuity. ▪ Multidisciplinary teams are a part of planning for residents and their families, bringing together all those who impact the present and future services to individual residents. ▪ Quality Improvement and Residential Services Directors, follow all residents in the lodges, thus staying current with what is happening in each unit . ▪ As a resident moves from one unit to another, respective Unit Leaders meet and review the resident's treatment plan. ▪ Unit leaders meet regularly. ▪ A shift is in process from unit-specific assignments for therapists to a system where a resident stays with the same therapist throughout their time at YBGR (as he/she moves to less restrictive residences). BOV believes that this will improve treatment continuity. <p><u>CONCERN:</u></p> <ul style="list-style-type: none"> ▪ The nurses' role does not appear to be as well-integrated with the residential units as it could be, therefore the organizational connection between nurses and unit line staff appears weak* . Unit staff do see the nurses as partners and an important resource; they consult nurses about interventions and behaviors. However unit staff describe the nurses' role in the units as primarily to administer medication. There may be an opportunity for nursing to have a more involved role on the units. ▪ <u>Because</u> the YBGR residential program serves <u>so few Montana</u> children/youth, <u>it appears that</u> its ability to optimize <u>continuity of care</u> for the residents in its Montana community-based services is limited_ <p>* <i>The Director of Nursing indicated that she is considering ways to more fully-integrate the nurses into the units.</i></p>
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Planning	
Does YBGR produce and regularly review a strategic plan that is made available to the defined community?	<p>YES</p> <p>STRENGTHS:</p> <ul style="list-style-type: none"> ▪ <u>YBGR has a well-written strategic plan and dynamic quality improvement process.</u> ▪ The strategic plan is available to stakeholders in the form of the annual report, which is sent to the Department of Public Health and Human Services and other interested persons. ▪ The strategic plan is reviewed and updated every two years; YBGR is in the second year of its current two-year plan.
Is the strategic plan developed and reviewed through a process of consultation with staff, residents, family members/carers, other appropriate service providers and the defined community?	<p>YES</p> <p>STRENGTHS:</p> <ul style="list-style-type: none"> ▪ YBGR works very hard to involve a broad cross-section of board members, staff, families, community stakeholders, and donors in a meaningful way in the strategic planning process. ▪ YBGR works to continually refine its approach to soliciting and incorporating the broadest spectrum of input into its planning and quality improvement efforts. <p>CONCERNS:</p> <ul style="list-style-type: none"> ▪ At the time of this site review, the Vice President in charge of Continuous Quality Improvement (CQI) and Management Information Systems had accepted a job outside of YBGR. The effort that this person has devoted to CQI has been significant. It will be important for YBGR to actively address the need to continue with this focus as it recruits and hires a replacement, or restructures the responsibilities for CQI. ▪ Beyond being asked for their input, line staff and Unit leaders seem unclear about the strategic plan and their role in its development and implementation. <p>SUGGESTION:</p> <ul style="list-style-type: none"> ▪ Consider ways to bring line staff and Unit leaders into a more meaningful role relative to all aspects of the strategic planning process, including feeding back to them the tangible results of their input in the plan.
Does the strategic plan include:	
➤ residents and community needs analysis	yes
➤ strategy for increasing the use of evidence-based practices	yes
➤ strategy for the measurement of health and functional outcomes for individual residents	yes
➤ strategy for maximizing residents and family member / carer participation in YBGR	yes

<p>➤ strategy for improving the skills of staff</p>	<p>yes</p>
<p>Does YBGR have operational plans based on the strategic plan, which establish time frames and responsibilities implementation of objectives?</p>	<p>YES</p> <p>STRENGTHS:</p> <ul style="list-style-type: none"> ▪ The <u>internal quality monitoring is impressive.</u> ▪ The strategic plan is well coordinated through out the YBGR system. ▪ All goals state 'who will do what by when'. <p>SUGGESTION:</p> <ul style="list-style-type: none"> ▪ Consider ways to better incorporate <u>outcome measures into the quality improvement report</u>; focusing on <u>a more thorough, detailed assessment of post-discharge generalization of the progress made during residential treatment.</u>
<p>Evaluation</p>	
<p>Are designated staff accountable and responsible for the evaluation of all aspects of the service?</p>	<p>YES</p> <p>STRENGTHS:</p> <ul style="list-style-type: none"> ▪ Each of the vice presidents is on the YBGR Executive Leadership Team and therefore responsible for the 10 organizational goals and action steps at the director and program levels. ▪ Residential Unit and individual staff goals are specifically referenced to organizational goals. ▪ Every staff BOV <u>interviewed could speak to issues related to continuous evaluation of services.</u> ▪ <u>The information system lends itself to evaluation of all aspects of the services.</u>
<p>Does YBGR involve the following in the evaluation of its services:</p>	
<p>➤ residents?</p>	<p>YES</p> <p>STRENGTHS:</p> <ul style="list-style-type: none"> ▪ Residents provide informal input into the evaluation of services through their input on Master Treatment Plan review.
<p>➤ family members / carers?</p>	<p>YES</p>
<p>➤ YBGR staff?</p>	<p>YES</p> <p>STRENGTHS:</p> <ul style="list-style-type: none"> ▪ Staff has the opportunity to give feedback about services to the Residential Directors. <p>CONCERN:</p> <ul style="list-style-type: none"> ▪ The CQI Process appears somewhat unclear regarding the role of YBGR line staff in evaluation of services.

<p>➤ other service providers?</p>	<p>YES</p> <p><u>STRENGTHS:</u></p> <ul style="list-style-type: none"> ▪ Providers both in and out of state have the opportunity to assess and state their concerns and give feedback about the YBGR services for individual residents.
<p>Does YBGR routinely measure health and functional outcomes for individual residents using a combination of accepted quantitative and qualitative methods?</p>	<p>YES</p> <p><u>STRENGTHS:</u></p> <ul style="list-style-type: none"> ▪ Treatment plans are well written and include measureable objectives. ▪ <u>YBGR staff are trained in the use of the Child & Adolescent Functional Assessment Scale (CAFAS) which measures progress while the client is in residential care.</u> ▪ Response to medications is measured and assessed continuously.
<p>Is YBGR able to demonstrate a process of continuous improvement regarding health and functional outcomes for individual residents?</p>	<p>YES</p>

Rights, Responsibility, Safety, and Privacy

<i>Rights, Responsibilities</i>	
Does YBGR define the rights and responsibilities of residents and family members/carers?	YES
Does YBGR actively promote residents/family member/carer access to independent advocacy services?	YES
Does YBGR prominently display posters and/or brochures that promote independent advocacy services including the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program?	<p>YES</p> <p><u>STRENGTHS:</u></p> <ul style="list-style-type: none"> ▪ Information about independent advocacy services was posted in some service areas and the Administration Building. <p><u>CONCERN:</u></p> <ul style="list-style-type: none"> ▪ Staff providing direct care seemed to have little or no knowledge of advocacy services. ▪ Information about independent advocacy services is not consistently posted in all service areas. <p><u>RECOMMENDATION 1:</u> Post information about advocacy services, including assistance available from the Mental Disabilities Board of Visitors, in all YBGR service areas.</p>
Does YBGR have an easily accessed, responsive, and fair complaint / grievance procedure for residents and their family members/carers to follow?	<p>YES</p> <p><u>STRENGTHS:</u></p> <ul style="list-style-type: none"> ▪ Staff are knowledgeable about the complaint procedure. ▪ Staff and leadership are clearly committed to the idea of addressing and resolving problems before they rise to the level of a formal grievance. ▪ The Residents Handbook that is given to each resident defines the process clearly. Each lodge has a notebook that also has this information. The hand book also says that if client/family is not satisfied with any step of the process, they may go to the Montana Advocacy Program (renamed Disability Rights Montana). The process and contact information for reaching Disability Rights Montana are included in the youth and parent handbooks. <p><u>CONCERN:</u></p> <ul style="list-style-type: none"> ▪ Staff seem unsure about what to do if a complaint is not resolved formally or when outside assistance/intervention is needed.
Does YBGR provide to residents and their family members/carers at the time of entering services in a way that is understandable to them:	
➤ a written and verbal explanation of their rights and responsibilities?	yes

