

Mental Disabilities Board of Visitors

# SITE REVIEW REPORT

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Intermountain Children's Home  
*Helena, Montana*

May 26 - 27, 2005

Gene Haire

Gene Haire, Executive Director

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# TABLE OF CONTENTS

OVERVIEW .....	3
ASSESSMENT OF SERVICES .....	4
Physical Plant.....	4
Psychiatry / Nursing / Medication Management .....	4
Residential.....	5
Intensive Day Treatment .....	7
Clinical.....	8
MENTAL DISABILITIES BOARD of VISITORS STANDARDS .....	9
Organizational Structure, Planning, Service Evaluation .....	9
Rights and Safety .....	10
Child / Family Member Participation.....	12
Promotion of Community Understanding of Mental Illness.....	13
Sensitivity to Social, Cultural, Ethnic, and Racial Issues .....	13
Integration and Continuity of Services.....	14
Staff Competency, Training, Supervision, Relationships with Children .....	16
Informational Documents .....	17
Assessment, Treatment Planning, Documentation, and Review .....	18
Treatment and Support .....	19
Access / Entry .....	19
Continuity Through Transitions.....	20
CONCLUSION.....	21
RECOMMENDATIONS.....	22
FACILITY RESPONSE .....	23

**Site Review Report  
Intermountain Children's Home & Services  
May 26 - 27, 2005**

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**OVERVIEW**

**Mental Health Facility reviewed :**

Intermountain Children's Home and Services (ICHS)  
Helena, Montana  
(Residential Program and Intensive Day Treatment Program)

Jim FitzGerald, MPA – Executive Director

**Authority for review :**

Montana Code Annotated, 53-21-104

**Purpose of review :**

- 0) To learn about ICHS services.
- 0) To assess the degree to which the services provided by ICHS are humane, consistent with professional standards, and incorporate BOV standards for mental health services.
- 0) To recognize excellent services.
- 0) To make recommendations to ICHS for improvement of services.
- 0) To report to the Governor regarding the status of services provided by ICHS .

**BOV review team :**

**Staff:**

Gene Haire, Executive Director

**Board:**

Steve Cahill, LCSW  
Kathleen Driscoll

**Consultants:**

Bill Docktor, PharmD, BCPS  
Pat Frawley, LCSW

**Catchment area :**

State of Montana

**Review process :**

- Interviews with ICHS staff
- Observation of treatment activities
- Review of written descriptions of treatment programs
- Informal discussions with children
- Inspection of physical plant
- Review of treatment records

# **ASSESSMENT OF SERVICES**

## **Physical Plant**

Located on a campus setting in a residential area in Helena, Montana, Intermountain Children's Home and Services is a private, non-profit organization that provides residential, education, day treatment, and foster/adoption placement<sup>1</sup> and family support to children who are moderately or seriously emotionally disturbed. The Residential Program and Intensive Day Treatment Program are organized under licensure from the Department of Public Health and Human Services (DPHHS) for Mental Health Center and Therapeutic Youth Group Home.

The Intensive Day Treatment and Education Program are located in the multipurpose building (Bob Wix Center). This building also includes a large gym that doubles as the central dining area for lunch and other group activities. A full commercial grade kitchen is located off the gym. Each of the four residential units (cottages) include seven single bedrooms and one double bedroom, full kitchen, dining room, living area, therapist office, and staff office. Lower levels in each cottage provide space for group therapy, individual play therapy, apartment for family visitors, storage, administrative offices, and recreation.

### ***Strengths***

- *Cottages are clean, comfortable, and provide each child with a reasonable amount of privacy and personal space.*
- *Classrooms and other service areas are bright, open, well-supplied, and welcoming.*
- *A beautiful new "children's play garden" was under construction during this review.*

## **Psychiatry / Nursing / Medication Management**

- ICHS hired its first full time Psychiatrist/Medical Director in April 2005.
- ICHS supports the Psychiatrist in arranging her schedule so that the quality of her work and time available to children, families, and staff are not compromised.
- Psychiatrist spends each Thursday on campus and three days each week in ICHS's outpatient office.
- On Thursday mornings, Psychiatrist sees Day Treatment children and their parents reviewing signs and symptoms and response to prescribed psychotropic medications and making adjustments as appropriate.
- On Thursday afternoons, Psychiatrist conducts medication rounds for Day Treatment children (with Day Treatment Program Manager, Registered Nurse, and Clinical Director); and for Residential Program children in the cottages (with cottage therapists, cottage counselor staff, Registered Nurse, and Clinical Director).
- Consulting clinicians work with the treatment team in order to determine if medication is needed to help a child in their treatment process.
- Registered Nurse, Clinical Director, and Psychiatrist meet with each team's medication representative and therapist on a weekly basis to assess and discuss medication needs of children.
- Medication management and consultation services may also be provided by community psychiatrists and primary care physicians who work closely with ICHS staff (for Day

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<sup>1</sup> BOV did not review this service component.

