

Youth
Dynamics,
Inc.

September 26 & 27

2013

A Report of the Site Review Conducted at Youth
Dynamics, Inc. Therapeutic Group Homes in
Boulder and Helena

Mental Disabilities Board of
Visitors

OVERVIEW

Mental Health Facility Reviewed:

Youth Dynamics, Inc. Helena/Boulder
Helena and Boulder, Montana
Peter Degel, PhD – CEO

Authority for Review

Montana Code Annotated, 53-21-104

Purpose of the Review:

1. To learn about YDI Therapeutic Group Home services.
2. To assess the degree to which the services provided by YDI are humane, consistent with professional standards, and incorporate BOV standards for mental health services.
3. To recognize excellent services.
4. To make recommendations to OYDI for enhancing and/or improving services.
5. To report to the Governor regarding the status of services provided by YDI.

BOV Review Team:

Board

Tracy Perez, LCSW

Consultants

Adele Furby, LCPC

Staff

Craig Fitch, Legal Counsel

Alicia Pichette, Executive Director

Review Process:

- Interviews with YDI Staff
- Observation of treatment activities
- Review of written descriptions of treatment programs
- Informal discussions with residents
- Inspection of physical plant
- Review of treatment records

CONTENTS

SUMMARY3

Standards for Site Reviews of Mental Health Services4

Organizational Planning and Quality Improvement4

Rights, Responsibilities and Safety **Error! Bookmark not defined.**

Client and Family Member Participation5

Cultural Effectiveness6

Staff Competence, Training, Supervision, and Relationships with Clients7

Treatment and Support8

Medication8

Access and Entry9

Continuity of Services through Transitions10

RECOMMENDATIONS.....11

SUMMARY

Youth Dynamics, Inc. provides services across the state for adolescents and children who have treatment needs ranging from school-based mentoring and family case management to intensive therapeutic residential care. During this review the Board of Visitors (BOV) examined the program services at therapeutic group homes in Helena and Boulder – Lewis & Clark, New Journey, Choices, New Beginnings, and Opportunity. Youth/adolescents served at these homes range in age from 8 to 16½ and are generally referred to as ‘students’ by the staff and this report will as well.

Staff interviewed and observed at the group homes visited appeared to BOV to be compassionate and engaged with the students. The milieu appeared therapeutic and positive; activities were structured to provide support to the students - active treatment was ongoing. Students interviewed during the visit agreed that group home life is different from living at home; structure and treatment are the therapeutic focus. The group home is not intended to be a home-like environment; it is a treatment environment. Students interviewed reported that for the most part staff treats them with respect. During the site visit a student was celebrating completion/graduation from the program. It was notable that all the students who attended the ceremony were focused on celebrating the success of their peer and achieving graduation themselves.

Each group home has a kitchen, and students and staff work together to create menus that are nutritionally balanced and produce meals the students like to eat. The Commodity food program and Food Share provide the majority of the food for the kitchens.

The group homes visited appeared to be in good repair, generally. The buildings at the group homes in Boulder are old, the outdoor spaces are open fields, have limited amenities and lack outdoor playground equipment, making the facility look uninviting. Staff commented that “the place could use a little ‘love.’” The group home in Helena is more home-like and in good repair; the outdoor space has limited outdoor kid-friendly play equipment. Staff reported a wish for better outdoor equipment for the students to use for activities. The grounds at the group home in Helena include a barn and corral which house the equine therapy program. Staff and students reported that access to the program has been limited because the number of horses in the program was limited. Students in one group home in Boulder did not attend the program from June through August.

During the visit to Boulder, BOV team members observed outdoor team activities, including basketball and soccer. Other outings off campus include: fishing, hiking, and swimming. During the summer months students use the city pool in Boulder and reportedly went swimming every Sunday. YDI uses a level system to determine each student’s access to specified privileges. Off campus activities are limited to students who achieve a level that includes the privilege to participate in those activities. However, it was reported by staff and students that access to off campus activities can be limited by staffing. Students who could participate in off campus activities when they have achieved the appropriate level have been left behind because the staffing ratio was not adequate for the number of students on the trip. Students commented that “it is hard to miss out on an outing because others are not on the right level and not enough staff is available to stay behind with those who cannot participate.”