➤ information about outside advocacy services available?	yes
➤ information about the complaint / grievance procedure	yes
➤ information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances?	no
Does YBGR display in prominent areas of its facilities:	
➤ a written description of residents' rights and responsibilities?	yes
➤ information about advocacy services available (the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program)?	not consistently in all areas
➤ the complaint / grievance procedure?	yes
Are staff trained in and familiar with rights and responsibilities, advocacy services available, and the complaint / grievance procedure?	<p><u>STRENGTHS:</u></p> <ul style="list-style-type: none"> ▪ Staff appear generally knowledgeable about rights and the grievance policy. ▪ Each lodge has a notebook to refer to that contains this information. <p><u>CONCERN:</u></p> <ul style="list-style-type: none"> ▪ Staff do not seem to be aware of reporting mechanisms for abuse/neglect allegations outside of "telling my supervisor", nor are they able to verbalize understanding or awareness of advocacy services, their roles, or how to contact. <p><u>RECOMMENDATION 2:</u> Incorporate information about advocacy services, including assistance available from the Mental Disabilities Board of Visitors, into staff training curriculum. Include reporting responsibilities, consequences of not reporting, and mechanisms available to seek advocacy.</p>

Safety	
Does YBGR protect residents from abuse, neglect, and exploitation by its staff and agents?	<p>YES</p> <p>STRENGTHS:</p> <ul style="list-style-type: none"> ▪ The culture of this organization does not allow for this type of behavior to occur easily or to be tolerated. ▪ Any allegations are investigated first with involved staff, then by a well-qualified individual, and all allegations must be signed off with a consensus plan or formal hearing. ▪ Safety is very much a part of the YBGR culture and was reflected in all of the interviews BOV conducted.
Has YBGR fully implemented the requirements of 53-21-107, MCA?	<p>NO</p> <p>STRENGTHS:</p> <ul style="list-style-type: none"> ▪ YBGR communicates closely with BOV when there is an allegation of abuse/neglect, and provides written reports of investigations to BOV. <p>CONCERN:</p> <ul style="list-style-type: none"> ▪ The YBGR policy (Policy # 636 - RESIDENTS NEGLECT AND ABUSE) does not fully comply with 53-21-107, MCA. <p>RECOMMENDATION 3: Revise Policy # 636 - RESIDENTS NEGLECT AND ABUSE so that it addresses all of the pertinent requirements in 53-21-107, MCA.</p>
Are YBGR staff trained to understand and to appropriately and safely respond to aggressive and other difficult behaviors?	<p>YES</p> <p>STRENGTHS:</p> <ul style="list-style-type: none"> ▪ Staff receive initial training when beginning employment, and annual refresher training. ▪ Portable phone system allows for easy access to help. ▪ Some staff live on campus and receive compensation for functioning as emergency responders after hours. ▪ Buildings are all locked; residents are always accompanied from building to building. ▪ Staff are rarely alone with residents. ▪ These issues are addressed in both orientation and ongoing staff training and development. Documentation provided by YBGR regarding Special Treatment Procedures showed that staff was careful and conservative in the use of these procedures. YBGR reports that mechanical restraints were employed only ten times during FY1995-FY2002; and zero times since FY 2002 following a revision in clinical policies and procedures.
Do staff members working alone have the opportunity to access other staff members at all times in their work settings?	<p>YES</p> <p>STRENGTHS:</p> <ul style="list-style-type: none"> ▪ Staff are rarely alone. When they are they have cell phone access to help and the campus live in crew that can be accessed for help. ▪ Admission practices seem to screen out residents who could present behaviors that would compromise the safety of other residents or staff.

<p>Does YBGR utilize an emergency alarm or other communication system for staff and residents to notify other staff, law enforcement, or other helpers when immediate assistance is needed?</p>	<p>YES</p> <p>STRENGTHS:</p> <ul style="list-style-type: none"> ▪ Cell phones with emergency response numbers programmed in.
<p>Do residents have the opportunity to access staff of their own gender?</p>	<p>YES</p> <p>STRENGTHS:</p> <ul style="list-style-type: none"> ▪ YBGR has a good mix of male and female staff.
<p>Does YBGR have a procedure for debriefing events involving restraint, seclusion, or emergency medications; aggression by residents against other residents or staff; and residents self-harm; and for supporting staff and residents during and after such events?</p>	<p>YES</p> <p>STRENGTHS:</p> <ul style="list-style-type: none"> ▪ Debriefing is timely. ▪ Support is available for traumatized staff. ▪ Following emergencies, restraints, aggressive acts, etc., YBGR is quick to assemble people to conduct a supportive debriefings. Staff appear committed to using these as learning opportunities. <p>CONCERN:</p> <ul style="list-style-type: none"> ▪ Nursing staff does not seem to have much involvement in debriefings. <p>SUGGESTION:</p> <ul style="list-style-type: none"> ▪ Consider ways to bring nurses into this process. (see comments under Nursing, page 7).
<p>Does YBGR conduct appropriate criminal background checks on all prospective staff?</p>	<p>YES</p>
<p>Does YBGR conduct appropriate driving record checks on all prospective staff whose duties involve transporting residents in either personal or agency vehicles?</p>	<p>YES</p>
<p><i>Privacy and Confidentiality</i></p>	
<p>Does YBGR provide to residents and their family members/carers verbal and written information about consent to treatment and informed consent generally?</p>	<p>YES</p> <p>STRENGTHS:</p> <ul style="list-style-type: none"> ▪ This information is carefully reviewed during the initial intake and assessment period.
<p>Does YBGR staff maintain residents' wishes regarding confidentiality while encouraging inclusion of support system members?</p>	<p>YES</p>
<p>Does YBGR provide residents with the opportunity to communicate with others in privacy unless contraindicated for safety or clinical reasons?</p>	<p>YES</p> <p>STRENGTHS:</p> <ul style="list-style-type: none"> ▪ Staff are respectful of privacy, while at the same time being very clear that safety and clinical considerations always come first.

<p>Do locations used for the delivery of mental health care ensure sight and sound privacy?</p>	<p>YES</p>
<p>Does YBGR provide residents with adequate personal space?</p>	<p>YES</p> <p><u>STRENGTHS:</u></p> <ul style="list-style-type: none"> ▪ Most bedrooms and lodges are spacious. ▪ Recreation areas are well planned. ▪ The YBGR campus is rich in physical space. For the most part, buildings and residential bedrooms provide for adequate personal space*. ▪ The recreation center, challenges course, equestrian center, the horticultural center enhance the availability of abundant space. <p>* See comments - Residential Treatment Units, page 9.</p>
<p>Does YBGR support residents in exercising control over their personal space and personal effects in residential and inpatient settings?</p>	<p>YES</p> <p>Although cupboards with personal items are locked, and staff must unlock if someone wants something.</p> <p><u>STRENGTHS:</u></p> <ul style="list-style-type: none"> ▪ Staff do a good job of balancing control and responsibility for personal space with a clear eye toward inappropriate dress, posters, safety, etc.
<p>Do confidential processes exist by which residents and family members/carers can regularly give feedback to YBGR about their perception of services and the care environment?</p>	<p>YES</p> <p><u>STRENGTHS:</u></p> <ul style="list-style-type: none"> ▪ These opportunities for feedback exist anonymously, face to face, by phone, in meetings, therapy sessions, etc ▪ Such feedback is actively solicited from families.

