

Intermountain

Helena, Montana

October 27 and 28

2020

Site Inspection Conducted by the Mental Disabilities
Board of Visitors

OVERVIEW

Mental Health Facility reviewed:

Intermountain, Helena, Montana

Jim Fitzgerald, Chief Executive Officer

Authority for review:

Montana Code Annotated, 53-21-104

Purpose of review:

1. To learn about services provided by Intermountain in Helena.
2. To assess the degree to which the services provided are humane, consistent with professional standards, and incorporate Mental Disabilities Board of Visitors standards for services.
3. To recognize excellent services.
4. To make recommendations for improvement of services.
5. To report to the Governor regarding the status of services.

Site Review Team:

Board:

Melissa Ancell, Board Member

Deborah Horton, Board Member

Dennis Nyland, Mental Health Ombudsman

BOV Staff:

Craig Fitch, Attorney

Rena Steyaert, Executive Director

LuWaana Johnson, Legal Secretary

Review process:

- Remote via TEAMS interviews with the Intermountain staff.
- Review of treatment activities via remote interviews with staff.
- Review written description of treatment programs.
- Review written policies and procedures, organizational structure.

Introduction

Intermountain sets a high standard for quality of services provided to children from Montana and across the country and the organization is well regarded for the specialized services it offers to children and their families. These services have grown over the past 100 years from a small school serving a handful of children locally to a comprehensive program that includes a variety of services beyond Helena.

This Mental Disabilities Board of Visitors (BOV) inspection focused on the residential services and on-site school program offered in Helena. Overall, Intermountain services include:

- A residential in-patient treatment campus in Helena where children receive intensive treatment while living in home-like cottages and attend school. The school program is accredited by the Counsel on Accreditation for Qualified Residential Treatment Programs under the Family First Prevention Services Act within the US Department of Health and Human Services.
- A residential in-patient treatment campus in Somers, Montana, with an accredited school for its children.
- School-based services in public schools that support students affected by emotional, behavioral, and mental disorders. Education resources include parent support, individual and family therapy, individualized treatment planning, emotional and behavioral support, crisis intervention, and non-school day activities.
- Out-patient clinics in Helena and the Flathead Valley, and

BOV was unable to physically inspect Intermountain because visitations to residential facilities have been suspended due to COVID-19. BOV was able to conduct virtual interviews with staff at Intermountain. During this site inspection, the BOV team was impressed by the strength of the systems and the agency's commitment to providing quality services. Each staff interviewed had a clear, strong understanding about services the agency provides, how the quality of those services is measured, and the singular importance of each staff in delivering those services. Staff training is thorough and consistent. This in turn has enabled Intermountain to employ a highly professional staff committed to serving children in need of care and their families.

Organizational Planning and Quality Improvement

Intermountain has a strategic plan that incorporates their mission, vision, and values. A strategic planning and management performance metric called a "Balanced Scorecard" is submitted by each of the departments. This planning and management tool is the building block of the strategic plan. The scorecards are gathered, analyzed, and written into a board-approved strategic plan. The strategic plan for Intermountain delineates what they are trying to accomplish, prioritizes projects and services, and measures and monitors progress towards strategic goals.

Intermountain uses a process of continuous quality improvement to evaluate and improve its activities related to providing service to children, family members, and guardians. Three important components of the CQI process are: physical interventions, medication errors, and sexualized behaviors.

Intermountain utilizes a team of directors, managers, quality assurance, operations, and clinicians to oversee the quality improvement process. This team makes up the Continuous Quality Improvement (CQI) committee which meets quarterly to review the CQI process. Staff in various departments hold monthly meetings dedicated to the quality improvement processes and staff interviewed were able to verbalize an understanding of the quality improvement program and could describe how it affected their jobs and the quality of services offered to the children.

Intermountain utilizes the Youth Outcome Questionnaire (YOQ) to acquire statistical information from the child on the topic of sustainable behavior changes in relationships during his/her time at and after discharge from Intermountain. In addition to being completed upon admission the YOQ survey is completed annually and at discharge and again in six-months, one year, and two years post discharge. This information assists Intermountain as they continue to evaluate and improve services to children and their families.