- Treatment and Permanent/Adoptive Treatment Homes [PATH] – not reviewed).
- Contract Pediatrician provides primary medical care for each child; each child is given an annual physical examination.
- Nurses manage all medications on campus, obtain parental and guardian consent, and provide medication education to children and staff.

### Staffing

- Psychiatrist
- Registered Nurses (2)
- Licensed Practical Nurse (1)

### **Strengths**

- *The new psychiatrist's approach is to be accessible, hands on, and directly involved in the treatment culture and milieu - ex: eating lunch with the children and observing classroom activities.*
- *Psychiatrist and ICHS leadership are discussing ways for the Psychiatrist to become involved in supervision, program development, and staff education.*
- *Use of medication is conservative in both the Residential and Day Treatment programs*
- *Medication rounds employ an open process involving exchange of information among all involved staff and a consensus assessment (this is evidenced in the written record).*
- *The nurse's written summary of medication rounds issues and conclusions is provided to cottage staff so that everyone is aware of changes.*
- *When a child arrives at ICHS medications are usually slowly stopped so that a clear assessment of necessary medications can be made.*
- *No medications are used "as needed" for behavioral reasons.*
- *No medications are administered against the wishes of children or parents.*
- *Families report that the Psychiatrist really listens to the family's assessment and opinion of medications.*
- *Nurses use the medication information from the NAMI website for family education.*

### **Residential**

- 24 hour/day services in four campus-based cottages each with beds for eight children
- Individual/group/family therapy
- Individualized treatment planning
- Integrative Day Services (IDS) for children who are not able to function in the classroom setting for periods of time
- Milieu therapy across residential and classroom settings
- Individual Case Management
- Psychological testing, psychiatric consults, and educational assessments
- As needed Speech Therapy and Occupational Therapy
- General medical Services
- Psychiatric assessment and psychotropic medication prescription and management
- On-call crisis support is provided by Directors, Program Leaders, and clinicians
- Average length of stay - 18-24 months
- Accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

### Staffing

- Residential Program Manager
- Cottage Coordinators (4 - 1 per cottage)
- Cottage Therapists (4 - 1 per cottage)
- Case Managers (2 with caseloads of 16 children each)
- Cottage Counselors and Relief Counselors (1:4 staff to child ratio days and evenings; 9 per cottage)
- Night Shift Counselors (1:8 staff to child ratio overnight; 1 per cottage)
- Summer Aides

### Education Component

- Accredited, classroom-based educational program with certified Special Education Teachers and Special Education Technicians.
- Three classes organized by age groups.
- Class schedule during the regular school year and abbreviated weekly class schedule through the summer.
- Oriented toward enhancing success in a normalized school setting following residential treatment.
- Individual Education Plans in compliance with federal, Montana, and out-of-state requirements.
- Use of supportive control and teaching to the children's strengths

### Staffing

- Special Education Teachers (3, 1 in each of three classes)
- Special Education Technicians (3, 1 in each of three classes)

### **Strengths**

- *Impressive level of knowledge, teamwork, and preparation of residential staff in cottage operation and approach to children.*
- *Residential staff approached therapeutic holdings in a professional manner; obvious that staff understand this approach and that its use is with utmost care and guidance.*
- *Integrative Day Services allows children who are not able to participate in the classroom setting to receive closely-supervised structure and care separately, while allowing for minimal disruption to other children in the regular classroom.*
- *The Residential Manager has an exceptional ability to bring the team together around the mission and treatment philosophy of ICHS. His leadership and many years of experience and commitment have created a team of people who have finely honed the ICHS approach caring for children.*
- *Out of state family members/carers visit at least once each quarter, with most visiting every two months, and some monthly. Housing is available in an on campus apartment or at a local motel where ICHS picks up the bill.*
- *An 800 telephone number is used so family members/carers can phone as often as they like.*
- *Classrooms environments are calmer than one might expect, given the level and variety of emotional disturbance of the children.*
- *Teachers and Technicians demonstrate impressive skill and teamwork, moving from student to student knowing when to step in and when to step back.*
- *Treatment and academics are thoroughly integrated into the daily approach to education.*

## Intensive Day Treatment

- Integrated program with slots for nine children with severe emotional disturbance
- Referrals from a variety of sources including parents, community providers, and public school/Head Start staff
- Accredited, classroom-based educational program with certified special education teachers
- Operates 220 school days per year - children attend the program from 8:30 a.m. to 3:00 p.m.
- Partnerships with Helena, East Helena, Clancy, Boulder, and Townsend school districts
- Developmental, emotional/behavioral and family functioning assessments, psychological evaluations, psychiatric evaluations and educational assessments
- As needed referrals to community providers for speech/language and occupational therapy assessments, neuropsychological, neurological and genetic evaluations
- Milieu therapy
- Family, individual, and group therapy
- Psychiatric assessment and psychotropic medication prescription and management
- Crisis planning and response

