

# Yellowstone Boys and Girls Ranch, Billings

March 15 & 16

# 2012

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A Site Review Report of the services provided by Yellowstone Boys and Girls Ranch, the review evaluated the services provided at the residential program at the Ranch and at the Community Based Services Program in Billings.

**Mental Disabilities  
Board of Visitors  
Site Review**

## Table of Contents

OVERVIEW .....	3
QUESTIONS - STANDARDS.....	4
Organizational Planning and Quality Improvement.....	4
<i>Quality Improvement:</i> .....	5
Rights, Responsibilities, and Safety.....	6
<i>Rights, Responsibilities:</i> .....	6
<i>Safety:</i> .....	7
Client / Family Member Participation .....	10
Staff Competence, Training, Supervision, and Relationships with Clients.....	13
<i>Competence and Training:</i> .....	13
<i>General:</i> .....	16
<i>Evidence-Based Services:</i> .....	17
<i>Medication:</i> .....	18
Access and Entry.....	21
Continuity of Services through Transitions .....	22
2012 RECOMMENDATIONS.....	23
YBGR RESPONSE .....	24

# OVERVIEW

## Mental Health Facility reviewed:

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

## Authority for review:

Montana Code Annotated, 53-21-104

## Purpose of review:

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

## Site Review Team:

### Board:

Joan-Nell Macfadden, Board Chair

### Consultants:

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Pat Frawley, MSW, LCSW  
Adele Furby, LCPC

### Staff:

Alicia Pichette, Executive Director  
Craig Fitch, BOV Legal Counsel  
Leigh Ann Holmes, BOV Advocacy Specialist

## Review process:

- Interviews with YBGR residential facility staff at the Ranch
- Observation of treatment activities at the Ranch
- Review written description of treatment programs at the Ranch
- Inspection of the physical plant at the Ranch
- Review treatment records for the residential facility
- Inspection of the outpatient facilities at the Garfield Center
- Interviews with YBGR Community Based Services Staff at the Garfield Center

## QUESTIONS - STANDARDS

### Organizational Planning and Quality Improvement

#### *Strategic Planning*

##### **Does YBGR have a Strategic Plan?**

###### Strengths/Observations:

YBGR does have a strategic plan in place that uses information gathered from client/youth, families served, staff involved in services, community need assessments and community requests for service to create goals and objectives for the agency.

###### Suggestions:

While the Board of Visitors appreciates the process that YBGR is going through to finalize the program's strategic plan, it prefers to see specific goals and objectives identified in a strategic plan.

##### **Is the YBGR strategic plan developed and reviewed through a process of consultation with staff, clients, family members, other appropriate service providers, and community stakeholders?**

###### Strengths/Observations:

The strategic planning process currently in place at YBGR is evolving as the YBGR vision changes to respond to current financial realities of residential treatment. While the team observed and staff interviews indicated that a great deal of thought has been invested in the process of creating a strategic plan that will direct the organizational structure of the agency, outside influences are creating challenges for the process. Recent changes to the Montana ARM and Medicaid reimbursement rates; professional staff recruitment challenges and complexity of diagnoses for the clients/youth served are creating challenges that require a 'new way of thinking' about the services offered by YBGR.

###### Suggestions:

Strategic Planning is an important way to respond to outside influences that might distract or derail an agency. Assure that the process uses information from all the sources listed above to create the strategic plan.

##### **Does YBGR have operational plans based on the strategic plans, which establish time frames and responsibilities for implementation of the objectives?**

###### Strengths/Observations:

**Residential Program:** The Ranch continues to develop data on its programs, and leadership/management are presently gauging the services offered relative to the data that has been collected by the National Alliance for Children and Families while searching for better approaches to services and programs. The program has been reviewing: models of care, step-down services, revenue streams, and recruitment and retention strategies in an effort to develop shorter term transitional treatment programs that work with the community based services YBGR provides in several Montana communities. It was reported to the BOV that YBGR has a strategic plan and objectives that is still evolving.

**Community Based Services:** The majority of the clients/youth and families receiving services from YBGR are through the CBS program. High Fidelity Wraparound services designed to provide a richer array of community based- services to families in an effort to address client/youth needs before a residential program could be needed is used. This move to School Based Therapy and Community Based family centered programs serves more client/youth and families than the residential program at the Ranch can serve. CBS is relatively new and both the community based services and services at the Ranch are continuing to evolve based on the need of the client/youth identified for services.

###### Suggestions:

Assure concise goals and specific outcomes for the organization are in place.

## Quality Improvement:

### Does YBGR have a quality improvement plan to evaluate and improve all of its activities related to services to clients and families?

#### Strengths/Observations:

YBGR does have a quality improvement process that collects an impressive amount of data. What is less clear is whether the process for analyzing the data, getting the data/analysis out to staff, and using the information gathered is a tool for quality improvement for the agency. (*Documentation related to the quality improvement plan indicates that, starting in 2011, a semi-annual Stakeholder Survey would be sent to all YBGR departments and programs regarding the efficiency and effectiveness of the PQI process. The results of that survey were not included so it is difficult to assess the efficiency and effectiveness of the PQI process.*)

YBGR does have a quality improvement plan which describes the philosophy, purpose, structure, function, and processes related to quality improvement, including the PQI Oversight Committee (Community Based Service Division and Residential Services Division). *Unfortunately, the addendums to the plan were not provided so a complete assessment of the details of the quality improvement plan was not assessed.*

It was reported that follow-up data from families is difficult to obtain despite including stamped, self-addressed envelopes with the mailing of the paper survey. For example, 60 follow-up questionnaires were recently sent and only four were returned. YBGR is considering the use of a computer survey method such as Survey Monkey to encourage collection of longitudinal follow-up of youth who have received services from YBGR.

The Performance and Quality Improvement Process was created following the COA guidelines. Each department determines standards (related to the strategic plan) for assessment and aggregate data is collected. The aggregate data is reviewed monthly and a corrective action plan is put in place.

#### Suggestions:

Include a statement in the strategic plan to address the YBGR leadership and staff commitment to the quality improvement process.

### Is designated staff of YBGR accountable and responsible for the continuous quality improvement process?

#### Strengths/Observations:

The Vice President of Government Relations (VP of GR), who is a member of the Executive Leadership Council, is responsible for Continuous Quality Improvement and Performance Quality Improvement (PQI). The PQI Department is managed by the PQI Director who reports to the VP of GR and PQI. The roles and responsibilities are outlined in the Performance Quality Improvement Plan and Procedures document. The Human Resources Department is responsible for tracking data related to employee grievances. These are reviewed by the Board of Directors.

#### Suggestions:

Continue improving the quality assurance process for data collected and quality improvement activities, by linking the data to the activities undertaken through the PQI process.

Consider including specific training related to the PQI processes in the employee training requirements so staff has improved understanding of the process for better compliance.

### Is YBGR able to demonstrate a process of continuous quality improvement that directly affects health and functional outcomes for individual clients?

#### Strengths/Observations:

It was unclear during the course of this review whether YBGR has a process for analyzing the data, getting the data/analysis out to staff, and using the information gathered as a tool for improvement. BOV is aware that the process does exist since one staff interviewed reported that a change in the length of the staff shifts was instituted as a result of feedback/turnover rates this last year. However, other than designated QI staff, most staff interviewed

about the QI process appears not to have a good working knowledge of the process.

Suggestions:

Assure staff is kept updated when changes in policy, procedure, and interventions which are the result of the quality improvement process using a staff/agency communication system, i.e. newsletter, or committee memo to staff.

