

AWARE, Inc.

Great Falls,
Montana

February 22,

2022

Site Inspection Conducted by the Mental Disabilities
Board of Visitors

Jeremy Hoscheid

Jeremy Hoscheid, Executive Director

OVERVIEW

Mental Health Facility reviewed:

AWARE, Inc. Great Falls, Montana

Matt Bugni, Chief Executive Officer

Authority for review:

Montana Code Annotated, 53-21-104

Purpose of review:

1. To learn about services provided by AWARE – Great Falls.
2. To assess the degree to which the services provided by AWARE – Great Falls 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 AWARE for improvement of services.
5. To report to the Governor regarding the status of services provided by AWARE – Great Falls.

Site Review Team:

Board:

Melissa Ancell, Board Member

Mary Luinstra, Board Member

BOV Staff:

Craig Fitch, Attorney

Jeremy Hoscheid, Executive Director

Dennis Nyland, Mental Health Ombudsman

Review process:

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

Introduction

AWARE, Inc. is a statewide non-profit that provides services to individuals and families in all 56 counties of Montana. AWARE's primary mission is to help people live independent lives. AWARE started in 1974 in Anaconda. AWARE was originally formed by a small group of parents sitting around a kitchen table discussing the opportunities and possibilities for their children with special needs. This discussion led to the creation of a small furniture refinishing business where people with developmental disabilities could learn a trade and make a valuable contribution to their community. Since the creation of that furniture repair business, AWARE has grown into one of Montana's largest community-based providers, serving a combined 4,700 Montana citizens in their outpatient and residential programs.

During this Mental Disabilities Board of Visitors (BOV) inspection, there was specific focus on the organizations strategic planning and quality improvement programs as well as the residential services, case management services, CSCT, and FACT programs in Great Falls.

AWARE is one of Montana's largest mental health centers and offers the following services to those in need:

- Mental Health Center services: Crisis telephone, Medication Management, Outpatient Therapy, Community-based Psychiatric Rehabilitation and Support, and Chemical Dependency (Substance Use Disorder Program)
- Youth and Adult Targeted Case Management.
- Youth and Adult Day Treatment.
- Mental Health Group Homes
- Outpatient Crisis Response
- Comprehensive School and Community Treatment (CSCT)
- Early Childhood Programs
- Applied Behavioral Analysis (ABA)
- Advocacy – Lewis & Clark County Children's Advocacy Center
- Psychiatry Services
- Program for Assertive Community Treatment (PACT)
- Family Assertive Community Treatment (FACT)

Due to the rising number of COVID-19 cases across Montana during the period leading up to this inspection, the decision was made to conduct this inspection virtually. The BOV conducted virtual interviews with AWARE's Leadership Team in Anaconda as well as employees in the Great Falls community. During this virtual review the BOV came away sensing that the staff members interview presented a dedication to fulfilling the organizations mission statement of "We help people live independent lives." All the staff interviewed throughout the day had a clear, strong understanding about the services they were providing, how the quality of those

services is measured, how those services related to the individual's treatment plan, and the importance of everyone in delivering those services to those in need. AWARE's Leadership team has implemented an organization wide initiative with an increased emphasis on Quality Improvement/Assurance as well as ensuring that staff delivering services receive quality and consistent training throughout all levels of the organization. By taking this step AWARE has been able to build a highly skilled team of staff committed to assisting individuals in living independent lives.

Organizational Planning and Quality Improvement

AWARE has a well-developed 5-year Strategic Plan that is driven by the organization vision, mission, and guiding principles known as the Unconditional Care Principles or the UCC Principles for short. AWARE envisions a world in which no child or adult with developmental disabilities or mental health diagnosis will ever need to be in an institution and will have the opportunity to make choices and benefit from services assisting them in becoming as successful and living as full a life as they are able. As part of the Strategic Planning process, AWARE utilizes information from their annual Employee Engagement Survey, Client and Family Surveys provided by each service line, as well as input from stakeholders in the community as well as partners from the Department of Public Health and Human Services (DPHHS). The AWARE Leadership Team meets twice per month to assess the status of their strategic planning. This allows the leadership team leaders to monitor progress towards the organization's long term goals.