Classrooms on campus in Boulder provide state certified education programs and students commented that “the teachers are awesome and do a good job but the school work is too easy.” They rate school work challenge level as a 4 to 5 out of 10.

The agency recently began using electronic charts and all staff members have access to student information on-line. YDI staff commented that the “bugs” are still being worked out of the system. One seemingly universal complaint was that the system is cumbersome to use. BOV team members observed that treatment outcomes options in the electronic treatment plans are not written in language that is measureable.

On a final note, conversations with the leadership team at YDI mirrored those of other programs the BOV has reviewed over the past two years. The complexity of need and intensity of services required to meet the needs of students is growing. Providers of children’s services have increasingly noted a need greater than before for services, a growing intensity of disability, and that children are entering services at a younger age. These identified needs are creating challenges for both children’s mental health treatment programs and adult mental health services. Families and service providers face significant challenges when adolescents transition into adult services. In the mental health system, providers see a significant need to address the growing complexity of therapeutic need and find better transition options for adolescents who will need adult services.

Standards for Site Reviews of Mental Health Services

Organizational Planning and Quality Improvement

Youth Dynamics, Inc. (YDI) does produce a strategic plan. Information is gathered from staff during an annual survey process and from family members/guardians throughout the year. Staff interviewed provided mixed information about the process and stated that they receive information regarding strategic planning in the form of an update at quarterly “state of the agency” meetings. Mid-management directly participates in strategic planning; supervisory/direct care staff sends topics for the strategic planning discussion to management through the chain of command. Staff and families served have the opportunity to complete surveys and express their observations about the program. Information gathered from these surveys is used in the strategic planning process.

YDI staff appears committed to providing quality services to the students in their services. All individual staff members interviewed by BOV appeared committed to the health and well-being of youth/adolescents being served. Supervisors at each level have quality assurance responsibilities with no single individual identified as the Quality Assurance Officer/Quality Improvement Office. Staff interviewed reported that in some instances because quality assurance is the responsibility of many staff positions consistency suffers. Administrative staff was unable to clearly identify quality assurance/improvement measures at the agency level. Staff was able to identify quality assurance practices at the clinical level such as client case reviews and treatment plan reviews. Individual staff interviewed did indicate a reluctance to go directly to management with concerns about quality assurance; they noted that strict adherence the chain of command can inhibit communication. Some individuals commented that policy changes can occur in a vacuum, with down line staff not being fully aware of the ‘why/wherefore’ when new policies are implemented.

Suggestion:

Develop a process to assure staff communication between various levels of staff within the organization is consistent and information about policy changes reaches staff at all levels.

Rights Responsibilities and Safety

Rights and responsibilities for students served and family members are defined and discussed at admission. A checklist confirms that new admissions have received adequate orientation and understand the program; including their rights and responsibilities. The checklist also contains a note about the student’s participation in the development of his or her treatment goals. A student’s belongings are carefully inventoried at admission; items considered by YDI to be contraband are returned to the family members/guardians or law enforcement as appropriate and other belongings can be stored in a secure locker to be accessed by the resident.

The Resident Handbook does not mention advocacy services available to students served and family members/guardians. BOV noted posters and brochures on display in the reception/break room areas in the group homes in Boulder. A grievance brochure is mentioned in the Resident Handbook and it is noted that grievance forms/policy are available by request. The policy and forms should be part of the handbook and given to residents and family members at admission. Grievance Procedure 4.1E indicates that DPHHS, Quality Assurance Division or the Board of Visitors may be contacted if after 30 days a resolution to the grievance had not occurred. By statute 53-21-104(5)¹ the Board of Visitors may advocate and provide assistance at any time during the grievance process; the policy should be updated and corrected.