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

### ***Rights, Responsibilities:***

**Does YBGR define the rights and responsibilities of and provide verbal and written information about rights and responsibilities to clients and family members?**

Strengths/Observations:

YBGR staff is to be commended for their Parent and Youth Handbooks which appear to be very thorough and potentially helpful to both parents and youth. At the time of admission/intake parents/family/youth are informed of their rights and responsibilities and the agency's expectations for family involvement with the client/youth treatment process. The site review team was provided with handouts, handbooks, other printed information given to families that confirmed both written and verbal information provided. As a general rule, this information is provided throughout the 10 day intake assessment period. Client/youth have opportunities to review the information included in the handbook during intake/admission meetings, and when they enter the lodge the Assistant Program Manager or Counselor reviews the handbook including grievance procedures.

Staff interviewed did report that some clients/youth (for example, returning kids) may be admitted directly to a lodge; making the process of explaining the information in the handbook to the client/youth in the Loges even more important.

Suggestions:

To continue outreach into the community YBGR could provide copies of these handbooks through the Community Based Services program to families in the local community.

**Does YBGR actively promote client access to independent advocacy services?**

Strengths/Observations:

The Parent/Guardian handbook and the Youth Handbook contain information about advocacy services available through Disability Rights Montana (the copy provided to the site review team still used the old Montana Advocacy Program title) the Board of Visitors and the Mental Health Ombudsman. The last page of the Parent Handbook did contain information about all three programs. Staff will review the Youth Handbook with clients/youth – this is an excellent procedure. Posters providing contact information for the Board of Visitors, Mental Health Ombudsman and Disability Rights Montana were located in the lodges.

Some information in the handbook relates specifically to therapy and programs that are appropriate for client/youth who will stay longer than 3 months. This information would be tailored more specifically for those clients/youth who will be receiving services through the program for longer than 3 months.

Suggestions:

The Board will provide updated contact information to YBGR and include posters that can be placed in the lodges as well as for the administration offices at the Ranch and Garfield Centers.

**Does YBGR have an easily accessed, responsive, and fair complaint / grievance procedure for clients and their family members to follow?**

Strengths/Observations:

Grievance procedures are in place. They are straight forward and uncomplicated with one exception. "Step A." is written in language that suggests that it is mandatory. There are many reasons that "Step A." should be encouraged, but should not be considered mandatory. In addition, "Steps C, D, and E" are essentially redundant – at least in

requiring both the client/guardian and staff to participate every time. The team questioned the benefit of asking children to participate in the same discussion up to five separate times, and asked would it be fair to staff in the rare – but certainly possible – event that the grievance is being frivolously pursued to the end by a disgruntled individual. Not all staff interviewed seemed clear about their role, and may have confused this with other incident reporting. Most of them said that they would simply report to their supervisor, as though the complaint/grievance process is the same as an abuse/neglect incident report. Training courses reviewed didn't include information about the role staff will have during the grievance/complaint process.

Suggestions:

Revise the grievance policy/procedure to clarify that "Step A." is encouraged, but not mandatory for the client/youth/grievant. Update training to assure staff knows the difference between a grievance/complaint and abuse/neglect report.

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

Strengths/Observations:

The grievance policy mentions Disability Rights Montana. The Parent and Client Handbooks do mention the Board of Visitors or the Mental Health Ombudsman, leaving the site review team unclear about the consistency of information provided to families/clients/youth regarding those advocacy services available. Of the staff interviewed some were familiar with the BOV others were not, and few appeared to understand the role of the Board of Visitors.

**Safety:**

**Does YBGR protect clients from abuse, neglect, and exploitation by its staff or agents?**

Strengths/Observations:

YBGR has a well defined policy for reporting allegations/incidents of abuse and neglect and provides training for staff around those issues. Staff seemed to have a working knowledge of the definitions and expectations surrounding issues of abuse/neglect, but this knowledge might yet be a bit superficial.

YBGR has a "zero tolerance for violence" policy and it appeared to the team that staff would receive training about the policy during new employee orientation, however, the interviews, the number of incidents, and the handouts, suggest that the policy (or the understanding of the policy) is not yet fully incorporated into an actual YBGR expectation for all staff and clients.

One example can be found on pages 13-14 of the "Youth Handbook". Company policy regarding employee 'harassment', 'discrimination' and 'violence in the work place'– which was clearly written for employees - was photocopied and included in the Youth Handbook– rather than rewriting the expectations surrounding violence in a manner more appropriate to the educational level and maturity of the target audience.

A second example can be found in the incident report list. Entry 1500, reported on 10/3/2011 states: "Youth reported being slapped by a teacher on the back of the head when getting a drink of water without authorization. The youth admitted to not following instructions." Despite a clear allegation of potential abuse, this incident received "No additional follow-up."

During informal interviews/conversations with YBGR staff and clients site review team members observed that some staff and clients have experienced 'bullying' at the Ranch. The individuals interviewed suggested that a culture of bullying exists and is accepted by some at the campus.

Suggestion:

To further support the staff and clients/youth consider expanding a 'zero tolerance' campus-wide campaign specific to 'serious incidents' and include 'bullying'.

**Has YBGR fully implemented the requirements of 53-21-107, Montana Code Annotated (2011) with regard to reporting on and investigating allegations of abuse and neglect?**

Strengths/Observations:

Staff interviewed and BOV team member observations indicate that YBGR staff take reporting abuse and neglect seriously. Policy/Procedure 636 is comprehensive and addresses reporting requirements under 53-21-107, MCA. Licensed professionals were clear about their personal and professional duties to report suspected cases of abuse and neglect, and they shared information about YBGR reporting procedures. There was less clarity among lodge staff/counselors.

Suggestions:

Staff training and education, beginning with the Board of Directors and Management/Leadership should be clear and stress the importance of reporting any allegations of abuse/neglect appropriately and timely.

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

Strengths/Observations:

Any allegation of abuse, neglect or exploitation should be thoroughly analyzed to address the responsibility of staff and supervisors who may suspect that an event may have been avoided. During staff interviews, the team observed that while staff did not appear to have insight into the process, they did participate in regular post-incident debriefings as appropriate. YBGR has specific policies regarding the steps that must be taken during an investigation, still some staff report being unclear about the agency process.

Suggestion:

Use the PQI process to thoroughly analyze events and actions that may have preceded the events and provide training as needed to staff to identify and avoid the potential for A/N/E.

**After an allegation of abuse, neglect, or exploitation of a client by its staff or agents is determined to be substantiated, does YBGR debrief all related circumstances – including all staff and supervisory actions or non-actions that could have contributed to the abuse, neglect, or exploitation – what steps are taken to decrease the potential for future recurrence?**

Strengths/Observations:

**Residential Program:** The staff responses to this standard did focus attention on the process in place and the way it was implemented when an allegation had been substantiated in the past. Reporting was completed as required by statute to all entities. HR disciplinary steps were taken. The team did have trouble evaluating whether debriefing of all related circumstances was as inclusive as needed. YBGR has an established process to debrief individually and as a group and in a manner that staff indicated in the interviews as helpful. Staff expressed an interest in making this debriefing process as transparent as possible with open communication at all levels after an allegation has been substantiated.

**Community Based Services:** When an allegation of abuse or neglect is made; reporting procedures are followed. If it is determined that the allegation merits further review, leadership will identify next steps including: appointing an outside party to investigate the allegation. Supervisors would capture all information, documents necessary for the investigation process. If a youth is interviewed clinical integrity is preserved. Allegations are rare; the HR office provides the format for reviewing and determining next steps after an allegation has been substantiated.