Rights, Responsibilities and Safety

Rights and Responsibilities

The admission manager explains the child's rights and responsibilities while at Intermountain, both verbally and in writing, to the family at the time of admission. The case manager explains the rights and responsibilities in an age-appropriate language to each child during the first day in residence and again after the child is settled in. The rights and responsibilities are posted in the office window of each cottage.

Intermountain actively promotes a family's access to independent advocacy services, both verbally and in writing, during the admission process and in their grievance policy and procedure. Phone numbers for the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and Disability Rights Montana are also displayed in the cottage offices and the main administrative office.

The grievance policy at Intermountain is a formal, fair, responsive, and an easy-to-understand policy called the Complaint Resolution policy. The admission manager explains the policy to the family during the admission process and the information is also contained in the admission package. The cottage supervisor explains the policy to the child in age-appropriate language and answers any questions he/she may have. The grievance policy also lists the advocacy groups the family may contact if they need help to resolve their grievance.

Suggestion: Intermountain should have an option for the children served (or their family/guardians) to submit a formal grievance in writing. This would allow the complainant to decide whether the complaint should be part of a formal grievance process rather than Intermountain staff deciding when a complaint meets the criteria for a grievance.

Suggestion: The Complaint Resolution policy lists the toll-free phone number for BOV, which is no longer active. Please edit all appropriate documents to reflect our actively monitored number of: 406-444-3955

Safety

Fire drills, earthquake drills, and a safety inspection “walk through” each cottage is done every month. Intermountain staff are trained to keep children safe by having them in line of sight as much as possible. Intermountain has a policy included in the staff training that requires all staff to be informed of the laws for reporting abuse and to recognize they are mandatory reporters.

When a significant incident involving a child occurs, Intermountain staff is trained to ensure that the child involved is taken care of and the other children are kept safe. The supervisor and the family are immediately notified. Administration will investigate and may invite an outside person to look at the incident. After any significant incident occurs, a debriefing process takes place that includes all staff involved, the cottage supervisor, and the clinical therapist. The debriefing includes a root cause analysis, actions and non-actions that may have contributed to the event, and suggestions for change. The therapeutic needs of the child as well as the staff are addressed. If necessary, additional training for staff will take place.

BOV receives so few reports investigating the possibility of abuse or neglect per 53-21-107, M.C.A, that it is possible Intermountain is setting the bar too high for initiating such internal investigations. One area where most facilities fail to properly identify the possibility of neglect involves child to child conflict.¹

Suggestion: While BOV encourages facilities to set their own expectations for when to investigate any incident as possible abuse or neglect under 53-21-107, M.C.A., Intermountain ought to analyze the current process to determine if the facility is adequately identifying incidents that need reporting.

Intermountain does not use seclusion or mechanical restraints. A variety of supported controls called “holdings” are used to contain a child who is a danger to himself/herself or others. Many of these techniques are implemented prior to a child becoming dysregulated to ensure that staff can adequately support the emotional and behavioral needs of the child to prevent an escalation into a physically unsafe situation. Some examples of supportive controls that are only used when necessary are:

- Walking in-hand is designed to be supportive and help build the relationship between the child and staff member. To walk in-hand keeps a child close when they are upset or shut down rather than having the child try to self-regulate. The child is in close proximity to an adult when they appear to need extra support or guidance.
- No Hands On is one of Intermountain’s two explicit rules for children. No Hands On means that children are not allowed to engage in inappropriate touch with one another (no physical

¹ For example, a report from child x that child y punched child x just after breakfast on Tuesday, might not trigger any need for an investigation. However, if the staff follow up on that same report finds a progress note by staff in one of the children’s charts that reads something like “child x has been taunting child y with name calling and inappropriate remarks all weekend” then it is likely the facility should investigate the entire situation as a possible staff-based neglect for missing the opportunity to diffuse the conflict before it escalated. While this same exact scenario could be - and likely is - resolved through a thorough incident report process, failing to report higher acuity incidents might not be consistent with the expectations of 53-21-107.

aggression and no sexual touch.) Because children are kept within close proximity to the staff, particularly when struggling or dysregulated child to child altercations are very rare.