### Staffing

- Therapist
- Program Manager/Case Manager
- Special Education Teacher
- Mental Health Technician
- Milieu Counselor

### **Strengths**

- *ICHS staff involvement with and commitment to families of children and schools is significant; between family therapy and "Mom's Group, there is the opportunity for at least two hours of structured time each week per family.*
- *Extraordinary accommodation of families' schedules when arranging meetings, etc.*
- *Excellent work mentoring and teaching parenting skills and problem solving to families.*
- *Clear treatment objectives and expectations for family involvement.*
- *Parents are active partners with ICHS staff and are present in the program two or three times each week - and are welcomed any time.*
- *Clear focus on parent-child relationships, root cause of problematic behaviors, and healthy communication.*

### **Concerns :**

- As in other communities, requiring a single vendor for children's case management while allowing multiple vendors for other mental health services<sup>2</sup> creates some distracting challenges to coordinating services.

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<sup>2</sup> In this case, ICHS provides day treatment, residential, educational, therapeutic, and psychiatric services for its clientele while A.W.A.R.E., Inc. provides case management services per DPHHS plan that requires a single provider by region for children's case management services.

## Clinical

- Use of the milieu as an active part of treatment
- Individual/Family/Group Therapy - Each treatment team has a master's level therapist who coordinates and oversees the clinical work with each child.
- ICBS follows the "Attachment Model" to treat severely emotionally disturbed children. One aspect of this model is the use of "holdings" wherein children are held firmly during "...the height of the child's emotional storms ... to encourage emotional expression...".<sup>3</sup> Holdings clearly meet the definition of restraint, and such a technique must always be used with utmost care and supervision. However, holdings are so clearly a fundamental part of the "Attachment Model" approach to treatment and are so thoughtfully designed and carefully used and monitored by ICBS, and have such demonstrable therapeutic value that BOV believes that they must be understood and critiqued in a context that does not lump them in with more conventional use of restraint.

## Staffing

- Clinical Director
- Therapists (4 Residential, 1 Day Treatment)

### **Strengths**

- *ICBS diligently and thoughtfully incorporates the use of "holdings" into its treatment approach in a way that thoroughly and professionally ensures that this technique is properly used, that it is never used in a punitive way, that the appropriate level of clinical oversight is always in place, and that staff who use this technique are well-trained and supervised. Use of holdings is reviewed daily by each cottage team. Holdings that last longer than 30 minutes are taken over by clinical staff. All questions and concerns that BOV had about ICBS's use of "holdings" were completely addressed.*
- *Time out, seclusion, and mechanical restraints are not used at ICBS.*

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<sup>3</sup> Intermountain Children's Home. Residential Scope of Services. p. 10. May 2005.



## MENTAL DISABILITIES BOARD of VISITORS STANDARDS

### Organizational Structure, Planning, Service Evaluation

Criteria	Comments
Are the lines of authority and accountability in both the ICCHS organizational chart and in practice:	
➤ simple and clear for all staff?	<del>YES</del>
➤ lead to a single point of accountability for ICCHS across all sites, programs, professional disciplines and age groups?	<del>YES</del>
Does ICCHS have a structure that identifies it as a discrete entity within the larger system of mental health services?	<del>YES</del>
Does structure of ICCHS:	
➤ promote continuity of care for children across all sites and programs?	<del>YES</del>
➤ reflect a multidisciplinary approach to planning, implementing, and evaluating care?	<del>YES</del>
Are staff:	
➤ aware of their roles and responsibilities?	<del>YES</del>
➤ held accountable for their work with children and family members/carers?	<del>YES</del>
Are designated staff of ICCHS accountable and responsible for the evaluation of all aspects of the service?	<del>YES</del>
Does ICCHS involve the following in the evaluation of its services:	
➤ children?	<del>YES</del>
➤ family members / carers?	<del>YES</del>
➤ ICCHS staff?	<del>YES</del>
➤ other service providers?	<del>YES</del>
Does ICCHS routinely measure health and functional outcomes for individual children using a combination of accepted quantitative and qualitative methods?	<del>YES</del>
Is ICCHS able to demonstrate continuous quality improvement regarding health and functional outcomes for individual children?	<del>YES</del>

### **Strengths**

- *Well-organized administration and programs with strong clinical direction.*
- *Parents are invited to give ideas for what should be different - ICHS incorporates this feedback into staff training.*
- *Extensive satisfaction surveys of children, parents, and agencies.*
- *Extensive two-year post discharge tracking looking at family placement and level of service outcomes.*
- *ICHS's sense of mission and purpose is very clear; it has strong clinical and administrative leadership.*
- *Staff have strong academic and experiential qualifications, and are very well supervised. There is an abundance of respectful communication, and all of this creates a therapeutic environment in which children receive a richness of services.*