Informational Documents

Does YBGR have and proactively provide the following in writing to consumers and family members/carers:		
	HAVE	PROVIDE
<ul style="list-style-type: none"> information about consumer rights and responsibilities, including information about the complaint / grievance procedure, and assistance available from the Mental Disabilities Board of Visitors 	yes	yes
<ul style="list-style-type: none"> information about independent advocacy services available 	yes	yes
<ul style="list-style-type: none"> descriptions of program services 	yes	yes
<ul style="list-style-type: none"> mission statement 	yes	yes
<ul style="list-style-type: none"> information about all mental health and substance abuse treatment service options available in the community 	yes	yes
<ul style="list-style-type: none"> information about psychiatric disorders and co-occurring psychiatric and substance use disorders and their treatment 	yes	as requested
<ul style="list-style-type: none"> information about medications used to treat psychiatric disorders 	yes	yes
<ul style="list-style-type: none"> information about opportunities for consumer / family member / carer participation in management and evaluation of the service 	yes	yes
<ul style="list-style-type: none"> staff names, job titles, and credentials 	yes	yes
<ul style="list-style-type: none"> organization chart 	yes	as requested
<ul style="list-style-type: none"> staff code of conduct 	yes	yes
Does the mental health service have and provide the following documents to consumers and family members / carers and others on request:		
	HAVE	PROVIDE
<ul style="list-style-type: none"> strategic plan 	yes	yes
<ul style="list-style-type: none"> quality improvement plan 	yes	yes
<ul style="list-style-type: none"> current service evaluation report(s) including outcome data 	yes	yes

<ul style="list-style-type: none"> description of minimum competence and knowledge for each staff position providing service to consumers 	yes	yes
<ul style="list-style-type: none"> description of minimum competence and knowledge for each staff position supervising direct care staff 	yes	yes
<ul style="list-style-type: none"> written orientation and training material for all direct service staff addressing mental illnesses, treatment modalities, and other topics related to provision of mental health services specific to each position 	yes	yes
<ul style="list-style-type: none"> written orientation and training material for consumers / family members / carers relative to roles in service provision, management, advising, or evaluating of the service 	yes	yes
Does YBGR maintain and use records documenting relevant competence and knowledge of individual staff including (1) training received, (2) training needs, (3) deficits identified, (4) training provided to correct deficits to facilitate internal quality improvement and to support positive consumer outcomes:	YES	

Residents / Family Member Participation

<p>Does YBGR recognize the importance of, encourage, and provide opportunities for families and residents to direct and participate actively in their treatment and recovery?</p>	<p>YES</p> <p>STRENGTHS:</p> <ul style="list-style-type: none"> ▪ <u>Despite the long distance between many of the families and their children, YBGR is diligent in including families in treatment through weekly phone contact with both the therapist and the residents "primary" staff.</u> ▪ <u>YBGR offers housing and financial assistance for family members who are able to travel to the facility.</u> ▪ Families/carers are involved in all treatment meetings and have input on the residents goals and objectives.
<p>Does YBGR identify in the service record family members/carers and describe the parameters for communication with them regarding treatment and for their involvement in treatment and support?</p>	<p>YES</p> <p>STRENGTHS:</p> <ul style="list-style-type: none"> ▪ The chart face sheet is given to families/carers so that they may list all the individuals that may be included in the discussion of the residents services. At that time the resident is given an I.D. number. Only those on the list, able to identify the residents I.D. number, are allowed to contact the resident or have any information about their services. The list may be extensive. ▪ Parents are called once a week.
<p>Does YBGR promote, encourage, and provide opportunities for residents and family member/carer participation in the operation of YBGR (ex: participation on advisory groups, as spokespeople at public meetings, in staff recruitment and interviewing, in peer and staff education and training, in family and residents peer support)?</p> <p>Does YBGR have written descriptions of these activities?</p>	<p>NO</p> <p>SUGGESTION:</p> <ul style="list-style-type: none"> ▪ Consider developing and giving residents the opportunity of being a part of a student or lodge "council".
<p>Does YBGR promote, encourage, and provide opportunities for residents and family member/carer participation in the evaluation of YBGR (ex: evaluation of 'customer service', effectiveness of communication with residents and family members/carers, measurement of outcomes)?</p> <p>Does YBGR have written descriptions of these activities?</p>	<p>YES</p> <p>STRENGTHS:</p> <ul style="list-style-type: none"> ▪ At discharge an evaluation sheet is either sent or given to the family member or carer to fill out.

Promotion of Mental and Physical Health, Prevention of Exacerbation of Mental Illness

<i>Promotion of Mental Health</i>	
Does YBGR work collaboratively with state, county, and local health promotion units and other organizations to conduct and manage activities that promote mental health?	<p>YES</p> <p>STRENGTHS:</p> <ul style="list-style-type: none"> ▪ YBGR offers opportunities for outside agencies to participate in teamwork and trust exercises and trainings. ▪ YBGR has established linkages of care for residents throughout the state.
Does YBGR provide to residents and their family members/carers information about mental health support groups and mental health-related community forums and educational opportunities?	<p>YES</p>
<i>Promotion of Physical Health</i>	
For all new or returning residents, does YBGR perform a thorough physical / medical examination or ensure that a thorough physical / medical examination has been performed within one year of the residents entering / re-entering the service?	<p>YES</p> <p>STRENGTHS:</p> <ul style="list-style-type: none"> ▪ Attention to medical healthcare is one of the very strong points of YBGR services. ▪ Physical examinations (PE) are completed on all new residents, including labs and electrocardiograms; additional studies are considered based on findings and history. Availability is prompt and services appear to be delivered in a very caring fashion. ▪ Families are notified of tests, PE's, vaccinations, and problems as they arise. ▪ Vaccines, including human papillomavirus (HPV) vaccine, are routinely given to residents based on individual need. ▪ Health and wellness is part of the program on each unit. ▪ YBGR is proactive and knowledgeable about ways to maximize medical resources.
Does YBGR link all residents to primary health services and ensure that residents have access to needed health care?	<p>YES</p> <p>STRENGTHS:</p> <ul style="list-style-type: none"> ▪ The PA - who provides most primary medical care – is a knowledgeable professional, is well-informed, very experienced, and well-known throughout the Billings community; and thus has knowledge of and direct access to ancillary services when needed. ▪ Prior health information is present in PE/History. These reports are very comprehensive and include an excellent 'Review of Systems'. <p>SUGGESTION:</p> <ul style="list-style-type: none"> ▪ Consider obtaining a crash cart for on-grounds availability (could be particularly helpful for the gym and equestrian areas).

<p>Does YBGR proactively rule out medical conditions that may be responsible for presenting psychiatric symptoms?</p>	<p>YES</p> <p><u>STRENGTHS:</u></p> <ul style="list-style-type: none"> ▪ Both the PA and the CNSs address this in their workups. ▪ This is a priority consideration for YBGR medical staff and kept in mind throughout treatment. ▪ Nursing staff assess medical status on delivery of meds, do Abnormal Involuntary Movement Scale (AIMS) evaluations weekly, and provide feedback to medical providers. This appears to be a comprehensive medical delivery system.
<p>Does YBGR ensure that residents have access to needed dental care?</p>	<p>YES</p> <p><u>STRENGTHS:</u></p> <ul style="list-style-type: none"> ▪ Dental exam and needed dental treatment is provided annually. ▪ YBGR maintains a list of dentists who are available to see residents. ▪ All residents whose records BOV reviewed had seen a dentist. * <p>* <i>A significant number of residents who come to YBGR have not had regular dental care prior to admission.</i></p> <p><u>CONCERN:</u></p> <ul style="list-style-type: none"> ▪ The Director of Nursing reported that it is sometimes difficult to find a dentist who will see out-of-state residents or residents on Medicaid.
<p><i>Prevention of Exacerbation of Mental Illness</i></p>	
<p>Does YBGR assist each enrolled residents to develop a relapse management plan that identifies early warning signs of relapse and describes appropriate actions for YBGR, residents, and family members/carers to take?</p>	<p>YES</p> <p><u>STRENGTHS:</u></p> <ul style="list-style-type: none"> ▪ Well spelled out in charts.