AWARE provides a wide variety of services including community based, in-home services, and residential services. AWARE operates 40 adult and children's residential group homes across the state providing services to approximately 200 individuals. AWARE also provides childhood services such as Parent Child Interaction Therapy (PCIT) and Early Head Start Programs. PCIT is an evidence-based, family-oriented intervention designed to help improve the parent-child relationship through interaction. Early Head Start provides children with services that encourage and promote social, emotional, physical growth and development, and cognitive skills. AWARE also provides services for children in school settings through their Comprehensive School and Community Treatment (CSCT) programs. AWARE recently created and developed what is called the Family Assertive Community Treatment (FACT) Program. The FACT program is the result of a SAMSHA grant that AWARE was awarded. The FACT Program provides in-home therapeutic and family support services for children and their families. Some of these services include cognitive behavior therapy (CBT), multi-dimensional family therapy as well as other evidence-based therapies.

AWARE employees approximately 800 individuals across Montana: 500 serving in residential services and approximately 300 providing community-based outpatient services. As other service providers across Montana have reported, staffing shortages have greatly impacted

AWARE's ability to provide services to all of those in need of treatment. Over the past year AWARE has been forced to shutter or reduce services due to these ongoing staffing shortages. Despite operating within an inadequate provider rate structure, AWARE recognized the need to take measures to address the recent labor trends, AWARE increased wages for their employees by 22% and have also increased their employee referral bonus program to attempt to attract needed employees. AWARE non-management employees are union members represented by Service Employees International Union (SEIU) 775.

AWARE is also very active when it comes to engagement with the Montana State Legislature and works to effect policies to help individuals with mental health disabilities. One of the most unique parts of AWARE's planning process is the organization's Corporate Congress. Corporate Congress is held every 2 years. Delegates are elected from each service line. These elected delegates act as members of congress where they write bills with the intent to enhance the services provided by AWARE. AWARE also holds monthly meetings with the Corporate Congress chairs and any approved bills are worked into AWARE's strategic plan. Corporate Congress Committees are split up and aligned with the strategic plan.

AWARE has a very sound planning process, with each goal having its own timeline depending on the scope and nature of the goal. An example that was shared with the organizations increase in Applied Behavioral Analysis (ABA) Services. This plan including bringing on additional Board-Certified Behavior Analysts (BCBA's), finding funding for this needed service, along with an advertising and a marketing plan to promote the service. AWARE has also invested in staff members who are going to school to become a BCBA.

Quality Improvement

AWARE has placed extra attention to their Quality Improvement process and stated that as an organization they have made a shift from a focus on achieving compliance standards to a focus on improvement and innovation within the services that are provided. AWARE has an organization wide clinical director who drives the clinical approach and program development. This approach is being used to help build up staff and is involved across all services lines. AWARE uses a peer review process as an avenue toward quality improvement. AWARE conducts audits of services, including auditing the completion of treatment plans. AWARE has added 2 FTE to their 4-member team including one employee whose is dedicated to specifically HIPAA Compliance. This team meets bi-weekly with the Service Directors to review the specific service lines and accompanying data along with and creating plans for improvement. AWARE is in the process of upgrading the organizations EHR system to be able to better collect relevant data related to the individual's treatment plan.

As part of the emphasis towards individuals living healthy lives, AWARE tracks vitals (weight, heart rate, etc.) of their clients in the EHR system along with client medications. Individuals interviewed noted a significant rise in Type 1 diabetes amongst children which has emphasized the need for healthy living in this area.

Rights, Responsibilities and Safety

When talking with the staff regarding advocacy services available to individuals, it was clear that most staff knew about the different advocacy programs in their service area and other advocacy services/groups statewide. When asked what they knew about the Board of Visitors (BOV), the Mental Health Ombudsman (MHO), or Disability Rights Montana (DRM), the staff interviewed did know the purpose or duties of these offices. AWARE provides information to their clients by posters located in the offices of the case managers which refer to the Montana Mental Disabilities Board of Visitors, the Mental Health Ombudsman, Disability Rights Montana, and internal grievance procedures of AWARE. AWARE also provides a way for grievances to be submitted electronically via email. After a grievance is filed, there is an investigation procedure which is situation based and case specific. Grievances usually go through the case manager and treating clinician first and can then be brought up the chain of command, as necessary if no resolution was found. AWARE case managers are also sensitive to recognizing the client's needs and occasionally will switch clients between case managers if they feel there is a "better fit" with another case manager.