**Is the staff of YBGR trained to understand and to skillfully and safely respond to aggressive and other difficult client behaviors?**

Strengths/Observations:

The training appears to be good and staff appears to be well trained in these matters and training is ongoing and



regularly scheduled. Staff at YBGR is required to complete Therapeutic Crisis Intervention Training <sup>1</sup> prior to working with the clients/youth. This is a 2 week course. Additionally, staff is required to attend training twice a year and be recertified. Staff interviewed reported feeling safe and felt that they had the training to do the job safely. An emergency support team available at all times. It appeared to the site review team that YBGR places a strong emphasis on de-escalation techniques, and that physical intervention is not the first line of response. Injuries as a result of staff interventions are rare and minimal, and again, appropriate training (i.e., First Aid) is provided monthly.

**Does YBGR give clients access to staff of their own gender?**

Strengths/Observations:

Same gender staff is routinely assigned to lodges for boys or girls. Staffing appeared adequate and backup was available in times of crisis. For example, if one youth was having a melt down and required one to one staff attention, other staff will be present to supervise the rest of the clients/youth in the lodge/unit.

**Does YBGR use special treatment procedures that involve behavior control, mechanical restraints, locked and unlocked seclusion or isolation, and time out?**

Strengths/Observations:

YBGR uses Therapeutic Crisis Intervention Training (TCI) for de-escalation training. Seclusions are monitored; staff members trained in the use of the seclusion monitors the client/youth by direct, in-person, visual observation on a continuous basis. Special door handles are in place to ensure that staff must be physically present at the entrance to the seclusion room to monitor each child throughout the length of a seclusion incident. The program does not use mechanical restraints. Time out is used appropriately and never as a first line of response. Time out rooms are appropriately constructed for safety. Time out periods are kept to the minimum, and the process is always debriefed with staff and youth. The only concern noted by observation was the decision making process for a time out. It appeared to the site review team that any staff member of the staff had authority to put a client/youth into a time out.

Suggestions:

Provide clarity in decision making process: who has authority to set a time out, should it be Clinic Program Managers or all levels of lodge staff?

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

Strengths/Observations:

Debriefing is covered in the policy and is to occur within 24 hours. All staff involved are to meet with the youth face to face (unless contraindicated) to discuss the events leading up to the incident. There are specific forms to document the information covered. Additionally, all staff involved in use of special treatment procedures (STPs) are to meet with their supervisor within 24 hours and the following information is addressed: the situation that led to the incident, alternative and less restrictive interventions that may have prevented the need for the procedure, procedures recommended in the future for staff to use as an alternative to STPs, and the outcome including any injuries. Utilization of STPs is reviewed in the monthly quality assessment process. Events that involve emergency medications, aggression, and self harm are debriefed and a policy is in place to guide those sessions. During the staff interviews some staff reported that the quality of the debriefing sessions varies from one lodge to another and depends on who is leading the process. It was reported that this process worked well when Dr. House was on staff; reportedly he was very good at working with staff. Some staff reported that this is gap that has not been filled adequately since his retirement. Leadership should be aware that some members of the staff have this opinion of the process.

Suggestions:

Successful debriefing of incidents relies on well-trained staff/members of the team; assure that education and training for debriefing incidents is ongoing.

<sup>1</sup> The Residential Child Care Project-Family Life Development Center-Cornell University - [http://rccp.cornell.edu/assets/TCI\\_SYSTBULLETIN.pdf](http://rccp.cornell.edu/assets/TCI_SYSTBULLETIN.pdf)

## Client / Family Member Participation

**Does YBGR identify in the service record a client's family members/guardians and describe the parameters for communication with them regarding treatment and for their involvement in treatment and support?**

Strengths/Observations:

**Residential Facility Programs:** Family involvement is an integral part of the structure of treatment; weekly family therapy is included in the treatment model and the treatment plan for each client/youth. The Assistant Program Manager or Counselor in each lodge has the responsibility for communicating with the family or one to two clients/youth. This is the primary contact for a family, it is consistent and updates are provided weekly. When a family lives too far away from YBGR to attend weekly family therapy in person, telephone calls and occasional visits serve as substitutes.

**Community Based Services:** Family involvement is clearly the cornerstone of the majority of the Community Based Services programs. The programs include outpatient services to families, Comprehensive School and Community Treatment (CSCT) in the schools, foster care, and wraparound services. Staff interviewed at the Garfield Center stressed the importance of family involvement in treatment planning and support for the clients/youth served.

Suggestions:

As YBGR moves to the use of more emergent technology consider including Skype as an effective way to keep families involved with clients/youth.

**Do YBGR assessments, treatment planning sessions, and treatment reviews proactively include the participation of clients and family members/guardians?**

Strengths/Observations:

Yes, through weekly family therapy. Primary regular day-to-day contact is by the lodge counselor ("primary counselor"), also therapist at least weekly in family therapy, plus therapist contacts family "as needed" in between weekly family therapy sessions. It was clearly evident in intake assessments and treatment plans. When families visit the program, the therapist will meet with the family. Assessment and treatment plan structure insure family and client involvement.

**When a diagnosis is made, does YBGR provide the client/youth and family members with information on the diagnosis, options for treatment and possible prognoses?**

Strengths/Observations:

The team observed that YBGR does proactively include family members during the treatment plan process, and includes information about medications and therapies that will be utilized as part of that process. Interviews with staff did not specifically conclude that the process for educating family members about the client/youth diagnosis, treatment and prognosis is clear.

**Does YBGR proactively provide clients/youth and family members/guardians a copy of the treatment plan?**

Strengths/Observations:

**Residential Treatment:** As a routine, parents are provided a copy of the treatment plan every month. The written treatment plan is not given to the client/youth but it is reviewed with them. The Care Coordinator is responsible for continuing conversations with the client/youth about the treatment plan goals and the client/youth achievements.

**Community Based Services:** The CBS program is rich with High Fidelity Wraparound. Families are very involved with the treatment planning process, goal setting, using natural supports and community supports to implement treatment goals/initiatives. Treatment plans are provided to families, and client/youth and family members 'own' the plan and are active participants in attaining goals established in the plan.

**Does YBGR review exit plans in collaboration with clients and family members/guardians as part of each review of the individual service plan?**

Strengths/Observations:

As the treatment plan is developed the discharge plan is also developed. Goals and outcomes set by the client/youth in the treatment plan have the ultimate goal as discharge from the program. Building a discharge plan into the treatment plan ensures collaboration with clients/youth and family is included in each review.

**Does YBGR promote, encourage, and provide opportunities for client and family member/guardian participation in the evaluation of components of the services, client satisfaction with services, effectiveness of communication with clients and families and that treatment outcomes are measured?**

Strengths/Observations:

Client/youth and families do have the opportunity to participate in satisfaction surveys, the process would benefit from a more assertive follow-through on behalf of the program to assure that all components of the service are evaluated.

## Cultural Effectiveness

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

Strengths/Observations:

Since the 2008 site review YBGR has hired staff member to develop a cultural competence training schedule and created a cultural committee. While the cultural committee has not established a regular schedule to meet, YBGR does continue to provide training in cultural awareness to all staff and has added cultural issues to the curriculum.

**Does YBGR define expectations for staff knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the mental health treatment of the people served, with an emphasis on American Indian people?**

Strengths/Observations:

The template for the new job descriptions at YBGR includes the following language: "Be aware of the cultural and socioeconomic characteristics of the persons served."