Cultural Competence

<p>Does YBGR ensure that its staff are knowledgeable about cultural, ethnic, social historical, and spiritual issues relevant to the mental health of and provision of treatment of mental illness relevant to all people in the defined community, with a specific emphasis on American Indian people?</p>	<p><u>STRENGTHS:</u></p> <ul style="list-style-type: none"> ▪ YBGR staff have attended workshops designed to help them to be more knowledgeable about non-majority cultural issues, with focus on American Indians. ▪ YBGR has a Cultural Diversity Committee, as well as an informal partnership with the Wyoming, Montana Native American Leadership Conference. ▪ YBGR has recently established a formal working relationship with In-Care Network¹; through this relationship, there is much potential for YBGR to deepen its insight in working with American Indian residents, as well as residents from other non-majority groups. <p><u>CONCERN:</u></p> <ul style="list-style-type: none"> ▪ While there is a clear commitment on the part of YBGR leaders to develop meaningful cultural competence, staff interviewed by BOV appear to have only rudimentary understanding in this area. ▪ YBGR has not defined the level of knowledge about cultural, ethnic, and spiritual issues relevant to American Indian or other non-majority people that it expects staff to have. ▪ There is no formal process for ensuring that staff have attained a defined level of cultural competency. <p><u>SUGGESTIONS:</u></p> <ul style="list-style-type: none"> ▪ Consider implementation of monthly training on American Indian tradition, values, and beliefs specific to each tribe in Montana. ▪ Consider developing a cultural competence resource book to be kept on each unit. ▪ In initial and subsequent cultural competence training, provide information to staff about the historical factors that affect the mental health of American Indians such as racism, forced migration, boarding schools, multi-generational unresolved grief, etc. ▪ Identify ways to empower American Indian residents by providing examples of opportunities specific to American Indians: <ul style="list-style-type: none"> ➤ provide a list/schedule of pow-wows to American Indian residents ➤ educate the eligible (enrolled) older American Indian residents about Indian preference for hiring by introducing them to the Indian Health Service scholarships loan repayment, and employment opportunities <ul style="list-style-type: none"> <input type="checkbox"/> Bureau of Indian Affairs employment <input type="checkbox"/> tribal jobs <input type="checkbox"/> scholarships <input type="checkbox"/> <u>Upward Bound</u>² <input type="checkbox"/> Urban Indian activities available <input type="checkbox"/> educate American Indian residents about the enrollment process; ask the Helena Indian Alliance for assistance
	<ul style="list-style-type: none"> ➤ subscribe to the on-line Native Youth Magazine³ (lists many opportunities and resources for American Indian

¹ <http://www.incarenetwork.com/>

² <http://www.ed.gov/programs/trioupbound/index.html>

	<p>youth)</p> <p>RECOMMENDATION 4: Develop cultural competence expectations specific to each non-majority group that YBGR serves, including Montana American Indian tribes, other indigenous North American groups (Alaskan Native), African Americans, Latinos, and non-Christian groups.</p> <p>RECOMMENDATION 5: a) Develop cultural competence training that includes information relevant to each non-majority group that YBGR serves with emphasis on Montana Indian tribes (and other North American Indian groups served by YBGR) and their individual cultures.⁴ b) Consult with the <u>Montana-Wyoming Tribal Leaders Council</u> for assistance with these specific objectives⁵.</p>
<p>In the planning, development, and implementation of its services, does YBGR consider the needs of, promote specific staff training for, and involve representatives of relevant cultural / ethnic / religious / racial groups, with a specific emphasis on American Indian people?</p>	<p>STRENGTHS:</p> <ul style="list-style-type: none"> ▪ YBGR attempts to hire staff from minority groups. ▪ YBGR does a good job – within the limitations of the Billings community - of connecting residents with local individuals who have similar cultural, ethnic or religious backgrounds. <p>SUGGESTION:</p> <ul style="list-style-type: none"> ▪ Consider ways to solicit and involve representatives of relevant cultural / ethnic / religious / racial groups in the development of YBGR's cultural competence, with a specific emphasis on American Indian people. ▪ Involve the director of In-Care Network as a full partner in making and nurturing connections with representatives of Montana Indian tribes.
<p>Does YBGR investigate under-utilization of its services by people in minority cultural / ethnic / racial groups in its catchment area, with a specific emphasis on American Indian people?</p>	<p>NO</p> <p>STRENGTHS:</p> <ul style="list-style-type: none"> ▪ YBGR maintains data on minority demographics within its clientele. <p>OBSERVATION:</p> <ul style="list-style-type: none"> ▪ YBGR has not established a representative demographic profile for expected referrals of Indian children from within Montana, nor quality improvement parameters relative to serving Montana Indian children that reflects such a profile. <p>RECOMMENDATION 6: Establish a dialogue with Montana tribal behavioral health services to (a) quantify the need for residential treatment for Indian children; (b) determine the variance – if any – between the need and current availability of services to Indian children; and (3) better understand the level of pre-admission mental health services, general medical services, and post-discharge support available for Indian children.</p> <p>RECOMMENDATION 7: Fully empower the Director of In-Care Network in developing</p>

³ <http://www.nativeyouthmagazine.com/>

⁴ see U.S. Department of Health and Human Services. (2001). *Mental Health: Culture, Race, and Ethnicity—A Supplement to Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. <http://download.ncadi.samhsa.gov/ken/pdf/SMA-01-3613/sma-01-3613A.pdf>

⁵ www.mtwytlc.com/

	comprehensive cultural competence throughout the YBGR organization.
<p>Does YBGR deliver treatment and support in a manner that is sensitive to the cultural, ethnic, and racial issues and spiritual beliefs, values, and practices of all residents and their family members/carers, with a specific emphasis on American Indian people?</p>	<p>YES</p> <p><u>STRENGTHS:</u></p> <ul style="list-style-type: none"> ▪ YBGR has worked hard to develop sensitivity to working with residents with diverse backgrounds. This sensitivity is a positive organizational quality. ▪ The involvement of the Director of In-Care Network is a good addition to the YBGR organization. ▪ Even though YBGR has a strong Christian orientation, it was noted that children with other religious preferences are provided opportunities to participate in preferred activities in the Billings community. YBGR has provided opportunities for youth to practice Hinduism, Buddhism, and Orthodox Judaism. ▪ If a youth and/or family/guardian requests that the youth not attend Christian chapel services each Sunday (see below), YBGR arranges for the youth to participate in a staff-supervised individual learning experience in lieu of the Christian chapel service. <p><u>CONCERN:</u></p> <ul style="list-style-type: none"> ▪ As stated above, YBGR has a <u>strong Christian</u> orientation. All residents <u>are</u> expected <u>to attend</u> a non-denominational Christian <u>chapel</u> service each Sunday, <u>but are not required to participate</u>. BOV believes that there is the potential for unintentional marginalization of residents from non-Christian backgrounds or with no religious preference who – for whatever reason – do not exercise the ‘opt-out’ option. There are relevant clinical/social implications related to the expectation that children from non-Christian backgrounds or with no religious preference attend Christian religious services. Attending but not participating could create a problematic mixed message for seriously emotionally disturbed children in the context of a mental health treatment program that attempts to develop children’s skills in appropriate social behaviors, and to enhance children’s self image. <p><u>SUGGESTION:</u></p> <ul style="list-style-type: none"> ▪ Consider recruiting and hiring one American Indian clinician.
<p>Does the mental health service employ specialized treatment methods and communication necessary for people in minority cultural / ethnic / racial groups, with a specific emphasis on American Indian people?</p>	<p><u>STRENGTHS:</u></p> <ul style="list-style-type: none"> ▪ YBGR works hard to develop communication methods that are specific to each resident’s background and needs. <p><u>SUGGESTIONS:</u></p> <ul style="list-style-type: none"> ▪ In order to encourage staff to develop in-house cultural competence expertise, consider making a special effort to investigate and use new and current employees’ previous work experience with American Indians in a mental health setting and knowledge of American Indian cultural issues.