Therapeutic Group Home Standards –Program Overview, indicate that: “A TGH provides 24-hour supervision with 1:3 daytime and 1:6 overnight staffing ratios”. Staff interviewed reported that staffing is 1:4 daytime for the Boulder group homes and 1:8 consistently overnight (weekday 10 p.m. to 6 a.m. and weekend 10 p.m. to 8 a.m.) in both Boulder and Helena. This means clients do not always have access to staff of their own gender or to preferred staff. The homes visited

¹ Montana Code Annotated

<http://leg.mt.gov/bills/mca/53/21/53-21-104.htm>

are rural and on-call staff can take 30 minutes or more to arrive after being called in an emergency. Staff interviewed noted that by policy/procedure 2 staff must accompany a student who is being transported to the Emergency Room/hospital. Emergencies can be handled by contacting law enforcement or in the event of a medical emergency an ambulance.

One of the common leisure areas available to students at the YDI facility in Boulder was in great disarray; furniture was broken, books were off shelves/scattered on the floor, etc. It was unclear to BOV how much the students use the area, however it did appear to present safety risks to children.

Special treatment procedures are not used; seclusion and mechanical restraints are not used at the group homes.

The staff interviewed all clearly indicated a respect for the student's rights and responsibilities.

YDI has implemented the requirements of 37.97.136, ARM² for reporting serious incidents to the Board of Visitors. Staff is well trained to report any serious incident to all entities including the BOV. Abuse/neglect (A/N) incidents are considered serious and administration reports them to the proper authorities, including BOV. Staff reported that YDI does not have an established debriefing process for supporting staff when a serious incident occurs, supervisors do discuss the incident and usually debrief the staff involved. Students receive therapeutic support from a therapist.

YDI has implemented the requirements of 53-21-107, MCA³ for reporting and investigating allegations of abuse and neglect of clients. Staff interviewed was familiar with the reporting requirements and were aware of the purpose of the Board of Visitors. If abuse/neglect is suspected, staff first makes sure the student is safe, and then reports the allegation to a supervisor who will take the report to administration. Administration initiates an investigation; contacts the family member/guardian, and all required authorities (BOV is one) with information about the allegation and the pending investigation. All staff receives training on mandatory reporting and is under an obligation to report any and all abuse/neglect. This includes reporting of abuse that may have happened before a student was admitted to YDI.

Suggestion:

To assure adequate staffing for the morning activities, consider adding staff before 8:00 a.m. on weekend mornings at Lewis & Clark group home.

Develop a resident handbook for the younger students that is age appropriate and easier for a young child to understand.

Change the wording in the "Client Rights" section of the hand book to include students with "Parents and legal guardians have the right to pursue a grievance..."

To ensure safety, keep all areas of the facility where students spend leisure time in an orderly manner; repair or discard broken furniture items, playground equipment and toys.

Client and Family Member Participation

Treatment plans reviewed carried family member/guardian names and contact information. The counselor/advocate and therapist are contacts for the family/guardian and the treatment team knows the family member/guardian and how to stay in contact with them. Once a student is admitted to YDI, the therapist has seven days to complete the treatment plan by discussing goals with the students and family member/guardian. Plans are signed by the family member/guardian and a copy is always provided to them. The treatment plan is reviewed monthly and updated as needed by the treatment team which includes: the students served, therapist, family member/guardian. Others who may be involved include: Children's Protective Services, the Juvenile Parole Officer, and others identified by the family member/guardian and students as participating parties.

² Administrative Rules of Montana

<http://www.mtrules.org/gateway/ruleno.asp?RN=37%2E97%2E136>

³ Montana Code Annotated

<http://data.opi.mt.gov/bills/mca/53/21/53-21-107.htm>

The therapist provides family therapy for those students their families to support the return to their homes. Treatment plans are reviewed with the family member/guardian, the case manager, the house manager and direct care staff to assure consistency in the implementation of the treatment goals. Students and their family member/guardian are included in all phases of treatment and in treatment planning meetings to the greatest extent possible. About 70% of the students return to their own homes.