## **Rights and Safety**

### **Rights**

<b>Criteria</b>	<b>Comments</b>
Does ICHS define the rights and responsibilities of children and family members/carers?	<b>-YES-</b>
Does ICHS actively promote child/parent/carer access to independent advocacy services and prominently display posters and/or brochures that promote independent advocacy services including the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program?	<b>-NO-</b> ICHS is in the process of implementation (see <b>Facility Response</b> )
Does ICHS have an easily accessed, responsive, and fair complaint / grievance procedure for children and their family members/carers to follow?	<b>-YES-</b>
Does ICHS <u>provide to children and their family members/carers</u> at the time of entering services in a way that is understandable to them:	
➤ a written and verbal explanation of their rights and responsibilities?	children: <b>-YES-</b> family members/carers: <b>-YES-</b>
➤ information about outside advocacy services available?	<b>-NO-</b> ICHS is in the process of implementation (see <b>Facility Response</b> )
➤ information about the complaint / grievance procedure	children: <b>-YES-</b> Children are encouraged to express their genuine feelings including complaints to staff in the "Our Promises to You" document. family members/carers: <b>-YES-</b>

➤ information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances	<b>-NO-</b>
Does ICHS <u>display in prominent areas</u> of the mental health service's facilities:	
➤ a written description of children' rights and responsibilities	<b>-YES-</b>
➤ information about advocacy services available (the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program)	<b>-NO-</b>
➤ the complaint / grievance procedure?	<b>-NO-</b>
Are staff trained in and familiar with:	
➤ rights and responsibilities?	<b>-YES-</b>
➤ advocacy services available?	<b>-YES-</b>
➤ complaint / grievance procedure?	<b>-YES-</b>

**Safety**

<b>Criteria</b>	<b>Comments</b>
Does ICHS protect children from abuse, neglect, and exploitation by its staff and agents?	<b>-YES-</b> No allegations against staff for the period requested by BOV (one year prior to site review). The extraordinary staff screening, the treatment and organizational culture, and the rich supervision and staffing levels effectively preclude the phenomenon of staff abuse/neglect of children.
Has ICHS fully implemented the abuse / neglect reporting requirements of 53-21-107, MCA?	<b>-NO-</b> There have been no allegations of abuse / neglect against ICHS staff in the past year, ICHS is in the process of implementation (see <b>Facility Response</b> )
Are staff trained to understand and to appropriately and safely respond to aggressive and other difficult behaviors?	<b>-YES-</b> See <b>Clinical</b>
Does ICHS utilize an emergency alarm system for staff and children to notify staff when immediate assistance is needed?	<b>-YES-</b>

**Strengths**

- *Especially clear, personal, and even moving 'Family and Child Rights Statement', titled Our Promises to You, that seems to encapsulate the extraordinary sincerity and commitment of ICHS to the children and families it serves.*
- *ICHS requires all visitors to wear a badge when on campus; children are told that people who have the badge on are approved visitors and safe.*
- *Individual staff are almost never alone with children; clinicians, directors, program managers, & supervisors are all accessible via cell phones. Maintenance team is accessible via cell phones and hand-held two way radios. Day Treatment staff uses hand held two way radios to also call for any back up or assistance. ICHS also uses a code/page for anyone to use if they are in need of emergency assistance when a situation calls for discretion, i.e., staff uses their phone to place an all page to all phones and, say, "Cindy's office needs some coffee" and help is sent directly there.*
- *ICHS is considering installing panic buttons at all main receptionist areas, cottage areas, and therapist offices and therapy rooms, which would allow staff to push the button without anyone in the room knowing and automatically call for assistance.*

**Recommendations :**

0. Develop policies and procedures that comply with § 53-21-107, Montana Code Annotated.
0. Include information about the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program in written information given to children and families.
0. Display posters and/or brochures that promote independent advocacy services provided by the Mental Disabilities Board of Visitors.

**Child / Family Member Participation**

Criteria	Comments
Does ICHS encourage and provide opportunities for children to participate actively in their treatment and recovery?	<del>YES</del>
Does ICHS identify in writing children' family members/carers and describe the parameters for communication with them regarding children' treatment and for their involvement in treatment and support?	<del>YES</del>
Does ICHS:	
➤ promote, encourage, and provide opportunities for patient and family member/carer participation in the <b>evaluation</b> of ICHS (ex: evaluation of 'customer service', effectiveness of communication with children and family members/carers, achievement of outcomes)?	<del>YES</del>
➤ have written descriptions of these activities?	children <del>YES</del> families/carers- <del>YES</del>

**Strengths**

- *Family / carer connections are thoroughly assessed on admission.*
- *Family therapy once per week.*
- *A weekly mothers group is well attended.*
- *Two mothers of three children interviewed reported being extremely pleased with ICBS services, communication with and support of staff, and close involvement with all phases of treatment planning and review - they reported feeling like partners in the process.*
- *Families express appreciation to staff for education and mentoring in ways to work with their children at home.*
- *Excellent staff involvement with and commitment to families of children and schools.*
- *Excellent accommodation of families' schedules when arranging meetings, etc.*
- *Staff teach parenting and problem solving skills to families.*
- *Parents who have been with ICBS longer give feedback to newer parents and are given latitude to "lead" groups.*