	<ul style="list-style-type: none"> ▪ Consider sponsoring a pow-wow activity at YBGR. ▪ Consider investigating how to utilize the four directions to motivate change. ▪ Consider incorporating specialized treatment goals for American Indian residents into treatment plans, for example, listing what they like and what is challenging about being American Indian, what their tribal affiliation is, etc . ▪ Consider consulting the website Traditional Indian Games⁶ for group activities. ▪ Consider incorporating traditional pow wow dancing into recreational activities. ▪ Consider utilizing the medicine wheel into treatment goals.
<p>Does YBGR employ staff and develop links with other service providers / organizations with relevant experience and expertise in the provision of treatment and support to people from all cultural / ethnic / religious / racial groups represented in the defined community, with a specific emphasis on American Indian people?</p>	<p>YES</p> <p><u>STRENGTHS:</u></p> <ul style="list-style-type: none"> ▪ YBGR has ongoing connections with a number of American Indian agencies and tribes as well as a collaborative working relationship with In-Care Network. ▪ YBGR is developing formal linkage with the director of In-Care Network. His expertise will be a special addition to YBGR. ▪ YBGR employs several staff from non-majority backgrounds. ▪ Jewish residents have access to a rabbi in Billings. <p><u>RECOMMENDATION 8:</u> Develop ongoing consultative relationships with individuals who have expertise in the cultural issues relevant to the provision of mental health treatment to children/youth from each non-majority group represented in YBGR’s clientele.</p>
<p>With regard to its own staff, does YBGR 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?</p>	<p><u>STRENGTHS:</u></p> <ul style="list-style-type: none"> ▪ The human resources department has provided training for all leaders relative to the need to address prejudice. <p><u>SUGGESTION:</u></p> <ul style="list-style-type: none"> ▪ Consider communicating proactively with American Indian and other non-majority residents in a way that will support them in letting YBGR staff know if anyone at YBGR (staff or residents) has treated them disrespectfully because of their cultural / ethnic / religious / racial background.

⁶ <http://www.traditionalnativegames.org/>

Integration and Continuity of Services

<p><i>Within the Organization:</i></p>	
<p>Does YBGR convene regular meetings among staff in order to promote integration and continuity?</p>	<p>YES</p> <p><u>STRENGTHS:</u></p> <ul style="list-style-type: none"> ▪ Weekly staff meetings occur both with milieu/therapy staff and medical providers, addressing both educational and case review issues. ▪ Monthly staff-wide educational meetings. ▪ With the focus on DBT and new SAIL model, regular meetings occur to increase understanding and enhance comprehensive use across campus/treatment modalities, etc. ▪ Treatment plans and reviews are accessed monthly. ▪ These meetings have become especially important in relative to the shift to therapists following residents throughout their stay at YBGR. <p><u>CONCERN:</u></p> <ul style="list-style-type: none"> ▪ Therapists expressed some concern that communication/integration may be more challenging when therapists have residents in multiple locations across grounds. YBGR leadership is well aware of this concern, and states it will monitor the effectiveness of this new system over time. ▪ It appears that there may be gaps in the integration of <u>psychiatric and medication services</u> and other <u>treatment disciplines/modalities</u> - particularly relative to <u>direct care staff</u> having adequate <u>awareness of medication issues</u> including <u>side effects</u>. <p><u>SUGGESTION:</u></p> <ul style="list-style-type: none"> ▪ Consider assessing the integration/coordination of <u>psychiatric and medication services</u> with other services, with emphasis on ensuring that direct care staff are knowledgeable about medications and side effects.
<p><i>Within the Community:</i></p>	
<p>Does YBGR actively participate in an integrated human services system serving the defined community, and nurture inter-community links and collaboration?</p>	<p>YES</p> <p><u>STRENGTHS:</u></p> <ul style="list-style-type: none"> ▪ <u>YBGR is an active participant within the children's mental health system in Montana.</u> ▪ The number one goal identified in the YBGR Strategic Plan is, "Our Community Relationships – How do we and our community work together for mutual benefit?" YBGR goes on to define this further : "YBGR will pursue relationships with agencies and providers that will commit to identifying and providing services for underserved populations. YBGR will implement public relations efforts to develop relationships with organizations that support and promote our mission and vision." YBGR's self evaluation is that they have achieved "expected progress." It is apparent that YBGR takes seriously the need for integrated service delivery across the spectrum of mental and human services, and community relationships.

	<p><u>CONCERN:</u></p> <ul style="list-style-type: none"> There is potential for YBGR's motivation for strong linkage with entities statewide (relative to residential treatment) to be - as a practical matter - less than it could be because of the small proportion of Montana residents in services.
Are YBGR's staff knowledgeable about the range of other community agencies available to the residents and family members/carers?	<p>YES</p> <p><u>STRENGTHS:</u></p> <ul style="list-style-type: none"> Impressive depth of knowledge of Montana resources. <p><u>CONCERN:</u></p> <ul style="list-style-type: none"> <u>Because most residential clients are from other states and multiple communities in those states, it seems difficult at best for YBGR to become knowledgeable about services available for their clients once they leave the facility.</u>
Does YBGR support its staff, residents, and family members/carers in their involvement with other community agencies wherever necessary and appropriate?	<p>YES</p> <p><u>STRENGTHS:</u></p> <ul style="list-style-type: none"> Participation with other community agencies begins early in each residents stay, is implemented across the time they are at YBGR, and is reinforced at the time of exit and follow up.
<i>Within the Health System:</i>	
Is YBGR is part of the general health care system and does it promote and support comprehensive health care for residents, including access to specialist medical resources, and nurtures inter-agency links and collaboration?	<p>YES</p> <p><u>STRENGTHS:</u></p> <ul style="list-style-type: none"> YBGR appears to have positive relationships with the various entities in the larger community health care system. Referrals to medical, psychiatric, and psychological specialists – including adolescent psychiatric inpatient and neuropsychological evaluations are routine.
Does YBGR ensure continuity of care for residents referred outside YBGR for a particular therapy?	YES
Does YBGR ensure continuity of care for residents following their discharge?	<p>YES</p> <p><u>STRENGTHS:</u></p> <ul style="list-style-type: none"> YBGR follows up with phone calls to assess progress in the home communities post discharge. Treatment plans reflect exit continuity from the outset in treatment. <p><u>CONCERN:</u></p> <ul style="list-style-type: none"> Follow-up is difficult or impossible with residents returning to other states – especially to remote or isolated communities - where follow up services may be minimal or non-existent.

Staff Competence, Training, Supervision, Relationships with Consumers

<i>Competence and Training</i>	
General observations:	<p><u>STRENGTHS:</u></p> <ul style="list-style-type: none"> ▪ Each of the counselors, lead counselors and unit leader with whom BOV spoke were very happy with their jobs. ▪ Most, if not all, counselors have a degree. ▪ Most unit personnel see potential for a career and a chance for advancement within the YBGR organization. <p><u>CONCERN:</u></p> <ul style="list-style-type: none"> ▪ There is considerable turnover with line staff.
<u>Does YBGR define minimum knowledge and competence expectations for each staff position providing services to residents?</u>	<p><u>YES.</u></p> <p>-</p> <p>-</p>
<u>Does YBGR define specific roles and responsibilities for each staff position providing services to residents?</u>	<p><u>YES.</u></p> <p>-</p>
Does YBGR train new staff in job-specific knowledge and skills OR require new staff to demonstrate defined minimum knowledge and competence prior to working with residents?	<p><u>YES</u></p> <p><u>STRENGTHS:</u></p> <ul style="list-style-type: none"> ▪ <u>YBGR has an excellent staff education department with a highly motivated and skillful training director who has many years at YBGR.</u> ▪ The training course for employees at YBGR is outstanding and thorough. ▪ When a staff person is hired, a graduated series (initial ~ six-month ~ one-year) of classes must be completed. These deadlines are strictly enforced. ▪ <u>Good documentation of individual training completed.</u> <p>-</p> <p><u>SUGGESTION:</u></p> <ul style="list-style-type: none"> ▪ <u>Consider adding training in areas related to diagnosis, and medication.</u> ▪ <u>Consider developing more team-building and communication among teams and lodges.</u> <p>-</p> <p><u>RECOMMENDATION:</u> See Cultural Competence, page 26.</p>
Does YBGR proactively provide staff opportunities for ongoing training including NAMI Provider Training, NAMI-MT Mental Illness Conference, Mental Health Association trainings, Department of Public Health and Human Services trainings, professional conferences, etc.?	<p><u>YES</u></p> <p><u>STRENGTHS:</u></p> <ul style="list-style-type: none"> ▪ Staff have a budgeted allowance for professional development including attending in state and out of state meeting and purchasing journals. ▪ YBGR has brought in the Montana Chapter of the National Alliance for Mental Health (NAMI-MT) for staff training. ▪ In the fall of 2007, YBGR co-sponsored a 'Bipolar Disorder in Adolescents' conference with the Billings Mental Health Center.

