We Care Behavioral Health

Missoula, Montana

April 19,

2023

Site Inspection Conducted by the Mental Disabilities Board of Visitors

Jeremy Hoscheid

Jeremy Hoscheid, Executive Director

INTRODUCTION

Mental Health Facility reviewed:

We Care Behavioral Health (Missoula)

Allexandra St. Clair, CEO

Authority for review:

Montana Code Annotated, 53-21-104

Purpose of review:

1. To learn about services provided by We Care in Missoula.
2. To assess the degree to which the services provided by We Care 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 to We Care for improvement of services.
5. To report to the Governor regarding the status of services provided by We Care.

Site Review Team:

Consultant:

Andi Daniel, Consultant for the Board

BOV Staff:

Jeremy Hoscheid, Executive Director

Craig Fitch, Attorney

Review process:

- Interviews with We Care staff and clients
- Review of treatment activities, tour of We Care facilities
- Review client treatment plans
- Review policy and procedures, organizational structure

Overview

The Mental Disabilities Board of Visitors conducted a site inspection of We Care Behavioral Health Professionals (We Care) on April 19, 2023. The Board inspected the Missoula group home location along with the organization's main office location.

The Board came away from our review with a greater understanding of We Care and the services they provide to their clients. The Board did note that the staff at We Care seemed very dedicated to their work and the clients' needs.

Services provided by We Care:

Adult Transitional Group Homes

Outpatient Therapy

Community Based Rehabilitation

Case Management

Medication Management

We Care began serving clients as a licensed mental health center in 2017. We Care serves approximately 230 clients across four locations in Montana. (Missoula, Hamilton, Butte, and Great Falls)

Mission Statement: We Care is focused on recovery and inspiration for growth. We Care provides comprehensive, integrated behavioral health that is driven by and centered on our clientele and their needs.

Organizational Planning and Quality Improvement

We Care is a licensed mental health center that opened its doors in 2017. We Care employees approximately 50 employees and provides services to 230 clients across four different locations (Missoula, Hamilton, Butte, and Great Falls).

We Care is a privately owned LLC and does not have a strategic plan but instead utilizes a Strength, Weakness, Opportunities, Threat (SWOT) analysis. The SWOT analysis is completed annually and monitored regularly by the CEO. We Care utilized data collected from client satisfaction surveys when developing the SWOT.

Quality Improvement is handled by the We Care CEO. The Board recognizes that We Care is small enough of an organization that the CEO can handle these duties, but as the organization grows the Board would recommend dedicating an employee to specifically be responsible for

quality assurance and performance improvement as that directly affects the health and outcomes of the individual clients.

Rights, Responsibilities, and Safety

We Care provides individual client rights and responsibilities and provides this information verbally and in writing to clients upon enrolling into services with We Care.

The Board noticed that there was no material promoting individuals' access to independent advocacy services. The Board will assist We Care with contact information from the three advocacy service organizations (Mental Disabilities Board of Visitors, Mental Health Ombudsman, and Disability Rights Montana).

We Care does have a client grievance policy and procedure. The Board was pleased to see that client grievance forms were printed out and available at the community office location, but these forms were not readily available at the group home location. Staff interviewed stated that they had not had any client grievances during their time employed with We Care. Clients interviewed stated that they were aware of the grievance forms but had not had to file one during their time with We Care. Clients stated that overall, they appreciated their staff and felt they were treated well by staff.

We Care has policies and procedures related to reporting both child and adult abuse. The policy does include the reporting and investigating requirements from Section 53-21-107 MCA. The Board would recommend specifically referencing the Mental Disability Board of Visitors (the Board) in the policy as well as reference to Section 53-21-107 MCA in the policy for State Reporting Requirements. This can provide further clarification to staff on who needs to be notified and the reporting timelines.

Individual, Family Member Participation

We Care asks clients about family member participation during the intake process. Case managers are responsible for gathering the information, making sure it gets in the chart and the primary contact person for family contact. Clients and family members of child and adolescent clients are involved in the development of the treatment plan from the point of intake. Each client, or their adult guardian/parent is given a hard copy of the treatment plan if they want a copy. The treatment plans themselves are easily readable and easily understood by both youth and adult clients, however the treatment plans are very generic, with little to no objective measurements. Nearly all parameters within the treatment plans have a generic goal of the client 'doing better' within a 90-day period but fail to provide any qualitative or quantitative markers that would indicate what 'better' means for the client. Clients and family members have an opportunity to provide feedback annually.