**Promotion of Community Understanding of Mental Illness**

<b>Criteria</b>	<b>Comments</b>
Does ICBS work collaboratively with the defined community to initiate and participate in a range of activities designed to promote acceptance of people with mental illnesses by reducing stigma in the community?	<b>-YES-</b>

- Strengths***
- *ICBS is involved in a number of community activities:*
    - actively involved in the Central Service Area Authority
    - education in Helena, Clancy, Townsend, and E. Helena schools and Florence Crittenton Home.
    - conference presentations
    - ongoing training for school bus drivers

**Sensitivity to Social, Cultural, Ethnic, and Racial Issues**

<b>Criteria</b>	<b>Comments</b>
Does ICBS deliver treatment and support in a manner that is sensitive to the non-majority social / cultural / ethnic / spiritual beliefs, values, and practices of children and their family members/carers?	<b>-YES-</b>
Does ICBS ensure that its staff are knowledgeable about the social / cultural / ethnic / spiritual beliefs, values, and practices of non-majority people in the defined community and understand social and historical factors relevant to provision of mental health treatment to individuals in these groups?	<b>-YES-</b>
In the planning, development, and implementation of its services does ICBS involve representatives of relevant non-majority social / cultural / ethnic / racial groups?	<b>-YES-</b>

Does ICHS investigate under-utilization of its services by, role of family and community in, and specialized treatment methods and communication issues for people in non-majority social / cultural / ethnic / racial groups, and people with visual or hearing impairment, people with other disabilities, and people who are illiterate?	* ICHS tracks utilization by cultural, spiritual, and racial background through the Continuous Quality Improvement process. Does not investigate utilization by people visual, hearing, or other disabilities.
Does ICHS develop links with other service providers / organizations with relevant experience in the provision of treatment and support to the non-majority social / cultural / ethnic / racial groups represented in the defined community?	<b>-YES-</b>
With regard to its own staff, does ICHS monitor and resolve issues associated with social / cultural / ethnic / racial prejudice and misunderstanding?	<b>-YES-</b>

<b>Strengths</b>
<ul style="list-style-type: none"> <li>▪ <i>Because of the significant number of Native American children in services at any given time, ICHS trains staff with regard to pertinent cultural issues. When a child has any 'non-majority' social/cultural/ethnic/spiritual belief or need identified at intake—the team searches out ways to learn about and provide opportunities (through activities, literature, art, food, or finding a mentor in the community). For example if a Jewish child resides at ICHS, - since the ICHS chaplain program is Christian-based, ICHS has a resource in the community that helps the team provide and tailor treatment and provides opportunities for practice of their faith.</i></li> <li>▪ <i>ICHS involves mentors in the community to support the team in responding to cultural needs. If needed mentors can't be found in the local community, ICHS will search for one in the community where the child came from (example—Alaska). Mentors provide guidance to the team in order to support the team planning and implementation of treatment that is tailored to the need, but do not become involved in the actual planning process. This is based on the treatment model, i.e., attempting not to get too many adults involved so as to avoid confusion with primary therapeutic relationships.</i></li> </ul>

## Integration and Continuity of Services

### Within the Organization

<b>Criteria</b>	<b>Comments</b>
Does ICHS ensure service integration and continuity of care across its services and sites?	<b>-YES-</b>
Does ICHS convene regular meetings between staff of each of its programs and sites in order to promote integration and continuity?	<b>-YES-</b>

### Within the Community

Criteria	Comments
Does ICHS actively participate in an integrated <b>human services system</b> serving the defined community, and nurture inter-community links and collaboration?	<b>-YES-</b>
Are ICHS staff knowledgeable about the range of other community agencies available to children and family members/carers?	<b>-YES-</b>
Does ICHS support its staff, children, and family members/carers in their involvement with other community agencies wherever necessary and appropriate?	<b>-YES-</b>

**Within the Health System**

Criteria	Comments
Is ICHS part of the general health care system and does it promote comprehensive health care for children (including access to specialist medical resources) and nurture inter-agency links and collaboration?	<b>-YES-</b>
Are ICHS staff knowledgeable about the range of other health resources available to children and provide information on and assistance in accessing other relevant services?	<b>-YES-</b>
Does ICHS support the staff, children, and family members/carers in their involvement with other health service providers?	<b>-YES-</b>
Does ICHS ensure continuity of care for children following their discharge?	<b>-YES-</b>

***Strengths***

- *Good partnering with Headstart and Missoula Youth Homes.*
- *Establishment of an outpatient psychiatric clinic accessible to the community at large.*
- *Exceptionally good work in transitioning children from ICHS to other services and living settings.*