- Physical Intervention – a CPI trained physical restraint that is used only when the child is in danger or hurting themselves or others.
- Close to Us - a child sits next to an adult on the couch until they are calm.

Individual, Family Member, Guardian Participation

At Intermountain, the family and the child are both considered to be the client, with the relationship between them and the caregivers at Intermountain as the focus for treatment planning. Family involvement is a very important component in the child's treatment.

Beginning with the first phone call to Intermountain, the admission manager discusses Intermountain's treatment model and campus environment with the family. This first exchange is to ensure that Intermountain's treatment is a good fit, both for the family and for Intermountain.

Family participation is actively required at all levels during the child's treatment. Family orientation to the program takes place before admission or on the day of admission. Families are oriented to Intermountain's policies, medication management policy, case management services, treatment planning, physical health and education programs, cultural and spiritual offerings, and a plan for discharge. The role of the family in their child's treatment is explained.

Intermountain promotes, encourages, and provides an opportunity for children and families to complete a Customer Satisfaction Survey once a year and at the time of discharge from Intermountain. The information from these surveys is analyzed and discussed during Intermountain's quarterly CQI meetings. Some of the suggestions offered in the surveys may eventually affect change in the operation of services at Intermountain.

The family has contact with the case manager, core treatment team, and direct care staff throughout the child's stay. Information detailing goals achievement for both family and child are documented in the treatment plan and is at the core of all communications between the family and the staff.

In 2013, Intermountain revised their quarterly family workshops into family training opportunities called Learning (through) Integrated Family Experience or L.I.F.E. Days. During the COVID-19 pandemic period the workshops are held virtually. The workshops include sessions for specific family groups, sibling groups, and parent groups. Families participate in intentional experiences where they begin to practice new ways of interacting with their child with the support and guidance of the skilled Intermountain staff. Families are given surveys to complete after L.I.F.E. Day events and the information is then discussed during CQI meetings. Intermountain offered their first Flathead Family Camp in August of 2019 which consisted of multiple days of activities intended to enable families to reconnect. Intermountain intends to make this an annual event.

Families have expressed feelings of being isolated from others during the COVID-19 pandemic and asked Intermountain to facilitate support groups. Therefore, Intermountain created monthly support groups that offer another modality to connect and grow.

Cultural Effectiveness

Children and families are provided cultural and spiritual opportunities consistent with established national guidelines. Cultural, ethnic, social, and spiritual preferences are identified for each child and family during the admission process and built into the child's Individual Treatment Plan (ITP). There is a separate section in the ITP to identify cultural preferences and needs.

Intermountain is currently recruiting for a chaplain to continue its Chaplain's Program which includes mentoring in all faiths and traditions and is considered a part of Intermountain's integrated services. A Native American mentor visits the campus approximately once a month and children attend Pow Wows in the community when possible. If a child is identified as needing additional visits with mentors those visits are arranged. The education program makes it a priority to include cultural diversity in the lesson plans for the children. For example, everyone participates in an annual Culture Fair organized in the school setting where the children explore and learn about other cultures. This is significant and valued because the population at Intermountain also includes children adopted from foreign countries.

Staff Competence, Training, Supervision, and Relationships with Residents

Intermountain has a written training curriculum for new staff focused on achieving optimum knowledge and competence expectations for each position that provides services and is specific to working with children with mental illness or emotional disturbance. The new hire orientation and training process during the first month of employment is impressive. Like most other facilities, new hires first receive an intensive "nuts and bolts" training specific to Intermountain and its mission and values. Intermountain then requires a much longer period than most facilities of shadowing and hands-on training in the milieu, which allows new hires to work alongside more experienced staff to learn their duties and responsibilities.