Adult staff indicated that families can be involved in the treatment of their family member that is a consumer of We Care services but didn't seem proactive in guiding people to involve family. There seems to be an assumption that adult consumers are most likely to have poor relationships with their families and that it could be triggering to bring it up. Recommend that there is some standardization in how these are addressed and not assume poor relationships. Treatment plans are not detailed enough to determine if family members are involved in the treatment process. Recommend providing more detail in treatment plans so there is a clear understanding of goals, progress, and discharge. Also recommend that priority of goals be up to the consumer and not to assume mental health is the most important thing for them to work on. Staff may benefit from using a tool such as the 8 Dimensions of Wellness or working definition of recovery (https://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF) from SAMHSA.

Youth consumers have parent or guardian involvement as required and there is some opportunity for family therapy. Staff acknowledged the difficulty in creating treatment plans and goals when parent/guardian disagrees with youth. Treatment plans that we reviewed showed very little information for what the youth consumer wanted and relied mostly on parents. This may have been due to the age of the youth but recommend sections to record both the parent and youth perspective on the goal.

Cultural Effectiveness

We Care has a cultural competency guiding document. The document is broad and covers issues beyond traditional notions of 'culture' including specific expectations for accommodations and modifications for people with language/cultural barriers or disabilities. All staff receive cultural competency training at the time of hire and annually thereafter. The treatment process includes an opportunity for the client to provide cultural identifiers and/or needs but this process could be more in depth as references found in treatment plans were broad in nature.

We Care is aware of the large (relatively speaking) minority population of Native American youth being served and could benefit from having a contract with a clinician who is enrolled in a Montana Tribe and can provide specific treatment planning advice for Native American youth being served.

Staff Competence, Training, Supervision, and Relationships with Residents

We Care does define optimum knowledge and competence expectations for positions specific to working with individuals with mental illnesses, specifically the therapist and case manager positions.

We Care provides a written training curriculum for all new staff. These trainings include triggers in mental health clients, trauma and how to do work with clients and their history, and appropriate boundaries working with the mentally ill among several other trainings. Staff also spend 3 days of job shadowing and then 2 days of hybrid (computer/administrative) training before the employee begins to work with clients. We Care also starts new employees out with a low case load and then will add clients to caseload as employee feels comfortable. We Care staff also regularly receive suicide awareness and intervention strategies as part of the annual Right Response training provided by We Care.

We Care provides staff information and opportunities to attend training provided by outside organizations such as NAMI-MT, Mental Health America, and DPHHS training. Despite the encouragement to attend not many employees have taken advantage of these opportunities. The Board would recommend that We Care continue to promote and encourage these outside training and educational opportunities. Not only would the training and education be valuable to employees, but also the opportunity to network amongst the state's mental health community.

Supervisors at We Care are accountable for ensuring the way that staff address and treat individuals and ensure that individuals receive effective treatment. Supervisors at We Care have worked their way up through the organization. We Care provides supervisors with basic supervisory training. The organization has an open-door policy and as a smaller organization, We Care can do more indirect supervision of staff which allows for a more team-like atmosphere. Staff spoke highly of the open-door policy and how the organization encourages staff the ability to speak about frustrations openly.

The Board was pleased to learn about active engagement with individual clients and learn that this is a clear expectation amongst the staff at We Care. The Board also applauded the fact that the organization's professional staff are in contact with clients on a regular basis and that they have a consistent presence in the treatment environment. The allows staff the opportunity for real-time feedback when working with clients.

Treatment and Support

A written treatment plan is in place and implemented for individuals receiving services at the facility. A written discharge plan is also in place for every individual who is receiving services from the facility. We Care ensures every client who receives a diagnosis from We Care clinical professionals are informed of the diagnosis.

We Care ensures each client has a thorough physical/medical examination or ensures that a thorough physical medical examination has been performed within one year of the individual entering or re-entering the service. They make sure to link all individuals served to primary health services and have access to needed health care and dental care.

We Care utilizes 'Right Response' as their primary de-escalation training and the 988-crisis line for their primary crisis response service. All staff are trained in and expected to utilize trauma informed care when working with clients of all ages. Clinicians utilize family psychoeducation when appropriate. We Care could benefit from looking into ways to implement the concepts of illness management and recovery in a more structured and intentional way.