## Staff Competency, Training, Supervision, Relationships with Children

Criteria	Comments
Does ICHS define minimum knowledge and competency expectations for each staff position providing services to children?	<b>-YES-</b>
Does ICHS have a written training material for new staff focused on achieving minimum knowledge and competency levels?	<b>-YES-</b>
Does ICHS train new staff in job-specific knowledge and skills OR requires new staff to demonstrate defined minimum knowledge and competency prior to working with children?	<b>-YES-</b>
Does ICHS proactively provide staff opportunities for ongoing training?	<b>-YES-</b>
Does ICHS periodically assess staff and identify and addresses knowledge and competence deficiencies?	<b>-YES-</b>
Does ICHS provide active formal and informal supervision to staff?	<b>-YES-</b>
Do ICHS staff members demonstrate respect for children by incorporating the following qualities into the relationship with children: positive demeanor, empathy, calmness, validation of the experiences, feelings, and desires of children?	<b>-YES-</b>
Are supervisors trained to and held accountable for appropriately monitoring and overseeing the way children are treated by line staff?	<b>-YES-</b>

### **Strengths**

- *Staff appear to be exceptionally competent, well-trained, well-credentialed, broadly experienced, and very enthusiastic about their work, their teams, and their leaders - and most impressively - care very deeply about the children and their families.*
- *Staff training and supervision related to "holdings" are extensive.*
- *Staff performance expectations and supervision are approached as a cultural paradigm, as opposed to a mechanistic structure.*
- *Staff appear to be exceedingly dedicated and strenuously advocate for the children.*
- *Staff appear to genuinely respect each other and appreciate the contributions that their colleagues make to the teams and the children.*
- *Staff consistently engage children in didactic interactions, and move quickly, knowledgably, and compassionately to intervene upon inappropriate behaviors.*
- *The relationships between staff and children are genuinely and sincerely respectful. The model of the healthy family permeates staff awareness as they do their work.*
- *The organization of 'self-directed teams' appears to contribute greatly to staff's sense of ownership and empowerment.*
- *ICHS contributes financially to ongoing staff professional development.*
- *Staff teams have the opportunity to and are encouraged to participate in "family team dynamics" to explore personal issues that may have a bearing on their work at ICHS.*
- *Staff are empowered to both share with and receive honest feedback from each other on issues relating to working with children.*
- *Average length of stay for management staff is ~ 8 years; for direct care staff ~ 5.5 years - compared to ~ 0.5 years nationally.*



**Suggestions :**

- The efficacy of the implementation of the self-directed team concept appears to vary among the teams. Consider polling staff to find out which team leaders are more successful in imbuing empowerment and ownership with the goal of further enhancing these qualities in all teams.

**Informational Documents**

<b>Criteria</b>	<b>Comments</b>
Does ICBS proactively provide written information about the following to children and family members/carers:	
➤ consumer rights and responsibilities including complaint / grievance procedure?	children: <del>YES</del> family members/carers: <del>YES</del>
➤ and assistance available from BOV	<del>NO</del>
➤ program descriptions?	children: <del>YES</del> family members/carers: <del>YES</del>
➤ mission statement ?	children: <del>YES</del> family members/carers: <del>YES</del>
➤ mental health/substance abuse treatment service options available in the community?	children: N/A family members/carers: <del>YES</del>
➤ psychiatric / substance use disorders their treatment	N/A
➤ medications used to treat psychiatric disorders?	children: <del>YES</del> family members/carers: <del>YES</del>
➤ opportunities for consumer / family member / carer participation in evaluation of the service ?	children: <del>YES</del> family members/carers: <del>YES</del>
➤ staff names and credentials?	children: <del>YES</del> ICBS maintains a photo album of the staff and kids in the cottage or program new children are going to and reviews this with them. family members/carers: <del>YES</del>
➤ organization chart ?	children: <del>*</del> family members/carers: <del>*</del> ICBS used to do this and found it became too confusing. Now uses the photo album during the community intake assessment to review the staff and their roles and how they relate to each other.
➤ staff code of conduct ?	children: <del>NO</del> family members/carers: <del>NO</del> ICBS plans to include this information in its new family orientation packet.

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**Suggestions :**

- Consider working with Bill Docktor, PharmD, BCPS to develop more medication information/education for children, families, and staff<sup>4</sup>.

**Assessment, Treatment Planning, Documentation, and Review**

**Assessment**

Criteria	Comments
With children' consent, does ICBS proactively include the participation of and provision of information by family members/carers, other service providers, and others with relevant information?	<b>-YES-</b>
Are assessments conducted in accordance with the unique requirements of people from a non-majority background and people with vision or hearing impairments, people with physical or developmental disabilities?	<b>-YES-</b>
When a diagnosis is made, are children and family members/carers (with the consumer's consent) provided with information on the diagnosis, options for treatment and prognosis?	<b>-YES-</b>