Each student receives: Individual (or family) therapy once/week with a therapist
Group therapy once/week with a therapist
Group therapy once/week with the group home manager

Cultural Effectiveness

YDI includes a strong Cultural Awareness statement of commitment in the New Employee Orientation Manual. The literature states, "Cultural and ethnic values and perspectives must be programmatically recognized, respected, supported and utilized in order to make the treatment process relevant to all clients and families being served". Manual language also articulates a commitment to involving clients in cultural activities and organizations, saying that this will be included in treatment plans. The literature references the Montana Constitution, Article X, which recognizes the importance of preserving the cultural integrity of Native Americans and also cites the Indian Child Welfare Act. This strong Cultural Awareness statement of commitment in the YDI program literature differed from BOV observations. The review team was unable to identify areas of practice in which this was being carried out. Client treatment plans for Native American children that were reviewed during the visit contained no reference, nor specific treatment objectives related to the child's culture. Staff were unable to say how many children in the facility were Native American or from other minority backgrounds. If staff is unaware of the ethnicity of their clients it will be impossible to meet specific cultural needs.

Staff interviewed appeared to have a genuine desire to meet the cultural needs of their clients, each staff member interviewed expressed the desire to receive more information and education regarding Native American culture.

Administration is aware of cultural/ethnic/religious issues for the individuals served at the group homes and seems to be very interested in providing staff with information they need to serve the students, not only culturally but in all areas of treatment. When asked directly about how the cultural needs of children are met in the YDI facilities, staff reported that specific requests for cultural experiences made by students are met to the best of the facility's ability. While some older, more articulate students may have the confidence and knowledge necessary to request specific cultural activities and experiences, this may be an unrealistic expectation to have of the children being served by this agency.

BOV shared information with YDI about the resources through Tribal organizations and internet outlets that carry supplies such as posters or wall hangings with culturally relevant positive messages that speak to cultural pride and resiliency. Culture is a critical component of building a child's identity and establishing connection, particularly among Native American youth. It can also be noted as strength in general terms by educating Native American youth on the courage and resiliency of Native American people, building a sense of cultural pride and connection with one's own strength and resiliency.

Suggestions:

Include cultural activities/organizations in treatment plans. Focus on each student's cultural background as a strength that can be built on.

Advise staff of the cultural backgrounds of the students at the group homes in the treatment planning process. Staff that does not have access to a copy the treatment plan should be made aware of objectives included in the plan that are in place to meet cultural needs.

Explore options to provide culturally relevant experiences to children who do not voice specific desires for such activities as not all children are able to articulate their cultural needs.

Staff Competence, Training, Supervision, and Relationships with Clients

YDI defines knowledge and competence expectations for working with students who have mental illness/co-occurring chemical dependency/emotional disturbances. The New Employee Orientation manual provides a good overview of the YDI approach to treatment, its visions, theoretical orientation, ethics, and its intention to provide for each individual's rights, responsibilities and safety. All staff receives an overview of mental illness education during their new hire orientation training; after orientation new employees shadow seasoned staff for about 20 hours before being assigned to work directly with students in the group home setting. Competency tests are administered throughout the orientation training process to measure for staff comprehension of the training. The training program is primarily offered in a self-study online format with limited classroom/in person instruction. CPR/First Aid training is provided by a trained instructor monthly. Completion of the orientation training is tracked and evaluated before direct care staff is assigned to duties with students. Ongoing training is also provided through 'mylearningpointe.com' an online training module. Mandt⁴ training for staff is on an annual renewal schedule, although some staff interviewed reported that they had not received training during the past year.

YDI employees receive three days/year fully paid time off for outside training; staff chooses the training. Staff also receives Continuing Education Units (CEU's) for in-house training provided by YDI.

During interviews it was noted by several interviewees that staff with the most direct contact with clients have the least amount of training in regard to specific mental illnesses and behaviors related to these mental illnesses. Specifically noted were employees in the Counselor positions that oversee the day to day activities in the group life setting. Therapists interviewed observed that direct care staff would benefit from more training about mental disorders and in basic "clinical skills", i.e. de-escalation, avoiding power struggles, active engagement, validation, etc. The therapists suggested that if counselors had a more thorough understanding about mental health/serious emotional disturbance then the weekly supervision time could then be used more effectively for case consultation and evaluation of student progress. All staff interviewed indicated that supervision is regularly scheduled and well attended. Supervisors oversee counselors/direct care staff to assure treatment plan goals are actively pursued and documentation is completed during every shift. Staff considers supervisors to be accessible, collaborative and open to hearing feedback and suggestions.