<p>Does YBGR periodically assess current staff and identify and address knowledge and competence deficiencies?</p>	<p>YES</p> <p>STRENGTHS:</p> <ul style="list-style-type: none"> ▪ Lodge-specific classes are developed as needs are identified. ▪ By observation from supervisors, lead counselors, residential directors and notes from residence logs, supervisors are able to assess those staff who are doing well and those who are struggling. Necessary training is provided.
<p>Supervision</p>	
<p>Does YBGR provide active formal and informal supervision to staff?</p>	<p>YES</p> <p>STRENGTHS:</p> <ul style="list-style-type: none"> ▪ The unit structure, the training department, and the Quality Improvement department ensure that there <u>is a good system for supervision at all levels.</u>
<p>Does YBGR train supervisors and hold them accountable for appropriately monitoring and overseeing the way residents are treated by line staff?</p>	<p>YES</p> <p>STRENGTHS:</p> <ul style="list-style-type: none"> ▪ <u>The Unit Leaders and Lead Counselors are instrumental in this regard and are very involved. BOV was impressed with the effectiveness of this monitoring.</u>
<p>Does YBGR train supervisors and hold them accountable for appropriately monitoring, overseeing, and ensuring that defined treatment and support is provided effectively to residents by line staff according to their responsibilities as defined in treatment plans?</p>	<p>YES</p> <p>STRENGTHS:</p> <ul style="list-style-type: none"> ▪ Leadership training is strong. ▪ Supervisors are well-trained. YBGR calls its training for supervisors “Results-Centered Leadership”. The class begins every two weeks and takes about three months to complete.
<p>Relationships with Residents</p>	
<p>Do mental health service staff demonstrate respect for residents by incorporating the following qualities into the relationship with residents: positive demeanor, empathy, calmness, validation of the desires of residents?</p>	<p>YES</p> <p>STRENGTHS:</p> <ul style="list-style-type: none"> ▪ YBGR has a high standard for respectful, non-stigmatizing relationships between staff and residents. ▪ Remarks about residents heard by BOV were always framed as a resident being “unwell” rather than being a “behavior problem”. ▪ <u>All the staff BOV interviewed appear committed to the residents’ welfare and express genuine caring.</u> ▪ Staff work on positive peer culture both through DBT and the SAIL model. ▪ Staff appear to be attuned to the residents and their needs. ▪ All aspects of YBGR staff training point to taking care of residents, validating them, being aware of their needs, and helping to shape their choices and behavior.

Assessment, Treatment Planning, Documentation, and Review

General	
Does YBGR use a multidisciplinary approach in its treatment planning and review process?	YES
Do YBGR assessments, treatment planning, and treatment reviews proactively include the participation of and provision of information by family members/carers, other service providers, and others with relevant information?	YES STRENGTHS: <ul style="list-style-type: none"> ▪ Treatment team meetings include families/carers (if available) and referral agencies either in person or via teleconference.
Assessment	
Are YBGR assessments conducted in accordance with the unique cultural, ethnic, spiritual, and language needs relevant to all people in the defined community, with a specific emphasis on American Indian people?	YES STRENGTHS: <ul style="list-style-type: none"> ▪ Staff seems sensitive to diversity and cultural/ religious/ ethnic/racial differences. CONCERN: <ul style="list-style-type: none"> ▪ There appears to be minimal focus on Native American culture in assessments. (See Cultural Competence, page 26.) ▪ The strong non-denominational Christian belief foundation of YBGR has the potential to compromise the ability to objectively incorporate each residents unique cultural, ethnic, and spiritual background into assessments and treatment planning. (See Cultural Competence, page 26.)
When a diagnosis is made, does YBGR provide the residents and family members/carers with information on the diagnosis, options for treatment and possible prognoses?	YES STRENGTHS: <ul style="list-style-type: none"> ▪ Throughout each resident's stay, information and education is provided to the resident and his/her family/carer regarding diagnosis, treatment options, and aftercare recommendations.
Treatment Planning	
Does a treatment plan exist for each YBGR residents/residents/resident?	YES
Are YBGR treatment plans for residents being implemented?	YES
Does YBGR proactively involve residents and family members/carers the development of initial treatment plans?	YES

<p>Does YBGR work with residents, family members/carers, and others to develop crisis / relapse prevention and management plans that identify early warning signs of crisis / relapse and describe appropriate action for residents and family members/carers to take?</p>	<p>YES</p>
<p>Does YBGR proactively provide residents, and with residents' consent, family members/carers a copy of the treatment plan?</p>	<p>Treatment plans are provided to residents, and family members/carers upon request.</p> <p>SUGGESTION:</p> <ul style="list-style-type: none"> ▪ Consider developing the practice of proactively providing each resident (contingent upon clinical appropriateness) and families/carers with a copy of the initial and all revisions of treatment plans.
<p>Documentation</p>	
<p>Does YBGR use an electronic, computerized health record system with online capability for recordkeeping and documentation of all mental health services provided to all of its residents?</p>	<p>NO</p>
<p>Is treatment and support provided by YBGR recorded in an individual clinical record that is accessible throughout the components of YBGR?</p>	<p>YES</p> <p>CONCERN:</p> <ul style="list-style-type: none"> ▪ Medical notes are separated from the main body of the treatment plan. <p>SUGGESTION:</p> <ul style="list-style-type: none"> ▪ Consider incorporating physician notes more into the main body of the chart/treatment plan alongside the nursing notes.
<p>Is mental health service documentation a comprehensive, sequential record of residents' conditions, of treatment and support provided, of residents' progress relative to specific treatment objectives, and of ongoing adjustments made in the provision of treatment and support that maximize residents' potential for progress?</p>	<p>YES</p>

Review

Do YBGR treatment progress reviews actively solicit and include the input of the residents, family members / carers, all service practitioners involved in the residents' services, and outside service providers?

YES

STRENGTHS:

- Master Treatment Plan updates occur every 28 days. Residents, family members/guardians, YBGR treatment team members and outside service providers are requested to participate in every treatment plan update. Staff from Yellowstone Academy and the sending school district also participate in the treatment planning process.

Are YBGR treatment progress reviews conducted with the treatment team and the residents present?

YES

Do YBGR treatment progress reviews proactively support continuing treatment and support adjustments that will ensure progress, not just maintenance?

YES

STRENGTHS:

- Evaluation and revision based on progress/lack of progress is continual.

Treatment and Support

<p>Is treatment of residents at YBGR evidence-based?</p>	<p>YES</p> <p><u>STRENGTHS:</u></p> <ul style="list-style-type: none"> ▪ Based on interviews with medical staff, review of records, and discussions with psychologists, treatment appears evidence-based, sound, reasonable, and of high quality. ▪ YBGR uses a number of instruments, including the CAFAS, to establish baseline data and then later on to determine progress made in multiple domains. ▪ The staff is well-trained and broadly experienced in a variety of familiar treatment modalities. ▪ <u>Implementing a consistent milieu program (SAIL) across all programs in the continuum is a positive initiative and, as implementation proceeds, should result in a more understandable program for the residents as they move through the “levels” of treatment.</u>
<p>Education</p>	
<p>Does YBGR identify education needs and desires of residents in the treatment plan?</p>	<p>YES</p> <p><u>STRENGTHS:</u></p> <ul style="list-style-type: none"> ▪ BOV spent some time observing in one of the classrooms and spoke with one of the teachers and two of her aides. They all spoke about positive working relationships with the clinical staff and the successful integration of clinical and education services. ▪ YBGR has a strong focus on education, on identifying learning issues to address specifically, and on reintegration back into each residents home educational setting. ▪ The number of day treatment residents bussed in from outlying communities speaks to the value other communities place on the education program at YBGR.
<p>Employment</p>	
<p>Does YBGR address employment training needs and desires of older residents in the service plan, and assist residents in defining life roles with respect to work and meaningful activities?</p>	<p><u>STRENGTHS:</u></p> <ul style="list-style-type: none"> ▪ YBGR’s greenhouse and welding shop are valuable and unique resources and have much potential for development into more a focused vocational component.
	<p><u>CONCERN:</u></p> <ul style="list-style-type: none"> ▪ Given that some older residents will be transitioning into some level of independent/supported living situation, there may be a need for a more significant vocational component in their treatment. <p><u>SUGGESTION:</u></p> <ul style="list-style-type: none"> ▪ Consider ways to enhance specific vocational preparation for older residents.