The case managers interviewed have had to use the services of APS in certain situations where a client is in danger. To document this sort of incident AWARE case managers, complete a Serious Occurrence Report (SOR). One of the primary objectives that AWARE and the case managers strives for is safe and stable housing for their clients. If necessary, the case managers will contact APS the same day of an occurrence and within 72 hours. They notify the appropriate persons of the resolution of incidents. When necessary, they make sure the client receives medical attention and when necessary, that they are treated in the hospital.

Case managers can arrange to provide services for their clients through Community First Choice which is a statewide service. The case managers plan with this agency for care giving services at home and can provide a personal assistant attendant for helping clients with needs like getting groceries and other needed items, getting them to scheduled appointments, etc.

AWARE case managers have weekly meetings within their region and throughout the State with a supervisor. The case managers can also reach out for support and guidance through e-mail as well. The clinical director has an open-door policy, and the case managers can even pursue that avenue for additional direction. Fellow AWARE team members and supervisors are available to the case managers for additional assistance and reflection regarding certain situations.

Staff reported that the group home residence does display the Rights, Responsibilities, and Safety information right by the door. Clients are provided information in the grievance process and forms. The clients are also educated on the Mental Health Ombudsman contact information as well as the Mental Disabilities Board of Visitors. There are no co-ed children's group homes. Clients have access to a person/staff of their own gender. If necessary, staff can switch staff between homes to provide the appropriate gender. This is something they have

used often during the COVID-19 pandemic while adapting to staff shortages and other challenges.

Individual, Family Member, Guardian Participation

An individual's treatment planning starts upon the intake/admission into services. The client's guardian is identified in the chart and contacted with regularity. The case manager is the primary point of contact for family/guardian. AWARE has 30 days to complete the treatment plan once the intake process has started. Reaching out to family members/guardians and other providers, in order to get as much information as possible, is very important and useful in developing the individual's treatment plan. Monthly treatment planning meetings will include family/guardian members. Participation is encouraged by all members of the treatment team. Treatment plans are given to the client and the family member/guardian. All participants in the client's treatment are included during every stage of treatment. Staff reported that it can be easy for adults to distance themselves when a child is in a group home. Communication is key and reaching out to parent/guardian by staff, case managers and clinicians is the way to increase the odds of success in treatment.

In the case with an adult with no guardian, AWARE looks for the individual's "natural support system". The natural support system is based around relationships that have naturally grown during the individual's life. This natural support system can be friends or any member of the community that the individual feels support them and their treatment goals. The staff works to nurture these relationships to give consistent support in therapy and treatment. The client chooses who will be a part of their Personal Support Team (PST). The team is asked to be a party of volunteers to support and assist the client and the whole group with whatever the client needs.

In the children's residential group home, the expectations amongst staff are watching and listening to see if the child is having a good day or a bad day. The physical and mental safety of the child is the number one priority of the staff. Staff are trained to discuss problems the child may have, whether it's issues with peers, staff or maybe a family member. Once again communication is the key to make sure the child's needs are being met.

From the interviews with staff, it was clear that client/family participation is strongly encouraged, if the client wants the participation. When serving children, the staff interviewed stated they try to have the family/guardian involved as much as possible. The staff did state they do pay attention and monitor how the client and the family members/guardians interact with each other to make sure it is a safe and harm free environment. It was discussed during the interviews how the families were involved during "special days" (birthdays, holidays, etc.), with the staff stating they tried to celebrate and make those days fun, but with children, it also

had a lot to do with if they were in the group home or on a “home visit”. Even if the child was in the group home during these special days, AWARE staff does what they can to make sure that the child has an enjoyable and celebratory day.

Cultural Effectiveness

Cultural effectiveness is part of AWARE’s regular education and training program for all employees and is provided throughout the year. It was reported that the trainings include suicide awareness, multidimensional family therapy, general cultural effectiveness for Native Americans, schizophrenia awareness, cultural and trauma training. Annual training involves cultural awareness issues as well as cultural bias. AWARE staff have opportunities to attend trainings external to the AWARE program.