We Care has been earnestly attempting, but unsuccessful in finding people to provide peer support for the program and they might benefit from contacting the Montana Peer Support Network directly and discussing options for improving retention of peer support staff.

Treatment plans in general lacked individuality. They appeared to be copied from one plan to another with little detail in how the plans would be implemented. There were some plans that were likely cut and pasted from one plan to another as the gender in some didn't reflect the gender of the consumer. Staff indicated that consumers are offered copies of their treatment plans but rarely want them. Staff indicated treatment plans were updated every 3 months.

Staff also stated that the first goal for everyone is a mental health goal. Recommend allowing consumers to choose which of their goals is the most important to them. Additionally, it seemed that a treatment plan is developed by intake and often happens outside the meeting time with the intake worker. While we understand the frustration a consumer might have waiting for intake to enter all needed information, recommend treatment plans be developed directly with consumers and allow for discussion as well as specific goal setting based on consumer needs and wants. It was unclear when a clinical staff person would review the treatment plan. In some instances, it seemed like the clinician signature was a formality and not well researched.

Discharge information in the treatment plans was not individualized or detailed enough to show progress toward discharge. Consumers didn't seem to know what was expected of them to get to discharge. Consumers would benefit from a specific discharge plan with steps detailed so they are aware of the expectations and can see their progress.

Group home consumers appeared to be contributing to the household in appropriate ways. The consumers seemed content and expressed that they felt heard by the group home staff. The bedrooms seemed cramped and having 4 people share one sleeping room seemed inappropriate although there was only one person assigned to that room at the time. There was also no access to the basement where the women are housed for people with mobility issues or in wheelchairs.

Access and Entry

We Care works closely with local community partners, including Cedar Creek Integrated Behavioral Health, Partnership Health, and the All-Nation Tribal Health Center. Staff also described a good working relationship with other community mental health providers and stated that organizations were aware of the services offered by We Care.

Individuals who are admitted into services with We Care have their initial treatment plan developed that same day and a psychiatric assessment will be completed within 14 days and then on an annual basis after.

We Care provides qualified and experienced staff to clients, including after regular business hours. After hours We Care utilizes a crisis line available for clients to call after regular business hours. We Care has a dedicated Intake Coordinator position that handles all client intake and assists individuals when they enter services.

We Care utilizes an Electronic Medical Record (EMR) system to document client information and progress. We Care does encourage family members to participate in treatment, but this is often dependent on the individual client's situation.

We Care does monitor a waitlist for services and schedules intake appointments as needed. Staff shared with the Board the need to improve the rate of clients who "No Show" for their scheduled appointments and how those missed appointments impact client care. The Board discussed the possibility of a text or email reminder the day before the scheduled appointment.

Continuity of Services through Transitions

There was limited information about transitions as the treatment plans didn't address discharge or transition well. It was unclear to the Board how discharge happens and what is given to consumers who end services because most staff hadn't worked with anyone who had been discharged from services.

Staff acknowledged that a major barrier to consumers moving out of the group home is access to affordable housing. Staff weren't aware of any supportive employment opportunities for consumers to transition into the workforce as appropriate.

It appeared that consumers could be involuntarily discharged from services for substance use issues and apathy in completing treatment plans and reaching goals and that suicidality would exclude a person from the group home. It is possible that consumers would engage more if they had more detailed and individualized treatment plans and goals.

Recommendations

Recommend more individualized treatment plans. This can be done by utilizing the patient's own words in setting personal goals and outcomes that lead to the individual client's expectations for what their own 'recovery' or own 'success' looks like.

Recommend that treatment plans need to have some quantitative or qualitative goals or markers that are developed in conjunction with the client's therapist, so that the entire treatment team can assess progress towards recovery or self-identified success, and ultimately graduation from services.

The Board recommends reviewing and adjusting policies and procedures as necessary with input from front line staff so that policies and procedures are specific to, We Care. This will also ensure staff understand how the policies are applicable to their positions and the consumers they are working with.

Recommend utilizing staff survey tool and community stakeholder survey as part of the organizational SWOT planning process.

The Board recommends additional training and education around person first language. Some staff were well versed in the concept of recovery from mental health as well as addiction but there were instances of staff not using person-first language.

The Board recommends further exploration and development of peer support services. Recommend looking into recruitment and funding of peer support positions at all We Care locations. Connect with the Montana Peer Network. https://mtpeernetwork.org/