Suggestions:

Enlarge upon the language in the job description to include awareness of, respect for, and incorporation of individual cultural and spiritual preferences into all interactions with the persons served. Provide the skills training necessary for all staff to accomplish this goal.

**Does YBGR provide staff training that enables staff to meet expectations for knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the provision of mental health treatment of the people served, with an emphasis on American Indian people?**

Strengths/Observations:

**Residential Program:**

The New Employee Training Guide includes a section entitled Cultural Awareness. The school on campus includes the Indian Education for All program, using materials developed by the Office of Public Instruction. Books, movies, and other resources related to cultural awareness are available for staff and clients/youth.

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

Strengths/Observations:

YBGR has taken steps to develop a relationship with members of the community who can provide services for individuals who have religious/cultural backgrounds staff may not be trained to address. The organization has also been proactive in hiring individuals with a variety of cultural backgrounds. Staff interviewed could not pinpoint any clinical professionals who might be available to consult with YBGR staff for any cultural/religious issues that might be pertinent to a youth's treatment needs.

**Has YBGR developed links with other service providers / organizations that have relevant experience and expertise in the provision of mental health treatment and support to people from all cultural / ethnic / religious / racial groups in the community, with an emphasis on American Indian people?**

Strengths/Observations:

At admission, each client/youth completes a spiritual assessment. The format appeared to be somewhat generic to the team, and based entirely on Judeo-Christian beliefs which could be limiting and may eliminate options for some clients. Treatment plans reviewed by the team members did not include examples which incorporated cultural, ethnic, social, historical or spiritual needs.

Examples of treatment plans included in the resource book for ADHD, ODD, Anxiety, Relationship Building, Communication, and Boundaries did not include cultural, ethnic, social, historical, or spiritual assessment data. These treatment plans appear to be generic and, as written, did not provide guidance for individualized, holistic care.

**Does YBGR have a plan for recruitment, retention, and promotion of staff from cultural/racial/ethnic backgrounds representative of the community served with an emphasis on American Indian people?**

Strengths/Observations:

YBGR has been proactive in hiring individuals with a variety of cultural backgrounds, and does have a plan for recruitment of staff from representatives of American Indian people. Approximately 4.8% of employees indicate American Indian/Alaskan Native as ethnic background. The recruitment plan includes visits to Salish Kootenai College, Little Big Horn, Fort Belknap College, and Chief Dull Knife College.

**With regard to its own staff, does the leadership at YBGR monitor and address issues associated with cultural / ethnic / religious / racial prejudice and misunderstanding, with an emphasis on prejudice toward and misunderstanding of American Indian people?**

Strengths/Observations:

YBGR appears to do a pretty good job of monitoring its organizational/staff prejudices and/or preferences, and does a pretty good job of recruiting and hiring individuals of various cultural backgrounds and provides cultural awareness trainings. Despite being a religious organization, YBGR also appears to be doing a good job of effectively accommodating clients with different religious backgrounds. The Policy/procedure manual provides guidance to staff regarding client concerns regarding personal and family religious beliefs and systems.

**Does YBGR assess the demographics of its catchment area and identify underserved cultural groups, with an emphasis on American Indian people?**

Strengths/Observations:

YBGR literature indicates that demographics of its catchment area are identified including race, age, and state of residency. Also identified are length of stay in treatment and diagnoses. On a quarterly basis YBGR reviews its cultural diversity demographics as compared to the service area diversity per state and county Census records. This information is provided to the leadership Council, Executive Membership and Board of Directors. The literature

provided to potential clients/youth and families does not include information indicating how demographics are assessed or how YBGR might adjust the services provided to accommodate changes in demographics.

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

### ***Competence and Training:***

**Does YBGR define minimum knowledge and competence expectations specific to working with people with mental illnesses for each staff position providing services to clients?**

#### Strengths/Observations:

Minimum knowledge and competence expectations specific to working with people with mental illnesses is defined in most staff positions. Team members did express concern that an Assistant Program Manager two years away from getting a degree would be a supervisor. It is suggested that what often happens in a system like this is that a person gets hired, gets some experience, achieves a degree in a couple of years and then moves on. What that can mean for the youth is that they may have spent their entire stay at YBGR being served by un-degreed staff. This practice may not be so different from other residential programs, still members of the BOV were concerned and observed that YBGR may expect too little.

#### Suggestions:

Differentiate the Scope of Practice for practical nurses from professional nurses on the LPN position description as the Scope is different for these levels of nursing practice- See Working Conditions.

Require college transcripts from staff in positions which require undergraduate or graduate degrees to ensure graduation from an appropriately accredited college or university.

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

#### Strengths/Observations:

New staff orientation includes training (written training curricula) for the following areas:

- Netsmart<sup>2</sup> and Novatime<sup>3</sup> Employee Instruction Manual
- History, Vision, and Values
- Staff code of conduct, Employment Qualifications, YBGR's Children's Rights, What to expect at YBGR,
- Support, Evacuation Plan, YBGR Staff Lodge Manual
- SAIL
- Special Treatment Procedures Awareness Orientation
- Medication Awareness
- Cultural Awareness
- Fire Safety/Infection Control
- Therapeutic Crisis Intervention

Staff interviewed indicated strong interest in receiving more training related to understanding and treating mental illness in children and adolescents. The information the team received through interviews seemed inconsistent to the amount of time direct care staff spent in training before being assigned to direct care duties. One staff interviewed reported receiving 5 days training with some mentoring and other staff reported receiving 10 days of orientation with little mentoring. YBGR leadership recognized the need for a stronger mentoring program and assured the BOV team that new employee orientation will include more time with mentors.

#### Suggestions:

Include training about best practices for reporting abuse and assault to ensure confidentiality of clients (see incident # 1403 of Abuse/Assault Report – tab #9).

<sup>2</sup>Netsmart University hosted Learning Management System:

<https://www.netsmartuniversity.com/inforeadmore.asp>

<sup>3</sup> Novatime – Workforce Management Systems: <http://novatime.com/>

**Does YBGR train new staff in job-specific knowledge and competence prior to working with clients OR requires new staff to demonstrate defined optimum knowledge and competence specific to working with people with mental illnesses prior to working with clients?**

Strengths/Observations:

Orientation for new staff does include shadow experience and training modules includes competency tests that must be completed before any employee is assigned to work directly with client/youth. Training materials require that new staff does have 'recent relevant experience' in residential, youth services or psychiatric treatment settings. Some staff interviewed reported that they 'draw more from past work experience than they did from the training provided by YBGR.

Suggestions:

Assure that all new staff has the fundamental competencies and training specific to the understanding and treatment of mental illness in children and adolescents.

**Does YBGR provide staff opportunities for ongoing training including training provided by advocacy groups, organizations, the state of Montana and other professional conferences?**

Strengths/Observations:

The team noted as a result of staff interviews that nearly all training available to staff was provided in house. Access to training sponsored by NAMI or MHA was not evident. One Counselor didn't know what NAMI was or did. Funding for outside professional conferences appears to be limited. YBGR has and does take advantage of training provided through the DPHHS. During interviews with leadership at the Residential Program and the Community Based Services program, it was noted that YBGR does access training available through MSU-B, and other area advocacy groups as much as possible. Again a fiscal limitation that is understandable, with room to improve.