Family and Relationships	
Does YBGR identify needs and desires of residents relative to family relationships in the service plan?	<p>YES</p> <p>STRENGTHS:</p> <ul style="list-style-type: none"> ▪ YBGR provides on-campus housing for visiting families. ▪ Needs and desires of residents relative to family relationships appear to be a primary focus. ▪ Therapists report that family issues, needs, concerns and problems are assessed and incorporated into treatment. <p>CONCERN:</p> <ul style="list-style-type: none"> ▪ BOV did not see documentation of these issues in the treatment record.
Does treatment and support provide residents with the opportunity to strengthen their valued relationships?	<p>YES</p> <p>STRENGTHS:</p> <ul style="list-style-type: none"> ▪ After an initial period of adjustment residents are encouraged to establish and maintain (via phone, Email and visits) their most important relationships. YBGR appears to go out of its way to encourage and nurture those relationships.
Social and Leisure	
Does YBGR identify social and leisure needs and desires of residents in the service plan?	<p>YES</p> <p>STRENGTHS:</p> <ul style="list-style-type: none"> ▪ The campus setting, along with the nicely-appointed recreation center and the employment of an equestrian specialist and four recreation therapists are all evidence of the attention given to social and leisure activities.
Does YBGR ensure that residents have access to an appropriate range of agencies, programs and/or interventions to meet their needs for social contact and leisure activities?	<p>YES</p>
Medication	
Is the medication prescription protocol evidence-based and reflect internationally accepted medical standards?	<p>YES</p> <p>CONCERN:</p> <ul style="list-style-type: none"> ▪ Every record reviewed included prescribed fish oil (omega 3 fatty acids) in the medication regimen. There has been some data - albeit conflicting, controversial, and limited - of a relationship between omega 3 fatty acids and depression and attention deficit hyperactivity disorder. This practice was started by a previous psychiatrist at YBGR and it has continued. There are no known significant safety issues associated with omega 3's. On the other hand, BOV questions the routine, non-individualized use of any medication without a clear indication and documented response.

<p>Is medication prescribed, stored, transported, administered, and reviewed by authorized persons in a manner consistent with legislation, regulations and professional guidelines?</p>	<p>CONCERN:</p> <ul style="list-style-type: none"> ▪ Prior to this review, medications were put into a medication calendar and without the medication name on it at the clinic, taken to the unit and administered to the residents. This practice presented significant risk for medication errors. At the time of this review, the YBGR pharmacy had switched to a new system in which medications are delivered to YBGR in a baggie with the name of the medication on the baggie. YBGR plans to purchase transporting containers which will allow them to keep the medication labeled until administered.
<p>Are consumers and their family members/carers provided with understandable written and verbal information on the potential benefits, adverse effects, costs and choices with regard to the use of medication?</p>	<p>YES</p>
<p>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?</p>	<p>YES</p>
<p>Does YBGR ensure access for consumers to the safest, most effective, and most appropriate medication and/or other technology?</p>	<p>YES</p>
<p>Does YBGR consider and document the views of consumers and, with consumers' informed consent, their family members/carers and other relevant service providers prior to administration of new medication?</p>	<p>YES</p>
<p>Wherever possible, does YBGR not withdraw support or deny access to other treatment and support programs on the basis of consumers' decisions not to take medication?</p>	<p>YES</p>
<p>For new consumers, is there timely access to a psychiatrist or mid-level practitioner for initial psychiatric assessment and medication prescription within a time period that does not, by its delay, exacerbate illness or prolong absence of necessary medication treatment?</p>	<p>YES</p>
<p>For current consumers, does YBGR provide regularly scheduled appointments with a psychiatrist or mid-level practitioner to assess the effectiveness of prescribed medications, to adjust prescriptions, and to address clients' questions / concerns in a manner that neither compromises neither clinical protocol nor client – clinician relationship?</p>	<p>YES</p>
<p>When legitimate concerns or problems arise with prescriptions, do consumers have immediate access to a psychiatrist or mid-level practitioner?</p>	<p>When there is an issue, the nurse is contacted first. If the nurse decides the residents needs to be seen by a prescriber, this is arranged.</p>
<p>Are medication allergies and adverse medication reactions well documented, monitored, and promptly treated?</p>	<p>YES</p>

Are medication errors documented?	YES
Is there a quality improvement process in place for assessing ways to decrease medication errors?	<p>NO</p> <p>CONCERN:</p> <ul style="list-style-type: none"> When a medication error is detected, a form is filled out and sent to the Nursing Director, who shares it with the Medical Director. No formal review is conducted. If a nurse exceeds a certain number of medication errors, he/she is required to participate in additional medication education. Medication errors not currently analyzed as part of Quality Improvement. <p>SUGGESTION:</p> <ul style="list-style-type: none"> Consider expanding the pharmacist role to include medication error review; medication education for staff, residents and families; formulary development; and pharmacotherapy consultations. <p>RECOMMENDATION 9: Implement a medication error detecting, reporting, and review system that is non-punitive and aimed at detecting system issues which lead to medication errors.</p> <p>RECOMMENDATION 10: Add medication error analysis to the Quality Improvement Plan.</p>
Are appropriate consumers screened for tardive dyskinesia?	<p>YES</p> <p>STRENGTHS:</p> <ul style="list-style-type: none"> Each resident prescribed antipsychotic medication has an AIMS evaluation each month.
Is the rationale for prescribing and changing prescriptions for medications documented in the clinical record?	YES
Is medication education provided to consumers including "adherence" education?	<p>YES</p> <p>STRENGTHS:</p> <ul style="list-style-type: none"> The nurse clinician or psychiatrist discusses medications with each residents at the time of the prescription.
Is there a clear procedure for the use of medication samples?	Samples are not used
Are individual consumers' medications disposed of properly when prescriptions are changed?	YES
Is there a clear procedure for using and documenting emergency medication use, including documentation of rationale, efficacy, and side effects?	YES
Is there a clear procedure for using and documenting 'involuntary' medication use, including documentation of rationale, efficacy, and side effects?	YES

Co-Occurring Psychiatric and Substance Use Disorders:	
In assessing each residents/residents/resident, does YBGR orient assessments and uses tools and methodologies that proactively confirm either the presence or absence of co-occurring psychiatric and substance use disorders?	YES
If co-occurring psychiatric and substance use disorders are determined to be present, does treatment address the dynamics of the interplay between the psychiatric and substance disorders?	YES STRENGTHS: <ul style="list-style-type: none"> ▪ Excellent integration of substance abuse and mental health services. ▪ The YBGR substance abuse program is excellent; therapists are experienced and passionate; excellent inclusion of families. CONCERN: <ul style="list-style-type: none"> ▪ No clinical staff are dually licensed for mental health and addiction counseling.
When counselors from discrete psychiatric and substance use disorders treatment disciplines are involved, does YBGR ensure ongoing communication and coordination of therapies?	YES
Does YBGR use one service plan and one relapse plan for each residents with co-occurring psychiatric and substance use disorders?	YES
If possible, is the clinician managing the treatment and providing therapy to each residents/residents/resident with co-occurring psychiatric and substance use disorders licensed for both mental health and chemical dependency counseling?	NO CONCERN: <ul style="list-style-type: none"> ▪ As noted above, none of the clinical staff are dually licensed. This does not appear to have a negative impact on treatment or communication, but dually licensed staff is a logical next step for YBGR's consideration.