The timelines for training for all new employees can vary for orientation and shadowing. Typically, the new employee begins with two weeks of learning the policies, procedures, and operations of Intermountain. Job/Position shadowing with a more experienced staff begins afterward and can continue through to the sixth month of employment. The length of the shadowing would depend on the position and the experience level of the staff being trained. Staff interviewed stated that they were not allowed to give 'permissions' to residents for at least the first month of on the floor training and were not allowed to assist in physical interventions for the first two months of on the floor training.

All staff receive training in Adverse Childhood Experiences (ACE's), CPR/First Aid, medication overview, and suicide awareness and intervention strategies that teaches staff how to recognize warning signs of suicidality and how to respond. All staff receive training in the diagnoses and symptoms associated with the children they are serving. Ongoing regularly scheduled in-service trainings that include cultural awareness, recreation safety, and workplace safety are among the variety of classes being taught throughout the year. Intermountain has a specific initial, and yearly refresher training program for all supervisors and facility leaders.

A less restrictive evidence-based training called Crisis Prevention Institute (CPI) teaches staff how to respond to crisis situations through verbal intervention with a focus on de-escalation techniques and safe, non-restrictive interventions. All staff receive CPI training during new hire orientation and a yearly refresher training is given to all staff.

Supervisors are accountable for monitoring the way staff address and treat children and to ensure that each child receives effective treatment as described in his/her treatment plan. Professional staff is consistently present in all treatment environments that allows them to interact with direct care staff and children.

The relationship treatment model utilized by Intermountain requires all staff, including supervisors and managers, to demonstrate proactive, assertive, and supportive engagement with the children in every applicable treatment environment. That treatment model, along with the clear expectations of Intermountain, requires staff to demonstrate respect for the children during daily interactions. This is accomplished in part by incorporating active engagement with a positive demeanor, empathy, calmness, and a consistent validation of positive goals and desires. Professional staff consistently teach, model, and reinforce healthy, constructive, and respectful interactions. Everyone interviewed expressed satisfaction with their colleagues, supervisors, and administration.

Because working with the children is emotionally draining, Intermountain continually assesses how staff is doing within their own lives and a mid-week staff check-in meeting is held. The meeting is crucial to keep staff emotionally well and helps to ensure that a staff's personal life does not impact the children. Also during the meetings, staff communicate with each other about how the children are doing.

Treatment and Support

The Intermountain treatment model is built on intentional close relationships between direct care staff and the children. Staff interviewed referred to this often as the Developmental Relational Model and it is described in materials provided to children and their families as the basis of service. Each child is paired with his/her "significant person" who he/she spends the bulk of time with, forming this intentional close relationship.

Treatment Plans

During their treatment, children are encouraged and taught how to solve problems in order to learn appropriate communication techniques to enhance relationships.

Individual Treatment Plans (ITP) are generated in part from information obtained during the two-hour intake process with the families. The ITP includes identified diagnosis obtained through clinical assessments and the individual problems that are presented. Also included in a child's ITP are the methods to treat the identified problems, desired goals and outcomes, and timelines for the goals to be achieved. The ITP is developed and managed by the core treatment team. The team consists of the therapist, case manager, counselor supervisor, education teacher, and family. The ITP is reviewed by

the team and the family after 30 days and again at 60 days after intake. The ITP is then reviewed every 90-days and updates will take place in the interim, if necessary.

Discharge plans are identified in the ITP when a child is first admitted. The case manager creates a discharge plan and coordinates the discharge for each child. Before exiting services, the treatment team reviews the child's treatment progress and outcomes with the family and coordinates supervised home visits in preparation for discharge. The case manager works with families and providers to secure medication, continued treatment and support for children, and transition back to the school in their community. The discharge typically occurs after an average stay of 14-16 months.

All children receive access to medical and dental care while at Intermountain. The health services assistant makes appointments with contracted providers in the community for these services.

Trauma Informed Care and other Evidence Based Treatment

Intermountain incorporates a trauma informed care approach to all aspects of treatment. The identification of trauma triggers and the trauma-specific interventions staff will use are documented in both the Individual Treatment Plan and the Individual Education Plan. All staff are trained in Adverse Childhood Experiences (ACEs).