Staff member in clinic reports that staffing issues preclude her from attending professional development conferences despite the fact that continuing education is a requirement to maintain licensure. Other programs across the state have found community collaborations an effective way to stretch training dollars. YBGR does participate to some degree, expanding this participation is one way to stretch training dollars.

Suggestions:

Consider expanding a program to Invite healthcare and education professionals to attend trainings offered onsite at YBGR with a reciprocal agreement in place for YBGR staff to attend trainings offered in the community by professional organizations.

**Does YBGR periodically assess current staff and identify and address knowledge and competence deficiencies?**

Strengths/Observations:

YBGR has developed a list of 50 "key competencies" divided into four areas – Foundational, Leadership, Interpersonal and Task. They describe this as a model for developing curriculum, selecting training materials, and assessing staff. Assessments are to be done by supervisors. As a general rule they are done annually, staff interviewed considered this to be a proactive process for assessment. This process of assessment is new and the bugs are still being worked out. The team expressed a number of reservations were about them this process; none of the competencies have actually been defined, which probably means that interpretations will vary from one supervisor to another. The list of competencies is incomplete; for example, Written Expression is listed as a Task Competency, but Oral Expression is not included. Apparently missing is a system for measuring the competencies.

Suggestions:

Consider reviewing the system and pulling back to refine assessments, define the terms and identify an objective system of measuring the competencies; the team further suggests that the preliminary assessments might begin with the supervisor/administrator leadership team, before direct care staff.

## Supervision:

### Does YBGR train supervisors and hold them accountable for appropriately monitoring and overseeing the way clients are treated by line staff?

#### Strengths/Observations:

Staff at all levels of the organization had positive comments regarding their ability to access their supervisors for advice or support. Staff also seemed perfectly comfortable in their ability to access individuals above their supervisor, or administrative staff, if necessary. Staff also reported an increased presence by supervisory staff, clinical staff, and executive leadership staff on the units or on campus interacting with clients and staff. Staff also reported that they feel well supported by their supervisors and executive leadership. One group noted some concern regarding supervision of professional staff by non-professionals.

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

#### Strengths/Observations:

**Residential Treatment Facility:** The scope of practice for a baccalaureate prepared registered nurse includes using the nursing process to perform intake screenings and evaluation, triage, milieu therapy, case management, promotion of self-care activities, psychobiological interventions, complementary interventions, health teaching, counseling, and crisis care.

The role of the baccalaureate prepared registered nurse appears underutilized in treatment planning and intervention.

Each counselor serves as a "primary" for one to four clients. One counselor in each lodge serves as "pastoral" counselor for clients in lodge. Each counselor logs in a "daily behavioral assessment" (on a numerical scale) for his or her clients. There are also twice weekly mandatory meetings, one is educational and one is group supervision.

They attend a monthly meeting for each client.

Attempts are being made and were shared with reviewers to revise job descriptions and to develop more effective evaluation and coaching of staff in order to improve competency, engagement, communication, satisfaction, and, ultimately, client satisfaction with treatment.

**Community Based Services:** A copy of a "Trauma-Informed Work Environment Survey" was shared with the team by the Clinical Director for CBS. This survey is a positive outreach method for creating continuing quality assurance for training and supporting staff.

#### Suggestions:

The high turnover rate for counselors clearly indicates that there may be deficiencies in recruitment, training, and ongoing support for counselors (i.e., line staff). This turnover rate was named by an interviewed counselor as the most frustrating and difficult part of the job.

Aside from the obvious and expensive mitigations such as establishing a higher staff-to-client ratio or increasing pay and benefits, changes could be considered in the following areas:

#### Recruitment:

Revise and improve job descriptions. While the job analysis process appears to be providing some helpful feedback regarding essential duties, tasks, and responsibilities, the new sample job description is nearly the same as the original job description, only adding the tasks of "supervising chores and maintaining confidentiality", and "taking initiative to identify problems and find solutions. The fact that the job requires the counselor to interact with and support troubled young people both individually and in groups is completely left out. And the fact that an essential characteristic of the counselor should be the desire and ability to support and interact with young people is not mentioned at all. While it is necessary to delineate how the counselor must fulfill the goals of the organization per se, it is important to emphasize that the major task and the end goal is helping troubled and at-risk youth in treatment.

Furthermore, the fact that the counselor's job is by its nature is an emotionally stressful job which requires a high level of interpersonal skills cannot be overemphasized, whereas, in the current description it is barely mentioned.

### Training:

More rigorous training is needed, not only because it improves counselor skills, but because it also induces greater interest, understanding, and engagement. More emphasis should be placed on education regarding lifespan human development from birth to adulthood, therapeutic relationships and how essential they are in promoting healing, and how to develop such relationships with the adolescents in the program.

Aside from a lecture format, such training should include interactive activities such as role playing and discussion groups. Also, newly-hired counselors need to be supplied with more support when first starting "on the floor". The interviewed counselor felt that there was "no way I was prepared for my first days in the lodge". Gather feedback from current counselors and develop a more complete apprenticeship system for newcomers prior to full-time duty.

### Support:

Aside from supervision and informing counselors that they can access their EAP benefits, more emotional support is necessary on an ongoing basis and should be a requirement, not an option. The degree of focus, attention to the needs of others, and emotional attunement required is inherently stressful, even on the smoothest of days. The effects of emotional stress are cumulative and need to be addressed on a regular basis.

The disadvantage of supervision is that, while mandatory, it is generally job performance related and focused not on the counselor, but on the job the counselor is doing. Supervision by its very nature is consequently generally not conducive to providing emotional support to counselors, despite even the most skillful attempts by the supervisor to be emotionally supportive.

The disadvantage of merely offering a handful of EAP visits per year as part of a benefit package is that it is optional not required, and many employees will not take advantage of it.

Develop a system of required individual therapy at least monthly, with optional therapy bi-weekly, and required peer support groups at least monthly, with optional support groups in between times. All support activities should be included in the work week and not on the counselors own time.

## **Treatment and Support**

### ***General:***

**Is a written treatment plan in place and being implemented for every client receiving services from YBGR?**

#### Strengths/Observations:

The comprehensive nature of the treatment plan development is a strong feature of the YBGR program, as it utilizes the full range of resources already accessed by the client and family, along with complete and appropriate YGBH staff. Master Treatment Plans were present and appeared to be well documented though the plans reviewed were large, cumbersome, and a challenge to read. Goal statements are measurable. The Intervention plans contained a division of labor involving the therapist, clinician, lodge staff, teacher, recreation therapist, Pastor Jamison and nurses "as needed." Review of the notes from the planning process for the plans reviewed indicates that not all of these people were at the table when the treatment plan is developed – it largely seems to be the work of the clinician and therapist – although it is noted that everyone signs off on the document.

The 28 day reviews were much in evidence, but modifications or updates to the diagnoses were not apparent. For example, one client/youth has been in the program since 2010, and still carries the same four Axis I diagnoses identified during the intake assessment – Bipolar I Disorder, Generalized Anxiety Disorder, ADHD and Reactive Attachment Disorder. Another client/youth, also there since 2010, had the same four Axis I diagnoses given at intake – Bipolar Disorder NOS, Anxiety Disorder NOS, ADHD and a possible PTSD. Members of the review team suggested that would have thought that after two years we would have moved on from Not Otherwise Specified impressions.

#### Suggestions:

Continue moving toward the initiative to move all records to an electronic platform. The records as they exist in paper format today are large, difficult to research and cumbersome to use. When moving to the electronic format assess



the areas of the greatest challenge to staff who are reviewing them and assure the electronic format is more user friendly than the existing format.