Although BOV observed only a limited number of interactions between staff and students, each interaction demonstrated qualities of active engagement, positive demeanor, empathy, calmness and validation of the desires of the client. Counselors are the line staff who have direct contact with the students and are a go-between for other members of the treatment team. Counselors spend most of their shift interacting directly with the students and are an important part of the student's treatment. Counselor duties include: Medications pass; updating information each shift into the Data Assessment and Plan Signature (DAPS) system; preparing meals in the group home; transporting students to and from school; coordinating student needs with the school; competing incident reports; communicating with legal guardians as needed; explaining rights and responsibilities to students served; de-escalating difficult situations; being knowledgeable about treatment plans and intervention goals and being assigned to advocate for specific students in the group home. YDI follows a long standing, evidence based practice model for therapeutic group living. Staff appears to be well-trained in this practice model.

Suggestion:

Provide in-person training for counselors/direct care staff to more effectively document progress toward treatment goals on the treatment plan in each student's electronic chart.

Provide trainings to staff that contain information to include specific recommendations supporting minority clients in achieving positive cultural identity and experience throughout their involvement in the YDI program.

⁴The Mandt System

<http://www.mandsystem.com/solutions/direct-care-pro/>

Treatment and Support

Treatment plans are in place and are being implemented for each student being served. Plans selected for review by BOV contained goals/plans for discharge. Generally, the plans were easy to read and well-written. However, treatment goals in the plans as written were not measurable. An examination of the treatment plan template revealed that the template itself did not contain language to design goals that are measurable or a way to measure progress. Weekly updates are written in the narrative form and do not present evidence for progress. Some of the goals in the treatment plans appeared to focus the responsibility for treatment on the students, not on the treatment team.

The point system used to determine 'levels' is a good measure for the students served to achieve advantages and be rewarded with access to activities. The level system is converted to percentages and each student can earn an allowance that is determined by that percentage. This system does not measure goal/skill acquisition specifically.

YDI uses the Boys Town Treatment Model⁵ as their foundation for designing and implementing treatment for students served by the program. The program uses this behavioral moderation therapy as a foundation in addition other modalities based on each individual's treatment needs. Therapists use Cognitive Behavioral Therapy (CBT)⁶ that is trauma focused to meet treatment needs of individual students. CBT usually involves family members/guardians so both students and parents are included in therapy. A high percentage of the students served have a dual diagnosis of Serious Emotional Disturbance (SED) and chemical dependency.

YDI provides treatment and support that incorporates trauma informed care. Staff interviewed reported receiving training during this year to address issues related to childhood trauma. Treatment plans reviewed did not all carry trauma-specific interventions. Some of the treatment plans reviewed did not demonstrate treatment that incorporated trauma informed care using guidelines established by the SAMHSA-National Center for Trauma Informed Care⁷.

Observations of some staff interactions with students demonstrated basic understanding of the consequences of childhood trauma and appropriate treatment interventions. Some staff observed would benefit from more training.

Students are seen by primary health services and all clients do have access to health care and dental care as needed.

Suggestions:

To improve the ability to measure outcomes in the treatment plans if the treatment plans included a focus on 'treatment methods' and identify staff members 'who' are responsible to assure implementation.

Identify measurable progress or lack thereof towards the objectives/goals in narrative generalities in the written weekly updates to treatment plans. Add new measurable objectives and goals in the weekly treatment plan review that include updated target completion dates.

Medication

The group home managers pick up medications at the pharmacy in Helena every two weeks, on a rotation. Prescriptions are separated for each student in bubble packs. Medications are kept in appropriately locked cabinets and proper protocol is followed in passing medications to students. Un-used medications left from a previous rotation are counted and locked in a medication cabinet until they are disposed of. Staff interviewed reported that unused portions of medications and expired medications are disposed of by mixing them with used coffee grounds. After the medications have dissolved, the coffee grounds are thrown in the garbage. It appears that the protocols described in SMARxT

⁵The Boy's Town Treatment Model

<http://www.boystown.org/what-we-do/boys-town-model>

⁶Cognitive Behavioral Therapy

http://www.nami.org/Template.cfm?Section=About_Treatments_and_Supports&template=/ContentManagement/ContentDisplay.cfm&ContentID=7952

⁷SAMHSA Trauma Informed Care and Trauma Services

www.samhsa.gov/hctict/trauma.asp

DISPOSAL™⁸ and the Food and Drug Administration with the Office of National Drug Control Policy Guidelines⁹ are being applied.