**Treatment Planning**

Criteria	Comments
Does ICBS work with children, and with children' consent, family members/carers, and others to develop initial treatment plans?	<b>-YES-</b>
Do service plans focus on interventions that facilitate recovery and resources that support the recovery process?	<b>-YES-</b>
Does ICBS work with children, family members/carers, and others to develop crisis / relapse prevention and management plans that identify early warning signs of crisis / relapse and describe appropriate action for children and family members/carers to take?	<b>-YES-</b> "Coping Plans" are part of overall treatment plans.
Are children, and with children' consent, family members/carers are given a copy of the treatment plan?	<b>-YES-</b>

**Documentation**

<sup>4</sup> **William J. Docktor, Pharm. D., BCPS. Professor, Pharmacy Practice. University of Montana, School of Pharmacy and Allied Health Sciences.** Phone: (406) 243-5713. FAX: (406) 243-4353  
E-Mail: [William.Docktor@umontana.edu](mailto:William.Docktor@umontana.edu).

Criteria	Comments
Is ICHS documentation a comprehensive, sequential record of children' conditions, of treatment and support provided, of children' progress relative to specific treatment objectives, and of ongoing adjustments made in the provision of treatment and support that maximize children' potential for progress?	<b>-YES-</b>
Is there clear congruence among assessments, service plans, discharge plans, service plan revisions, and treatment documentation?	<b>-YES-</b>
There is clear documentation of a proactive approach to involving children? and families/carers in the service planning and revision?	<b>-YES-</b>

**Review**

Criteria	Comments
Do progress reviews support conclusions with documentation?	<b>-YES-</b>

<b>Strengths</b>
<ul style="list-style-type: none"> <li>▪ <i>ICHS has one of the most thorough, detailed, well-managed process of assessment, treatment planning, treatment review, and documentation of services that BOV has seen in Montana.</i></li> <li>▪ <i>Treatment plans are excellent - full of detail, measurable, behaviorally-specific, well-defined staff responsibilities, specific discharge objectives, and clear time frames.</i></li> <li>▪ <i>ICHS makes a point to thoroughly explore and identify the children's and families strengths.</i></li> <li>▪ <i>Documentation of ongoing "behavioral indicators" is excellent - objectifies successes and challenges during treatment and used for adjusting treatment.</i></li> <li>▪ <i>Ongoing charting in both Residential and Day Treatment programs is excellent - consistently high quality, well-written, thorough, up-to-date, and meticulously tied to treatment goals and objectives.</i></li> <li>▪ <i>Cottage and Classroom logs are consistently thorough - referencing and drawing on identified milieu strategies from Master Treatment Plans.</i></li> <li>▪ <i>Master Treatment Plans include "Family / Community Interaction Plan".</i></li> </ul>

**Treatment and Support**

Criteria	Comments
Is treatment and support provided by ICHS reflective of evidence-based, best practice, recovery-oriented concepts and models, comprehensive, and implemented by appropriately qualified and experienced mental health professionals and paraprofessionals?	<b>-YES-</b>
Does ICHS provide education for children, family members/carers, and staff which maximizes the effectiveness of child / family member / carer participation in children' treatment ?	<b>-YES-</b>

**Access / Entry**

Criteria	Comments
Does ICHS ensure equality in the access to and delivery of treatment and support regardless of age, gender, sexual orientation, social / cultural / ethnic / racial background, previous psychiatric diagnosis, past forensic status, and physical or other disability?	<b>-YES-</b>
Are ICHS services convenient to the community and linked to primary medical care providers?	<b>-YES-</b>
Does ICHS inform the defined community of its availability, range of services and the method for establishing contact?	<b>-YES-</b>
For new children, is there timely access to psychiatric assessment and service plan development and implementation within a time period that does not, by its delay, exacerbate illness or prolong distress?	<b>-YES-</b>
Does ICHS have policies and procedures describing its entry process, inclusion and exclusion criteria, and means of promoting and facilitating access to appropriate ongoing care for people referred to but not admitted to ICHS?	<b>-YES-</b>
Does the process of entry into ICHS minimize the need for duplication in assessment, service planning, and service delivery?	<b>-YES-</b>
Does ICHS ensure that children and their family members/carers are able to, from the time of their first contact with the mental health service, identify and contact a single mental health professional responsible for coordinating their care?	<b>-YES-</b>

**Concerns :**

- State of Montana funding levels for services provided by ICHS have forced ICHS to seek more and more out of state children with sufficient reimbursement.