**Is a written discharge plan in place for every client receiving services from YBGR?**

Strengths/Observations:

Discharge as a goal is treated as an important consideration even prior to admission, and is included in the Master Treatment Plan. The discharge process continues to be developed as treatment is implemented, and does include family as well as the client/youth. The sample Discharge Summary shared was completely adequate in fact it was very thorough. The YBGR staff who handles discharge is a Board Certified Case Manager as well, has good skills and an understanding of the resources and contacts needed for an optimum transition.

Suggestions:

More aggressive follow up could be established through a policy and expanded schedule of outreach to discharged clients and their families, including feedback as discussed in the evaluation section of this report.

**Does YBGR link all clients to primary health services and ensure that clients have access to needed health care?**

Strengths/Observations:

Records reviewed included clear evidence that physical/medical histories and exams integral to the treatment plan and part of the program. Each client/youth has access to primary health services. Other referrals, for example to dentists, are made within the community. YBGR does a good job in this arena.

**Does YBGR proactively rule out medical conditions that may be responsible for presenting psychiatric symptoms?**

Strengths/Observations:

As a component of the admission process medical examinations are completed for each client/youth in addition to an assessment by the psychiatrist, other medical conditions are examined that might fuel a youth's presentation of psychiatric symptoms.

***Evidence-Based Services:***

**Does YBGR provide treatment and support to clients which incorporates the following SAMHSA-identified evidence-based practices: Illness Management and Recovery, Family Psychoeducation, Integrated Treatment for Co-occurring psychiatric and substance use disorders?**

Strengths/Observations:

As noted previously, the treatment plans included in the information folder are generic and do not appear to be tailored to the needs of each individual child. No references are included to indicate the evidence for the interventions. Despite the high percentage of residents with the diagnosis of Bipolar Disorder, no treatment plan templates were seen for this disorder.

It was considered to be strength that YBGR involves the LAC as an integral part of assessment, treatment, and discharge planning; this will move the agency closer to integrated treatment of co-occurring disorders. YBGR does provide family support and psychoeducation. The SAIL model, as developed by Dr. House is in place, the team did not see data to substantiate that it works.

YBGR incorporates DBT skills and concepts in the SAIL program, which is fine – but the team would have appreciated seeing more documented evidence that this works equally well for the varied child and adolescent populations being served at YBGR. Dialectical Behavioral Therapy was originally developed for the treatment of adult Borderline Personality disordered individuals, not for children. Some members of the team were confused about the use of DBT, and the level of emphasis placed on the 4 areas of SAIL.

Suggestions:

Exercise caution when including DBT interventions within the Therapeutic Crisis Intervention model. Specific training is required for certification in this area and, as mentioned earlier, DBT was developed for adult clients with Borderline Personality Disorders. Provide the evidence for effectiveness with clients who are children and who are diagnosed with other mental health disorders.

**Medication:**

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

Strengths/Observations:

Evidence found in patient records indicates that the medication prescription protocol is evidence-based and reflects accepted medication standards. The medication order form contains the accepted medication standards located on one page.

Suggestions:

Continue process of transitioning to computerized medical record.

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

Strengths/Observations:

Medication prescribed and reviewed by authorized persons in manner consistent with laws, regulations, and professional guidelines. The satellite medication room in the dining hall adds to the efficiency of the nursing role and safe administration of medications.

Suggestions:

Due to the nature of residential treatment, extra attention must be paid to ensure confidentiality of medication administration.

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

Strengths/Observations:

Evidence from client medical records indicates that clients and family members/guardians are provided with written and verbal information regarding potential benefits and adverse effects of medication; the team reported that evidence that cost of medication is provided although this may occur at the time of discharge was not apparent. One medical record included a note from the prescriber requesting consent from parent when re-prescribing a medication that the child had been on previously during the current residential stay.

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

Strengths/Observations:

Yes, PRN medication use is documented as part of a continuum of strategies for safely alleviating resident's distress and/or risk. Twenty IM PRN medications were administered on the crisis unit in February, 2012. Staff states that most PO PRN medications are self-requested by the resident. Staff offers alternative strategies to alleviate distress prior to administering medication. Team members noted that the use of PRN medications appeared to be appropriate and well documented.

**Does YBGR ensure access for clients to the safest, most effective, and most appropriate medication and/or other technology?**

Strengths/Observations:

Staff interviews and the team notes provided evidence that clients have access to safest, most effective and most appropriate medication and/or other technology is in place. Nursing and other staff offer alternative strategies to PRN medication to help alleviate distress.

**Where appropriate, does YBGR actively promote adherence to medication through negotiation and education?**

Strengths/Observations:

Yes, adherence to medication through negotiation and education is utilized. Staff provided an example of a resident who did not like the route of administration of a medication. Staff worked with this issue for two months with resident, offering options and attempting to find alternative medication. Members of the review team noted that during interviews regarding medications they were pleased to hear how staff responds to resistance to medication compliance and that staff focused on negotiation and education, and the overall success they've had using those approaches.

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

Strengths/Observations:

Staff states that access to psychiatrist or mid-level practitioner is available at all times. Staff can contact via cell phone, office phone or home phone.

The Parent Handbook includes a page entitled "Names and Numbers of YBGR Staff Working with Your Child" which indicates that parents are given phone contact information for business hours as well as after business hours and weekends.

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

Strengths/Observations:

Team reviews of client/youth charts confirmed that medication allergies, side effects, adverse medication reactions and abnormal movement disorders are documented in the medical record, monitored, and promptly treated.

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

Strengths/Observations:

Yes, there is evidence that when clients/youth taking antipsychotic medications are monitored according to the consensus guidelines.

**Are medication errors documented?**

Strengths/Observations:

There is evidence that medication errors are documented using the Medication Error Report Form.

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

Strengths/Observations:

Medication errors are reported to the YBGR Board. The Medication Error Report Form was developed as a result of medication errors. This Form contains an algorithm based on the National Council for Medication Error Reporting and Prevention and the Manager of Clinical Operations reports a decrease in medication errors since it was adopted by YBGR.

Suggestions:

A "root cause analysis" should be completed for each medication error and the analysis should be completed by all personnel involved to assess for system issues which impact safety of medication delivery.

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

Strengths/Observations:

Although difficult to read and challenging to find in the clinical record, documentation both for the prescribing and changing of medications was part of client/youth charts, and included a rationale for prescribing and changing prescriptions is documented in the clinical record. The prescriber provides rationale either on the medication check form or the master treatment plan review form.

**Are unused portions of medications and expired medications disposed of appropriately after expiration dates using – when resources are available - the protocols described in SMAR<sub>x</sub>T DISPOSAL™ ?**

Strengths/Observations:

Unused and expired medications (including Controlled Substances – CII) are destroyed at YBGR with a system of observation and documentation which includes two nurses. A log sheet is kept of the medications which are destroyed. Unused and expired medications (non CII Controlled Substances) are returned to the pharmacy and destroyed.

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

Strengths/Observations:

There is evidence that there is a clear procedure for using and documenting rationale, efficacy, and side effects of emergency medications. These are documented on the yellow Emergency Sheet and physician orders specify the use of and procedure for administering PRN emergency medications.

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

Strengths/Observations:

Yes, there is evidence that there is a clear procedure for using and documenting rationale, efficacy, and side effects of PRN medications. The process includes PRN orders only for PO meds, no PRN orders for IM meds.