A Psychiatric Nurse Practitioner (PNP) travels to Helena and Boulder from Great Falls every Monday to meet with the students. When on-site, she spends from 9:00 a.m. to 10:00 a.m. meeting with staff and from 10:00 a.m. to 4:00 p.m. meeting with students. New admissions have an initial 2 hour assessment meeting with the PNP. At this meeting admission information and diagnosis are reviewed with the students and the family member/guardian. The PNP and group home managers discuss medication options with the family member/guardian; approval for prescribed medications must be obtained from the family member/guardian before a drug is prescribed or prescription is changed. The PNP is available to staff by phone when not on campus. The PNP attends the weekly staff meeting every Wednesday via online conferencing through WebEx¹⁰.

A review of electronic records/charts by BOV indicates that timely access to the PNP may not be immediate when legitimate concerns or problems arise with medications. No other nurse is available staff for medication management, and a number of the students take psychotropic medications. The PNP does not live in the Boulder/Helena area. The PNP explains to staff what to watch for if a student should begin to experience side effects from medications and provides information to staff about possible adverse reactions when new medications are prescribed or changed. BOV observed that only full-time staff members who have received basic training and have successfully completed an examination may administer medications. Staff interviewed reported that the training/education they receive about medication side effects is limited. BOV also observed that the internal communication system by which counselors are informed of medication changes appears informal. Staff reviews the electronic DAPS notes every day; the information is entered by staff during each shift. The detail/quality of the information entered depends on the level of training and expertise of the staff providing the update.

Medication samples are not being used in the group homes.

Suggestion:

Provide DAPS training in person for counselors with opportunities for practice with vignettes whereby the teacher can interact and coach the counselor in person to achieve detailed/quality information in the record.

Consider adding a nursing position to the YDI staff to ensure proper medication management. This nurse could communicate directly with the prescribing physician, monitor the distribution of medications, and monitor the effects of such medication on children involved with YDI among other things. Improve access to a psychiatrist for second opinions and consultation to improve the integration of medical and psychiatric needs for students.

Access and Entry

YDI has well-developed connections with community health care agencies and entities state-wide due to their service locations across the state and relatively long history of providing mental health services. Referrals to the group homes in Boulder/Helena may come from inpatient psychiatric hospital programs and other residential and community-based programs in Montana. YDI may be used as a 'step-up' to more intensive in-patient care or as a 'step-down' to community-based care or to home.

The group homes situated in Boulder have the disadvantage of being relatively isolated from community health care professionals due to the rural location and may impact YDI's ability to provide short-notice medical and psychiatric health care to group home residents. If a student has not had a physical examination within 6 months before arriving at the

⁸SMARxT Disposal Services

<http://www.smarxtdisposal.net/>

⁹ US Food and Drug Administration

<http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm>

¹⁰WebEx

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

program, the student will have an examination within 30 days of admission. If a student has not had a dental examination within 1 year before arriving at the program, a dental appointment will be arranged within 90 days. Admission information indicates that a complete assessment of a student's needs will be completed within 24 hours of admission. A student in therapeutic group homes will receive a clinical assessment within 14 days of admission. The main health care professional (Psychiatric Nurse Practitioner) for the group homes in Boulder/Helena visits from Great Falls one day per week to evaluate new admissions, provide follow-up care for patients already on her caseload, provide limited education to staff regarding prescribed medications and training about potential side effects/adverse medication reactions to staff. The PNP is otherwise only available by telephone or WebEx. If a medical emergency should arise the student is taken to the hospital in Helena.

Suggestions:

Upgrade access for immediate mental and physical health care at Boulder/Helena group homes to address emergent care needs when the PNP is not in the area; perhaps by employing an on-call medical professional in a community closer than Great Falls.