It was stated that there is some cultural training provided during new employee orientation, but like most trainings during orientation, it was included with all the other additional “orientation-type” information that people received when they start a new job. It was discussed that there have been a few “stand-alone” cultural type trainings, but there could be more opportunities provided.

Intake questionnaire includes opportunities for clients/guardian to provide specific cultural considerations in the treatment of the client. Clients residing in the group homes have opportunities to attend local cultural outings; primarily local pow wow/traditional dancing presentations.

Staff reported that anyone that wants to participate or have a specific spiritual leader available or attend religious services is fully supported. If a child in the group home would like to attend services a staff member will take that person to the church, temple, synagogue, or mosque that they would like to attend.

AWARE also provides a 2-part training on dealing with specific issues of the LGBTQ+ clients and community, specifically addressing suicide awareness, special needs, and issues within that growing client demographic. Open minded training is important to provide specific support in the client’s treatment and well-being. Group information is also available on all information the LGBTQ+ Community.

There are compiled lists of community resources that the AWARE team can utilize such as churches, pastors, priests, and community social groups. All AWARE staff are encouraged to participate in all training. Previously some training was only open to clinicians but due to staff request the training was opened to all AWARE staff.

Recommendation: AWARE should consider contracting with a culturally competent clinician to provide some training for clinicians and to assist in developing treatment-based objectives specific to Montana’s Native American population. One place to start might be with the Pretty Shield Foundation in Billings, MT. Modules are great for training continuity, but hands on training, specialized speakers coming to the site are very important.

Staff Competence, Training, Supervision, and Relationships with Residents

There is frequent communication between group homes staff, managers, and clinicians, with monthly meetings regarding client needs and issues. Staff receive training for de-escalation of difficult clients. The clinical director addresses issues on an as needed basis and they receive annual CPR and First Aid training. AWARE staff are also trained to utilize de-escalation techniques and physical redirection and restraint, through a program the organization internally developed called HELP, Healthy Employees Leading People. Staff also receive suicide prevention training, which prepares staff to observe and be aware of behaviors indicative of such ideation. The residential home staff is also in constant contact with the schools for the school-aged individuals.

Each position within AWARE has a minimum knowledge standard for their staff. This minimum knowledge is provided in the job description for each staff position. AWARE utilizes job shadowing for training new staff members and this training is adapted to the need of the new staff member. New staff members have a 6-month probationary period and receive an employee appraisal at that time. Each staff member is reviewed annually thereafter. Staff are required to work all the different shifts during their orientation period to learn what needs to be done during each different shift, so that they become well rounded in understanding the working of the group home and the needs of the clients that reside there.

Treatment and Support

Upon enrolling in services, each client receives a comprehensive assessment at the time of intake. During this process a clients’ community health partners are identified. Treatment plans are initiated and updated in a timely fashion. AWARE clinicians oversee the development of the treatment plans and the intake assessments.

AWARE maintains and staffs their own independent crisis line. Clients rely on their team members for crises during the day but can call the crisis line from 5pm to 8am. CSCT teams develop a crisis plan for every client which incorporates triggers, coping skills, contacts. In the CSCT program, students are referred to the CSCT program from the school and then they are identified if the family wants additional services at home support or psychiatry. There is a CASII (Child and Adolescent Service Intensity Instruction) score used to gage the child's level of mental and behavioral health. This score can be reassessed every 90 days for children 6 to 18.

As an organization, AWARE has invested heavily in trauma informed care for their staff. Clinicians and providers receive a thorough training and annual opportunities for updates and utilize this knowledge and training when assessing and working with clients. AWARE utilizes a trauma focused behavioral therapy with HELP (Health Employees Leading People) and de-escalation techniques see that the clients are not physically hurt or cannot physically hurt staff or other clients. The main goal is not to re-traumatize the client. The recovery process for an individual can be long term and extended without receiving proper Trauma Informed Care.

The PACT teams use generalized questions about medications, talking to family and clients about mental health areas and behaviors. Working together to see what the main problems and issues are, finding out what they need and what goals they have.