The average number of Montana kids served each year in the ICHS campus program:

2005 – 8/32 beds —25 %  
2004 – 9/32 beds —30%  
2003 – 12/32 beds—39%  
2002 – 18/32 beds—57%  
2001 – 20/32 beds—60%  
2000 – 23/32 beds—72%  
1999 – 23/32 beds—72%  
1998 – 25/32 beds—79%

**Continuity Through Transitions**

Criteria	Comments
Does ICHS ensure that children's transitions within ICHS are facilitated by a designated staff member and a single individual service plan known to all involved?	<b>-YES-</b>
Do children's individual service plans include exit plans that that maximize the potential for ongoing continuity of care during and after all transitions from the	<b>-YES-</b>

ICHS to other services?	
Does ICHS review exit plans in collaboration with children and their family members/carers as part of each review of the individual service plan?	<b>-YES-</b>
Does ICHS review the outcomes of treatment and support as well as ongoing follow-up arrangements for each child prior to their exit from the service?	<b>-YES-</b>
Does ICHS provides children and their family members/carers with understandable information on the range of relevant services and supports available in the community when they exit from the service?	<b>-YES-</b>
When a child is transitioning to another service provider, does ICHS proactively facilitate in person involvement by the new service provider in transition planning and the earliest appropriate involvement of the service provider taking over treatment responsibilities?	<b>-YES-</b>
Does ICHS ensure that children referred to other service providers have established contact, and that the arrangements made for ongoing follow-up are satisfactory to children, their family members/carers, and the other service provider prior to exiting ICHS?	<b>-YES-</b>
When a child who is transitioning to another service provider is taking psychotropic medications, does ICHS proactively facilitate the seamless continuation of access to those medications by ensuring that: (1) the child has an appointment with the physician who will be taking over psychotropic medication management, (2) the child has enough medications in hand to carry him/her through to the next doctor appointment, and (3) the child's medication funding is established prior to the transition.	<b>-*</b> ICHS does an excellent job of managing this part of discharge transition.

**Strengths :**

- *Frequent and abundant internal communication through 1:1 communication, as well as inter and intra team communication.*
- *Excellent proactive communication and coordination with families, community-based providers, school districts, etc.*
- *Excellent, proactive efforts by ICHS staff to manage and facilitate transitions of children both into its programs and from its programs into out-of-facility services/programs (public school, foster/adoptive placements, return to families, etc.).*

**CONCLUSION**

Intermountain Children's Home is a special place where children are given the opportunity to heal and thrive. It's sense of mission and purpose is very clear; it's clinical and administrative leadership are strong. Staff have sound academic and experiential qualifications, and are very well supervised and supported – expectations for all staff are very high. The treatment culture emphasizes knowledge, teamwork, and respectful communication. All of this creates a therapeutic environment in which children and their families are richly served.

## **RECOMMENDATIONS**

0. Develop policies and procedures that comply with § 53-21-107, Montana Code Annotated.
0. Include information about the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program in written information given to children and families.
0. Display posters and/or brochures that promote independent advocacy services provided by the Mental Disabilities Board of Visitors.

## **FACILITY RESPONSE**

November 11, 2005

Gene Haire, Executive Director  
Mental Disabilities Board of Visitors  
P.O. Box 20084  
Helena, MT 59620

Dear Gene,

Before I respond to our recommendations, I would like to take the opportunity to thank you for our experience of the site visit from the Board of Visitors. When we initially met prior to the site visit, I shared my concerns about how often we are reviewed and the cost in staff time to complete these site reviews. I was less than enthused with the prospect of adding another group to our long list of review/accreditation/licensing bodies.

After the site review concluded, all staff involved in the process were impressed by the approach you used. Clearly, you wanted to get to know and understand our organization and treatment approach—not just through policies and documentation, but through the people in the agency. It was the first time that we have experienced a site review where the body truly looked at the quality of care the children and families receive by spending time with our staff and the children and families in our programs. Our staff have also experienced the Board of Visitors as a group that is there to help and support organizations like ours improve and provide better services by being a resource to us. We were pleasantly surprised by our experience and appreciated your approach.

As you know from your visit, our staff are very passionate and believe the model and approach we use here at Intermountain is what is best for children and families. I believe that our staff are the best trained, highly professional, knowledgeable, and committed to their work. They are what make our treatment effective with solid outcomes. I appreciate your respect for them in taking the time to witness the difficult and important work they do here.

Based on your review, you recommended the following:

- 0. Develop policies and procedures that comply with § 53-21-107, Montana Code Annotated.*

We have begun the process of revising our Child Abuse Reporting Policy to be more specific in regards to the process of reporting in regards to staff abuse. Our policy needs more detailed and outline the process of what happens when staff is accused, who needs to be notified, and what the agency response is in order to assure the safety of children.

The check list you provided us to help draft a updated policy was very helpful. We also will include information in regards to this process, how to file a complaint, and expectations for staff code of conduct in our new orientation packet for families and guardians.

- 0. Include information about the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program in written information given to children and families.*

ICHS has begun to draft a new orientation packet for our families and guardians. Information on these three groups will be included in this packet as resources to them throughout treatment at ICHS.

- 0. Display posters and/or brochures that promote independent advocacy services provided by the Mental Disabilities Board of Visitors.*

We have requested a copy of the new posters the Board of Visitors office has printed with this information on it. Until we receive the posters, these groups contact information will be posted in public areas of the organization.

Please let us know if you need any further action or information regarding the recommendations. Thank you again for a pleasant experience of the process for review.

Sincerely,

Jim FitzGerald, Executive Director  
Intermountain Children's Home and Services  
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