In 2010, Intermountain staff created a non-profit social impact organization called the Child Wise Institute which focuses on traumatized and neglected children. The institute authored a book titled "Be Child Wise; A Dynamic Approach to Raising and Caring for Emotionally Distressed Children." The book compiles the wisdom and insight of the work at Intermountain from its thoroughly tested and nationally recognized therapeutic approach with emotionally distressed children and families. The premise of the book is "what is harmed by a relationship can be healed by a relationship." Families with children at Intermountain are given a corresponding workbook developed from this book to use during therapy sessions.

Intermountain uses SAMHSA identified evidence-based services within their treatment model that concentrates on illness management and recovery as well as family psychoeducation that has shown to reduce relapse and facilitate recovery. The treatment model has roots in attachment therapy and upholds Intermountain's mission of *Healing Through Healthy Relationships*.

Housing

Intermountain's residential program is licensed in Montana to provide housing for up to 32 children, ages four to fourteen, in four home-like cottages.

Education

Intermountain operates a full-time school on campus for 210 days a year and is accredited by the AdvanceEd Northwest Accreditation Commission. With COVID-19 this year, classrooms have been reduced from four to three, and residents are placed into a classroom by age, educational development, and social/emotional development. All teachers are Montana certified special education teachers and there are two staff that are Mental Health Support Specialists. Children walk to and from the school building on campus to the cottages daily with an assigned mental health specialist. The education models used at Intermountain are evidence-based and provide a personalized curriculum for each child.

Frequent Individual Education Plan (IEP) meetings with the education staff are held to review strategies and goals for each child. The IEP is a component of the overall ITP. Prior to discharge, the teacher contacts the child's home school to coordinate the transfer back to his/her home school environment as seamless as possible.

Intermountain offers each alumnus the opportunity to apply for financial assistance for continued education through the Complete Your Dreams Scholarship Program. Funds are available for universities, colleges, and trade/vocational training. Applicants must apply each year.

Medications

Intermountain's medical director is a licensed psychiatrist who prescribes medications for the children in the residential facility. Each child has regularly scheduled appointments with the psychiatrist to assess the effectiveness of prescribed medications, adjust prescriptions, and address questions and concerns. The administration of medications is overseen by a registered nurse located on campus. Prescribed medications are obtained through a local pharmacy, stored, transported, administered, and reviewed within laws, regulations, and professional guidelines.

Intermountain has a policy for monitoring medication errors and a quality improvement process dedicated to monitoring and addressing any errors. The registered nurse trains direct care staff and school support staff to properly administer all medications and to document all information in the medication administration record (MAR). The MAR is evaluated monthly, and staff reported the medication error rate of 2% or less in administering medications is consistently met. Medication is administered according to a 5 R's model: right drug, right dose, right route, right time, and right patient. This model is a highly responsible and effective method in reducing errors.

Medications are stored in a locked cabinet in each cottage office that is locked and accessed only by staff. Medication as needed (PRN) treatment at Intermountain is only used for pain management purposes. Unused medications are disposed of in accordance with laws and regulations.

At discharge, the case manager ensures that an appointment is in place with the physician who will be assuming responsibility for the child's healthcare, psychotropic medication management, and the management of all other medications. The case manager also ensures that the family has enough medication to take them through to the next provider appointment.

At discharge, the psychiatrist will write a 30-day script and any left-over medications on hand at the time are sent with family. Instructions for administering medications is reviewed with the family as part of the discharge communications.

Access and Entry and Continuity of Services Through Transitions

Upon admission, children receive timely access to psychiatric assessment and treatment plan development. Families can contact any staff that is responsible for coordinating their child's care.

Intermountain informs the community of its availability and range of services. Intermountain maintains connections with primary medical care providers to facilitate admissions and discharges. Intermountain is well known within Montana and has a good working relationship with providers from other states.

Recommendation: Intermountain has a solid discharge plan but would benefit from one small additional step to ensure a warm hand off. Intermountain should create a simple system for actively checking in with a child's family/guardian shortly after discharge to assess the efficacy of the discharge, ensure the child has/will attend all necessary follow up appointments, and has adequate access to all necessary meds until the next provider appointment is scheduled.

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