Increase the use of a psychiatrist to consult with the psychiatric nurse practitioner and therapist regarding diagnosis and medication management, as well as to perform second opinion assessments in case of need.

Continuity of Services through Transitions

Treatment and support outcomes in each treatment plan are reviewed as a component of the discharge process before the student exits from the service. YDI provides clients and their family members with information on the range of relevant services and supports available to them and their families when they transition back into the community. The agency has a wide array of services including youth case management, in-home therapeutic family care, short term intensive residential treatment, therapeutic foster care, outpatient therapy services and therapeutic group home services. Most of the students being served at Boulder/Helena group homes are discharged back to the community, many back home with family and others into other placements. During the discharge planning process YDI communicates and coordinates with the community services to promote a quality transition. A small percentage does step-up to a higher level of care. A program therapist gathers information from family members/guardians three months and 6 months after the student has returned to community services. Information gathered from these surveys will be used to enhance quality improvement/assurance and will also be used during strategic planning.

RECOMMENDATIONS

1. Strengthen the quality assurance/quality improvement process; identify one staff position in the agency responsible for coordinating and implementing quality assurance and regulatory compliance.
2. Establish a reporting system through quality assurance to guarantee that staff attends regularly scheduled trainings.
3. For safety purposes, evaluate the advantages of adding one staff person at the Opportunity/New Beginnings/New Journey/Choices for overnight and weekend shifts to add one extra person on campus to respond to emergency situations.
4. Assess treatment and services to assure that the guidelines established by the SAMHSA-National Center for Trauma Informed Care¹¹ are incorporated into staff training and goals written into treatment plans reflect the guidelines as appropriate.
5. Develop more detailed policies and procedures for medication management, to include:
 - a. upgrading training for counselors and home managers about medications,
 - b. providing understandable written and verbal information about the prescribed medications,
 - c. developing protocol for informing all counseling staff when a client's meds are changed, and
 - d. establishing a process to identify and report possible side effects of medications when they observed by staff.
6. Evaluate the treatment plan template and develop a process to write measurable goals with specific measurable objectives and a way to accurately report progress.
7. Assure that treatment plans include specific discharge criteria and a discharge plan.
8. Create a handbook for parents/guardians similar to the Resident Handbook.
 - a. Give a copy of the grievance procedure process to students, parents and legal guardians rather than just state that it is "available upon request".
 - b. Review the grievance procedure verbally with all parties.
9. Update the Grievance Procedure 4.1E. As written the procedure indicates that DPHHS, Quality Assurance Division or the Board of Visitors may be contacted if after 30 days a resolution to the grievance had not occurred. By statute 53-21-104(5) the Board of Visitors may advocate and provide assistance at any time during the grievance process.
10. Review training provided to Counselors to include training about specific mental disorders and clinical skills including de-escalation, avoiding power struggles and avoiding punishment is included.

¹¹ SAMHSA Trauma Informed Care and Trauma Services
www.samhsa.gov/nctic/trauma.asp

December 2, 2013

Mental Disabilities Board of Visitors
Attn: Alicia Pichette
PO Box 200804
Helena, MT 59620-0804

Re: Youth Dynamics Response to November Site Visit September 26-27, 2013

Dear Alicia:

I appreciate the time the Board spent in review of our facilities and programs in Boulder and Helena; and the gracious manner in which these visits occur. It is always helpful to have an "outside" review of the things we are trying to accomplish with the backdrop of approachability the Board provides to staff and clients. Given this, I will not take issue with any of the observations reported by the Board members as it goes without saying that they report accurately what is reported to them by staff and clients. In addition, I recognize and value the reports of staff and client perceptions as this is useful information in reflecting on our communications and satisfaction of these stakeholders in our services and processes. As regards observations and comments about specific practices and procedures I am less able to respond other than to describe what we expect in policy and procedure, as an agency. In short it is not easy to discern which judgments arise from a review of what we do or expect from what staff and client perceptions are. That being said let me try to address each recommendation as we take them very seriously:

1. **Strengthen the quality assurance/quality improvement process: identify one staff position in the agency responsible for coordinating and implementing quality assurance and regulatory compliance.** We have determined that everyone in the agency carries a responsibility for quality assurance and have engaged them accordingly in the process. This is a part of our attempt at establishing a culture of continuous quality improvement. We have, however, recognized the importance of centralizing some of the responsibility for this and, given the size and complexity of the agency have divided oversight between our two clinical directors—one over our residential programs and one over our community programs. Each of them devote better than half of their time to this process.
2. **Establish a reporting system through quality assurance to guarantee that staff attends regularly scheduled trainings.** We will review and fine tune our

2334 Lewis Ave. · Billings, MT 59102 · (406) 245-6539 · FAX (406) 245-9647

TREATMENT | SUPPORT | OPPORTUNITY

current process of tracking and reporting this kind of information in our MyLearningPoint system so staff is more accountable to complete required trainings.

3. **For safety purposes, evaluate the advantages of adding one staff person at the opportunity/New Beginnings/Journey/Choices for overnight and weekend shifts to add one extra person on campus to respond to emergency situations.** We have already considered the need for this kind of back-up when our funding and program description for this service was revised two years ago. Our determination was that the increased requirements for therapeutic services did not leave adequate funding to add this staff on a regular basis. In addition, our on-call system has proven to be adequate to address this need when it arises; and we will bring in extra staff if we suspect that things are too fragile for regular staff to handle.
4. **Assess treatment and services to assure that the guidelines established by the SAMHSA-National Center for Trauma Informed Care are incorporated into staff training and goals written into the treatment plans reflect the guidelines as appropriate.** The agency has already invested in additional training for licensed clinical staff on these and other cognitive behavioral interventions. As needed, and appropriate according to the individual case, these interventions will be utilized and reflected in the treatment plans.
5. **Develop more detailed policies and procedures for medication management, to include:**
 - a. **Upgrading training for counselors and home managers about medications,**
 - b. **Providing understandable written and verbal information about the prescribed medications,**
 - c. **Developing protocol for informing all counseling staff when a client's meds are changed, and**
 - d. **Establishing a process to identify and report possible side effects of medications when they are observed by staff.**

The agency already has procedures and practices that include the requirement that written and verbal information regarding prescribed medications and their side effects is provided to both staff and clients/guardians. All staff receives regular training on medications as part of the agency orientation and quarterly in-services. This practice will be continued and upgraded as indicated subsequent to review. The practices for informing staff of medication changes and for reporting from them regarding observations of potential side effects will be improved and included in the electronic medical records system.

6. **Evaluate the treatment plan template and develop a process to write measureable goals with specific measureable objectives and a way to accurately report progress.** The Clinical Team will review the template with these standards in mind and establish a template for more measureable goals and standards, as indicated.

7. **Assure that treatment plans include specific discharge criteria and a discharge plan.** While we believe this is currently the case, we will review our plans to make sure specific criteria are being used.
8. **Create a handbook for parents/legal guardians similar to the Resident Handbook.**
 - a. **Give a copy of the grievance procedure process to students, parents and legal guardians rather than just state that it is "available upon request".**
 - b. **Review the grievance procedure verbally with all parties.**

Intake procedures will be modified to include delivery of a copy of the grievance procedure at the time of completing intake paperwork. These procedures will also be modified to make sure a verbal review of the grievance procedure is completed as part of the process as well. Parents/Guardians will receive a copy of the Resident Handbook as well as the grievance procedure at the time of intake.
9. **Update the Grievance Procedure 4.1E. As written the procedure indicates that DPHHS, Quality Assurance division or the Board of visitors may be contacted if after 30 days a resolution had not occurred. The Board of Visitors may advocate and provide assistance at any time during the grievance process as noted in 53-21-104(5), MCA. The procedure will be updated to reflect this standard.**
10. **Review training provided to Counselors and as needed expand and include additional training about specific mental disorders and intervention skills to de-escalate charged situations, avoid power struggles and avoid punishment.**

Youth Dynamics' Staff Development Coordinator will review this training and make a recommendation regarding any needs to upgrade it.

Again, would like to thank the Board for their hard work and time with us. Let me know if you have additional questions.

Sincerely,



Peter J. Degel, PhD
Chief Executive Officer