**When a client 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 client has an appointment with the physician who will be taking over psychotropic medication management, (2) the client has enough medications in hand to carry him/her through to the next doctor appointment, and (3) the client’s medication funding is established prior to the transition?**

Strengths/Observations:

This is certainly a set of goals they strive for, although not always achieved. The discharge planning nurse ensures that clients transitioning from YBGR leave with all of the medications that are needed until the next health care provider appointment. Appointments with psychiatric prescribers are set before discharge from YBGR, and funding sources are identified. The next appointment with the health care provider is arranged by the discharge planning nurse and medication funding is established prior to transition. Written discharge plans are provided for the family.

Suggestions:

Congratulations on your excellent working relationship with the Omnicare Pharmacy to ensure that the discharge transition is seamless related to medications. Continue to improve on the process in place to assure that client/youth transitioning to communities outside of Billings also have this level of support.

## Access and Entry

**Is YBGR convenient to the community and linked to primary medical care providers?**

**Does YBGR inform the community of its availability, range of services, and process for establishing contact?**

### Strengths/Observations:

The program is convenient to the community. Community Based Services provide CSCT programs in area schools, schools in other counties across Montana and is linked to psychiatrists and primary medical care providers. YBGR is very well known across the state, not just limited to the area community. The services provided both at the residential program and through the community based services program reach several communities across the state. YBGR also provides residential treatment programs to clients/youth from other states.

### Suggestions:

As YBGR continues to expand the Community Based Services assure that those links to primary medical care providers is a common component of the services in each community where YBGR provides school-based services and outpatient services.

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

### Strengths/Observations:

**Residential Treatment:** The thoroughness of the intake/admission process assures that each client/youth accepted for services does receive immediate assessments; the service plan is developed within the first 14 days of services.

**Community Based Programs:** Community based programs in the schools will rely on assessments that then determine outpatient services. The process for developing the services/treatment plans for those client/youth do follow timeframes that differ from those at the residential facility.

**Does YBGR ensure that clients and their family members/guardians are able to, from the time of their first contact with the agency, identify and contact a single mental health professional responsible for coordinating their care?**

### Strengths/Observations:

The Clinical Director is responsible for coordination of care. The assigned Therapist is in weekly contact with the family. The Counselor can be accessed and communicates with the family as needed also.

**Does YBGR have a system for prioritizing referrals according to risk, urgency, distress, dysfunction, and disability, and for commencing initial assessments and services accordingly?**

### Strengths/Observations:

YBGR is in a transition now. Decisions about prioritizing referrals to receive services are made through the admissions office; the Admissions Manager will conduct initial screening and information sharing for candidates for services. Assessments are reviewed and the Clinical Director will ultimately approve the admission. During this transition time, these admission processes are in a transition themselves. Lower census, greater focus on acuity and length of stay all contribute to admission criteria and decisions.

## Continuity of Services through Transitions

### **Does YBGR ensure smooth transitions of children into adult services?**

#### Strengths/Observations:

The process for transitioning client/youth from YBGR residential based services into adult services is a challenge shared by other programs across the state that provide services to adolescents. Staff expressed frustration regarding adequate opportunities to provide support services for adolescents transitioning into adult based mental health services. YBGR has designated staff who is responsible for coordinating transitions. Those staff appear to understand their responsibilities, are familiar with the adult services available to YBGR clients and work to assure the transitions are smooth and services best suited to each individual are explored.

### **Does YBGR review the outcomes of treatment and support as well as ongoing follow-up arrangements with each client and family members/guardians prior to their exit from the service?**

#### Strengths/Observations:

Yes. YBGR has designated staff responsible for making contacts, appointments, and other arrangements for clients prior to exiting from services.

YBGR has a process for assessing overall functioning of clients/youth upon admission and at discharge. YBGR also has a process for collecting data from clients and their parents/guardians regarding the efficacy of the treatment they received.

### **Does YBGR provide clients and their family members with information on the range of relevant services and supports available in the community when they exit from the service?**

#### Strengths/Observations:

Starting at the time of intake/admission information about the range of relevant services and supports for the client/youth when transitioning into adult services is discussed. The Parent Handbook contains a listing of services available in the near community and across the state.

What was less clear to the team is the process YBGR engages to provide smooth transitions for those client/youth who return to communities outside Montana.

#### Suggestions:

To the greatest degree possible assure good transitions for client/youth who return to services outside the state of Montana.

### **When a client is transitioning to another service provider, does YBGR proactively facilitate involvement by that service provider in transition planning?**

### **How does YBGR assure that clients have established contact with other service providers after leaving YBGR?**

#### Strengths/Observations:

As a part of the discharge/transition process YBGR has designated staff responsible for making contacts, appointments, and other arrangements for clients prior to exiting from services. YBGR assumes primary responsibility for communication between the residential services and community programs that clients/youth will transition into. Staff dedicated to providing these services include the therapist and the Clinical Director.

This one is less clear because the therapists, who are currently the primary people responsible for the transition planning and contacts, are no longer responsible for checking up on the clients after they are discharged. Clients/youth returning to programs outside of Montana do present a challenge to YBGR for follow-up.

**Leading up to and at the time of discharge from inpatient / residential treatment, do both the community service and YBGR communicate and coordinate in such a way as to ensure continuity of care? Does this coordination include involvement of family members/guardians?**

Strengths/Observations:

For the inpatient segment of YBGR, the therapists are the primary staff responsible to ensure this process is adequately implemented, including communication with family/guardians.

## **2012 RECOMMENDATIONS**

1. **Assure concise goals and specific outcomes are established in the strategic plan: include quality benchmarks related to the four areas of the strategic plan, and describe the process for determining when the goals have been achieved.**
2. **Link the PQI process and the Strategic Plan to establish a strong management/staff communication structure and provide staff training about the PQI process.**
3. **Establish a link in the Performance and Quality Improvement process between the data collected, and the steps that will be followed to improve services (i.e. if staff training is indicated to improve services identify timelines for the training to occur and assure that staff has received the training).**
4. **Add a re-evaluation loop to the PQI Process to evaluate and measure improvements, goals achieved and identify new improvement goals.**
5. **Provide training during new employee orientation to assure all incoming staff can demonstrate competence and knowledge of mental illnesses and working with youth who have mental illness.**
6. **Include training during orientation about the staff role for responding to complaints/grievance to assure staff at all levels understand the grievance/complaint process; how to appropriately respond to a client/youth when a complaint/grievance is moving through the process and the options available to a client/youth and family to appeal the outcome of the grievance/complaint .**
7. **Develop a process to create greater transparency in the review, debrief and follow up after an allegation of abuse, neglect or exploitation has been verified to assure staff confidence. Include a process for leadership to communicate with the staff about the steps management/leadership will take to assure staff and client/youth safety.**
8. **Update the Policy and Procedures manual to reflect the changes to 37.97.136 ARM adopted by DPHHS in 2011**
9. **During the review YBGR identified that staff turnover was a challenge. Assess the “organizational culture” of YBGR to identify the root cause of the recent lodge staff and therapist turnover rates.**

## YBGR RESPONSE



Yellowstone Boys and Girls Ranch  
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Mental Disabilities Board of Visitors  
Alicia Pichette, Executive Director  
P.O. Box 200804  
Helena, MT 59602

July 17, 2012

Dear Ms. Pichette:

The purpose of this letter is to inform you of the responses Yellowstone Boys & Girls Ranch has to the 2012 Recommendations presented as a result of the March site review. I would also like to share with you some exciting changes that have occurred in our organization since your team was here in March. Attached is the new organizational chart recently established within YBGR. Since your visit, our new Medical Director, Dr. Stephen Mandler, has joined the dedicated team at YBGR and is filling a vital role as our full time psychiatrist and clinical leader. We believe with the addition of Dr. Mandler and the creation of several global positions, including a Compliance and Accreditation Director whose responsibility includes PQI, we are making a positive step in the future of YBGR. We believe services provide to youth and families will be improved, internal communication will be increased, and accountability to the Executive Leadership Committee (ELC) will be enhanced.