AWARE has access to all emergency and medical services in the area. These supports include Benefis Hospital, Suicide Prevention Line, Crisis Plan, Evacuation Plans, Regular Physicians, Life Alert, emergency contact or next of kin, and individualized de-escalation plan.

Recommendation: Ensure direct care staff and front-line staff who have regular interactions with clients get some basic education and additional training in trauma informed care.

Access and Entry and Continuity of Services Through Transitions

AWARE makes attempts to network with local providers so they are aware of the services provided by the organization. AWARE also attempts to coordinate services to clients with the service providers the clients have previously used so there is familiarity. AWARE also participates in area job fairs and networks with Vocational Rehab. They have fliers that reflect their services, particularly their SDMI case management. AWARE has grown the organizations social media presence lately and utilizes a Facebook page, Instagram, as well as their professionally maintained website. AWARE also publishes a monthly newsletter (AWARE Ink) to those who have subscribed to the newsletter through their website.

Upon admission, clients are scheduled to see a psychiatric provider within the first 30 days of entry into services. In addition, AWARE develops an individualized treatment plan developed

for each client. The treatment plans are prepared for a 90-day plan and reviewed every 30 days for each client.

Prior to enrollment the intake person funnels the client to an appropriate case manager through referral by region. Family members are included in the intake process, unless a client is resistant. The client can then choose someone else who can be an alternate person for involvement in the client's treatment. Family involvement is noted on the patient record.

Currently there is a wait list for case management. AWARE hopes to get to a place where there is no waitlist for assignment of a case manager, but the current wait time is anywhere from one month to eight months. The current provider for assigning case management is Mountain Pacific Quality Health. A primary care provider can contact them to get such services for their patients. AWARE indicates they have a good working relationship with Mountain Pacific Quality Health.

In addition to the waitlist for case management services, staff mentioned that there is currently a 7 year wait list for individuals to receive developmentally disabled services through DPHHS.

Continuity of Services Through Transitions

When clients are transitioning out of services there is one designated person in charge of the individual clients' transition. That person is either the case manager or the treating clinician, depending upon whether the transition is to a lower or higher level of care. AWARE has an expectation that the clinician will stay in touch with the client when transferring to a temporary higher level of care.

Discharge plans for youth and adolescent clients starts on day one and a written discharge plan is placed in each client's chart. All planned client discharges include pre-scheduled appointments with the client's new provider to ensure continuity of care. All this transition information is shared with family member/guardians where appropriate. The goal is to smoothly transition the client to their next treatment phase. It is important to review all accomplishments and utilize the assessments of clients before, during, and after treatment. AWARE works collaboratively with other area mental health providers in the community such as Center for Mental Health. In the rare occurrence, if an individual leaves the program Against Medical Advice (AMA), AWARE staff will develop a list of available resources for the client choosing to leave.

A discharge plan is developed during the initial treatment plan. Each treatment plan developed is individualized with specific treatment goals and objectives. Once a client achieves 100% most of the time on a certain goal the treatment team will look to set a higher benchmark.

Recommendations:

- Implement a Cultural Competency Plan as part of the organizations long-term 5-year strategic plan. Consider contracting with a culturally competent clinician to provide training for clinicians and to assist in developing treatment-based objectives specific to Montana’s Native American population.
- Ensure that every staff member has the ability to be involved in trauma informed care (TIC). This well rounded, organizational wide approach to TIC will only help to strengthen the relationship between the individual receiving services and AWARE.

Impressions:

Overall AWARE provides a wide variety of needed behavioral health services and since its inception, has grown from a small furniture repair business, into one of Montana’s largest mental health centers serving Montana citizens across the state. AWARE has a well-developed strategic plan for the organization and a professional approach to providing high quality services to those in need.

The staff interviewed felt that AWARE provided a safe working environment and that there was a workplace culture where they can communicate “openly” with any part of the organization. The overall impression from the staff was they enjoyed working for AWARE and took pride in the services they provided to individuals and families.

AWARE’s Leadership team appears to have a strong dedication to achieving the organization’s goal of helping individuals live independent lives. Since the BOV last review of AWARE, the organization has gone through a substantial change in organizational leadership. Like turning a giant ship, impactful long-lasting change within an organization takes time, but AWARE appears to be in position to continue being a leader of community-based treatment in Montana.