Access / Entry

<p>Does YBGR ensure equality in the access to and entry into treatment regardless of a person's age, gender, culture, sexual orientation, social / cultural / ethnic / religious / racial status, religious beliefs, previous psychiatric diagnosis*, past forensic status, and physical or other disability?</p>	<p>YES</p> <p>CONCERN:</p> <ul style="list-style-type: none"> ▪ At the time of this review, only 9 of 100 residents were from Montana. Most residents are from Wyoming, Illinois, California and Alaska. <p>* <i>The YBGR service approach is not designed for youth who are psychotic, have a schizophrenia diagnosis, or have a history of arson or sexual perpetrators.</i></p>
<p>Are mental health services convenient to the community and linked to primary medical care providers?</p>	<p>YES</p>
<p>Does YBGR inform the defined community of its availability, range of services and the method for establishing contact?</p>	<p>YES</p> <p>STRENGTHS:</p> <ul style="list-style-type: none"> ▪ Through its many community and state contacts, YBGR makes known what type of services are available and how to access its admissions department.
<p>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?</p>	<p>YES</p> <p>STRENGTHS:</p> <ul style="list-style-type: none"> ▪ Within the first day on site, each resident is given a psychological evaluation; a treatment plan is developed within 72 hours; the master treatment plan is in place within the first 2 weeks.
<p>Does YBGR ensure that residents and their family members/carers are able to, from the time of their first contact with YBGR, identify and contact a single mental health professional responsible for coordinating their care?</p>	<p>YES</p> <p>STRENGTHS:</p> <p>Each resident has one therapist throughout his/her time at YBGR.</p>

Continuity Through Transitions

<p>Are transitions among components of YBGR facilitated by a designated staff member and a single individual service plan known to all involved?</p>	<p>YES</p>
<p>Do individual service plans include exit plans that that maximize the potential for ongoing continuity of care during and after all transitions from YBGR?</p>	<p>YES</p> <p><u>STRENGTHS:</u></p> <ul style="list-style-type: none"> ▪ Exit plans are established upon the residents arrival at YBGR.
<p>Does YBGR ensure smooth transitions of residents into adult services if necessary and appropriate?</p>	<p>YBGR staff are aware that this is difficult process for a number of reasons including young adults' willingness, family support, availability of providers with expertise working with people in the 18-21 age range, etc.. Many of these young adults are also prone to substance problems so focus for services need to be "co-occurring" oriented.</p> <p>This area is a priority focus of system planners.</p>
<p>Does YBGR review exit plans in collaboration with residents and their family members/carers as part of each review of the individual service plan?</p>	<p>YES</p>
<p>Does YBGR review the outcomes of treatment and support as well as ongoing follow-up arrangements for each residents prior to exit from YBGR?</p>	<p>YES</p>
<p>Does YBGR provide residents and their family members/carers with understandable information on the range of relevant services and supports available in the community when they exit from the service?</p>	<p>YES</p>
<p>When a residents is transitioning to another service provider, does YBGR proactively facilitate in person involvement by the new service provider in transition planning and the earliest appropriate involvement of the service provider taking over treatment responsibilities?</p>	<p>YES</p> <p><u>STRENGTHS:</u></p> <ul style="list-style-type: none"> ▪ YBGR makes every effort to coordinate post discharge services via phone contact and discussion. <p>(Many of the residents and families are from great distances away either in state or out of state.)</p>
<p>When a resident who is transitioning to another service provider is taking psychotropic medications, does YBGR proactively facilitate the seamless continuation of access to those medications by ensuring that: (1) the resident has an appointment with the physician who will be taking over psychotropic medication management, (2) the resident has enough medications in hand to carry him/her through to the next doctor appointment, and (3) the resident's medication funding is established prior to the transition?</p>	<p>YES</p> <p>Whenever possible given the variety of resources available to clientele.</p>

Re-entry Into Service	
Does YBGR ensure that residents, their family members/carers and other service providers and agencies involved in follow-up are aware of how to gain re-entry to YBGR at a later date?	YES
Prior to exit, does YBGR ensure that residents, their family members/carers and other agencies involved in follow-up, can identify a staff person in YBGR who has knowledge of the most recent episode of treatment and/or support?	YES
Does YBGR assist residents, family members/carers, and other agencies involved in follow-up to identify the early warning signs that indicate YBGR should be contacted?	YES
Transition Into and Out of Residential Treatment	
Does YBGR assume primary responsibility for continuity of care between residential treatment and community-based treatment?	YES
Does YBGR proactively communicate with community case managers via telephone and in-person meetings while the residents is in residential treatment?	YES STRENGTHS: <ul style="list-style-type: none"> ▪ Case Managers are invited to treatment team meetings and often are either present either in person or by phone.
Leading up to and at the time of discharge, does YBGR facilitate communication with community services to ensure continuity of care when residents are discharged from residential treatment?	YES

RECOMMENDATIONS

1. Post information about advocacy services, including assistance available from the Mental Disabilities Board of Visitors, in all YBGR service areas.
2. Incorporate information about advocacy services, including assistance available from the Mental Disabilities Board of Visitors, into staff training curriculum. Include reporting responsibilities, consequences of not reporting, and mechanisms available to seek advocacy.
3. Revise Policy # 636 - RESIDENTS NEGLECT AND ABUSE so that it addresses all of the pertinent requirements in 53-21-107, MCA.
4. Develop cultural competence expectations specific to each non-majority group that YBGR serves, including Montana American Indian tribes, other indigenous North American groups (Alaskan Native), African Americans, Latinos, and non-Christian groups.
5.
 - a) Develop cultural competence training that includes information relevant to each non-majority group that YBGR serves with emphasis on Montana Indian tribes (and others served by YBGR) and their individual cultures.
 - b) Consult with the Montana-Wyoming Tribal Leaders Council for assistance.
6. Establish a dialogue with Montana tribal behavioral health services to (a) quantify the need for residential treatment for Indian children; (b) determine the variance – if any – between the need and current availability of services to Indian children; and (3) better understand the level of pre-admission mental health services, general medical services, and post-discharge support available for Indian children.
7. Fully empower the Director of In-Care Network in developing comprehensive cultural competence throughout the YBGR organization.
8. Develop ongoing consultative relationships with individuals who have expertise in the cultural issues relevant to the provision of mental health treatment to children/youth from each non-majority group represented in YBGR's clientele.
9. Implement a medication error detecting, reporting, and review system that is non-punitive and aimed at detecting system issues which lead to medication errors.
10. Add medication error analysis to the Quality Improvement Plan.

YBGR RESPONSE TO BOV RECOMMENDATIONS

RECOMMENDATION 1: (Pg16)

YBGR fully agrees with the recommendation of BOV and will post information about advocacy services in all lodges, the school, the clinic and the administration building.

RECOMMENDATION 2: (Pg17)

YBGR will provide written information about advocacy services to all new employees during orientation. In addition, as part of the orientation curriculum, all new employees will be instructed about the services of the Mental Disabilities Board of Visitors and will be instructed on YBGR policy 636 which specifies reporting procedures to be followed by all YBGR employees.

RECOMMENDATION 3: (Pg18)

YBGR policy and been revised to fully comply with 53-21-107, MCA. YBGR policy and procedure already complies fully with the reporting requirements of 41-3-102, MCA. YBGR would like to recommend that these sections of MCA be amended to either consolidate or reference in order to assist those required to report suspected abuse and neglect to meet the intent of the law.

RECOMMENDATION 4,5,6 & 7: (Pg27)

YBGR fully agrees with these recommendations. Since the review by the BOV, we have hired Bill Snell, former Executive Director of InCare to develop and train cultural competence for YBGR employees. In addition Bill has been assigned the lead role in working with Montana and Wyoming tribal leaders to develop needed services for Native American children and families.

RECOMMENDATION 8: (Pg29)

Dialogue with Bill Snell and other Native American leaders began in 2007. With the hiring of Bill, YBGR has formalized and initiated a plan develop culturally appropriate services for Native American youth and families.

RECOMMENDATION 9 & 10 (Pg41)

YBGR has employed a full time RN to manage and monitor the medication administration system. Policies and procedures have been implemented to insure that medications are administered safely, medication errors are monitored through the CQI process and reported to the Clinical Operations Committee monthly.

It is the responsibility of the Clinical Operations Committee to implement policy and procedure that insures safe medication administration.