The following steps will take YBGR to the next level in providing outpatient and residential mental health services in communities across Montana and the United States.

1. *Assure concise goals and specific outcomes are established in the strategic plan: including quality benchmarks related to the four areas of the strategic plan, and describes the process for determining when the goals have been achieved.*

The YBGR Board of Directors recognized the need for a stronger and more active strategic plan. Attached is the newest version adopted in June, 2012, along with a working document each department will use to determine their measurable goals, objectives, action steps in achieving those goals, target dates, status reports, completion dates and staff responsible for the outcomes. Our new Pay for Performance program will implement this same expectation with individual employee goals and objectives that can be traced back to the organization's strategic plan. Expectations will be presented and training around this process will begin in the next few weeks.

2. *Link the PQI process and the Strategic Plan to establish a strong management/staff communication structure and provide staff training on the PQI process.*

The PQI process is an integral part of the new Strategic Plan. YBGR believes it is so important that the new global position of Compliance and Accreditation Director whose responsibility includes PQI, reports directly to ELC. As each department/program within YBGR ties their goals/objectives to the master plan, the PQI process will be the tool used to determine when goals have been achieved. Reporting of progress/regression will happen prior to each Board Meeting. Training on the PQI process and the new Strategic Plan will begin later this summer.



3. *Establish a link in the Performance and Quality Improvement process between data collected, and the steps that will be followed to improve services (i.e. if staff training is indicated to improve services identify timelines for the training to occur and assure that staff has received the training).*

Though the new global position of Compliance and Accreditation Director, YBGR will make a strong effort to ensure the link between data collection and quality improvement is occurring throughout the organization to improve service and meet standards determined by state regulations, licensure, accreditation and internal operating procedures. Analysis of outcomes by the Board, ELC and departments/programs on a regular basis, with continued reporting on follow-up recommendations will ensure information obtained will lead to improved services.

4. *Add a re-evaluation loop to the PQI Process to evaluate and measure improvements, goals achieved and identify new improvement goals.*

YBGR recognizes the re-evaluation loop as being a critical part of the PQI Process. A new worksheet, patterned after a process shared by the Council on Accreditation (COA), will be implemented anytime deficits are identified and will guide and ensure we are completing the loop on improving quality.

5. *Provide training during new employee orientation to assure all incoming staff can demonstrate competence and knowledge of mental illnesses and working with youth who have mental illness.*

YBGR hires qualified staff and provides an extensive on-boarding process that includes increased knowledge of the mental illnesses treated at YBGR and how to work with youth suffering from those specific illnesses. Our Medication Class for Direct Care staff addresses the use of psychotropic medication in conjunction with youth's specific mental illness. A Clinical Diagnosis class, under the direction of our new Medical Director, will be reinstated and enhanced to meet the current needs of staff in demonstrating competence and knowledge of mental illness and working with our youth. This class is scheduled to be part of staff training beginning this fall.

6. *Include training during orientation about the staff role for responding to complaints/grievance to assure staff at all levels understand the grievance/complaint process; how to appropriately respond to a client/youth when a complaint/grievance is moving through the process and the options available to a client/youth and family to appeal the outcome of the grievance/complaint.*

YBGR's policy on client/parent/guardian grievance procedures has been recently revised, with staff training occurring as well as training presented to youth on campus. The policy is included in both the Parent and Youth Handbooks. Staff are presented with the policy/procedure at orientation and on-boarding; families are presented with the information at admission of their youth; youth are presented the information in their individual lodges after admission and stabilization.

Enclosed is a copy of this policy along with the form used by youth and families when a grievance occurs. Locked boxes have been placed in community areas (school, dining hall, clinic, administration building, and crisis unit), accessible to all youth and/or families to place any completed grievance forms. Forms are picked up, reviewed and the process initiated by the Treatment Outcomes Specialist. This person continues to follow-up and monitor each grievance until resolution.

7. *Develop a process to create greater transparency in the review, debrief, and follow up after an allegation of abuse, neglect, or exploitation has been verified to assure staff confidence. Include a process for leadership to communicate with the staff about the steps management/leadership will take to assure staff and client/youth safety.*

Communication and action around allegations has always been and will continue to be the practice of YBGR to follow respective regulations surrounding investigations and the safety of youth and staff.

The attached Staff Reintegration Protocol was created and established in 2009 and is reviewed by all YBGR supervisors prior to any serious incident investigation. Following a verified

allegation of abuse, neglect or exploitation, YBGR supervisors are required to communicate with staff the steps they will take to assure staff and client safety. The training department continues to offer Critical Incident Stress Debriefings (CISD) for all staff that have experienced emotional, physical, stressful and or traumatic situations dealing with youth in our care.

Reeducation around this process is conducted regularly with staff, management and leadership.

8. *Update the Policy and Procedures manual to reflect the changes to 37.97.136 ARM adopted by DPHHS in 2011.*

Although the current policy and procedure manual does reflect the current regulations outlined in 37.97.136 ARM, it does not mention it as a reference. YBGR's manual will be immediately updated to reference 37.97.136 ARM, presented to ELC and the Board of Directors as necessary for approval and implementation.

9. *During the review YBGR identified that staff turnover was a challenge. Assess the 'organizational culture' of YBGR to identify the root cause of the recent lodge staff and therapist turnover rates.*

YBGR continues to recognize the importance of gathering data from our employees, including their view of the culture within the organization. Internal annual employee surveys have been conducted for the last 7 years with steadily increasing participation and in 2010 we partnered with the Alliance for Children and Family Services. The Alliance developed a research branch called Behavioral Pathways Systems (BPS) which added an employee survey tool. The data is analyzed site specific and also is benchmarked along with over 100 other mental health facilities participating in this survey.

In addition to the annual employee survey exit interviews are completed with employees leaving our organization. This information is reviewed by all levels of administration and management to examine trends and root causes for departure. Additionally, this information is reported to the Board of Directors and shared with YBGR staff as part of our strategic planning process.

Regarding lodge staff and therapist turnover, YBGR conducted an internal review of both positions and determined that the recent therapist turnover in residential was caused by changes in leadership, new accountability and expectations necessary to improve quality care to clients. New therapists were hired and currently have no open therapist positions in the Residential Division. Direct care staff turnover is an ongoing issue in our industry (average direct care turnover between 40 and 60%). YBGR's turnover rate this past fiscal year was 41.59% with 27 % of those left during their first 6 months of employment. Turnover in these positions is caused by numerous factors including entry level pay, irregular schedules, emotionally and physically demanding work etc.

In addition to our ongoing retention activities, we are implementing a new compensation system in January 2013, in which all positions at YBGR will be paid at or above the 50th percentile of the market range for that position. Staff will be eligible for additional compensation based on their contribution to YBGR strategic plan goals. We also plan to begin a monthly newsletter focused on staff retention.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Glenn McFarlane  
Chief Executive Officer  
Yellowstone Boys and Girls Ranch

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[www.ybgr.org](http://www.ybgr.org)

