

New Day,
Inc.
Services

May 10 & 11

2012

A Site Review Report of the mental health and chemical dependency services provided to youth and adolescents at New Day Inc. in Billings.

Mental Disabilities
Board of Visitors

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OVERVIEW

Mental Health Facility reviewed:

New Day, Inc.
Therapeutic Group Home for Boys and Girls
Four Dances Outdoor Education Program
Billings, Montana

Vernon Mummey, Administrator and Vice President of the Board

Authority for review:

Montana Code Annotated, 53-21-104

Purpose of review:

- 1) To learn about the New Day, Inc. program.
- 2) To assess the degree to which the services provided are humane, consistent with professional standards, and incorporate Board of Visitors standards for mental health services.
- 3) To recognize excellent services.
- 4) To make recommendations for improvement of services.
- 5) To report to the Governor regarding the status of services.

BOV review team:

Board:

Patricia Harant

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Review process:

- Interviews with New Day, Inc. staff
- Observation of treatment activities
- Review of written descriptions of treatment programs
- Informal discussions with client/youth
- Inspection of physical plant
- Review of treatment records

SUMMARY

For 18 years, New Day, Inc. has been providing therapeutic residential and outpatient services to youth and adolescents up to age 18 that are generally effective, appropriate, and consistent with professional standards. The program has a strong American Indian cultural focus. A majority of the youth being served are Native American. The setting is rural with the group homes located outside the city of Billings. Staff at all locations is dedicated, respectful and caring in their interactions with the youth and with other members of the staff and they 'like their jobs'. All staff members interviewed are loyal to Vernon Mummey, the Administrator and Vice-President of the Board of Directors and his vision for providing a program that specializes in providing therapeutic services to Native American youth. His concern for the youth and their fondness for him is evident. This tone has been embraced by staff that demonstrates respect and cultural awareness in interactions at every level with the youth in the program.

Much of the growth at the program has been the result of Mr. Mummey's success in accessing grants to create services he considers to be valuable to the mission of the program. In 2004 New Day received a grant for the outdoor program which established the camp in the Bull Mountains and their Wilderness concept began. Although the grant ended, the program was continued and has managed to remain self-sustaining.

New Day, Inc. specializes in working with youth who meet the state's criteria for 'serious emotional disturbance' (SED); it is licensed by the state of Montana as a mental health center with endorsements for Child & Adolescent Case Management and Day Treatment and operates state-certified Therapeutic Youth Group Homes. Youth in the Group Homes receive treatment services both at the residential program and also through the Day Treatment Programs along with access to school classrooms. Several youth from the surrounding community receive therapeutic support through the Day Treatment Program. At the time of the site review the census at the residential program was 48 with another 30 youths being served are in the day program. During the summer months up to 100 students from SD2 join the day program.

New Day, Inc. provides services through a program that shares components with other programs across the state, but the rural setting of the group homes, the access to the equine therapy, and focus on the cultural identity of the youth served makes this program somewhat unique. It serves a niche in the state's youth/adolescent mental health system and does a more than credible job of serving the youth/clients in the program. Overall, the program is working well.

Competent, well-trained staff is the most important aspect of a quality treatment program. Allocating resources to focus on meeting the training and support needs of staff, as well as their compensation, benefits, and time off is an essential component of a very well-run program. Direct care staff indicated they are challenged to access needed training, they seemed a bit stressed, overworked, and wished their salaries and benefits were a bit more substantial; staff interviewed indicated that they like their jobs and considered their work with the youth served to be very important, but are concerned about staff turnover rates. Staff expressed frustration about the continuing need to orient new hires to have them leave within a few months. The program has grown quickly and the site review team observed that further expansion before staff is properly supported to meet the therapeutic needs of the clients/youth could create challenges in the future of the program.

This report contains recommendations for additional training and support for staff at all levels, and the addition of a baccalaureate prepared registered nurse.

On a final note, conversations with the leadership team at New Day, Inc. mirrored those of other programs reviewed this past year regarding the complexity of need and intensity of services required to meet the needs of youth/adolescents currently being served. Providers of therapeutic services have increasingly noted a greater than before need for services and the intensity of disability for those youth/adolescents entering into services. These identified needs are creating challenges for both children/youth mental health services and adult mental health services. Providing transition services for those youth/adolescents when they become adults poses a significant challenge to the youth, their families and providers.

QUESTIONS - STANDARDS

Organizational Planning and Quality Improvement

Organizational Planning:

Strengths/Observations:

Strategic Planning: The site review team received a copy of the New Day, Inc. strategic plan in advance of the site review. The original strategic plan was developed by the Administrator and has been updated annually. Short-term and long-term goals are developed by the Continuous Quality Improvement Committee (CQI) for each department. Staff interviewed reported that while they were not directly involved with writing/creating the strategic plan, they consider the Administrator to be accessible and open to suggestions for consideration to be added to the plan. The plan is concise and establishes five goals that become part of the annual Operations Plan.

Operations Plan: Implementation of the strategic plan and Council on Accreditation (COA) requirements serve as the operations plan. The operations plan is amended and updated annually by the CQI Committee using information received from surveys of client/youth, family members, community stakeholders and goals set by the Administrator. The Administrator seeks funding for implementation of goals in the strategic plan that translates into operations and expansion or addition of new services through grants and public funding sources. The Administrator and QA Officer appear to be key staff for implementing and amending the operations plan.

Quality Improvement:

Strengths/Observations:

New Day, Inc. has a Quality Assurance Officer designated to collect data, and implement the continuous quality improvement process. The CQI process uses data collected from staff satisfaction surveys, client/youth, family member satisfaction surveys, COA certification requirements, and incident reports to improve services. The information collected is reported to the CQI Committee quarterly and goals are established. The Board of Directors receives information about the goals at quarterly meetings and with progress summarized at the annual meeting. It appeared to the team that the process itself is not evaluated for effectiveness. Staff interviewed – front-line to supervisors – reported interest in receiving more training and program development directly related to services clients and families. They consider training currently available to be limited.

One example: the CQI process has very specific guidelines for New Staff Orientation yet the information collected by the site review team regarding staff orientation training indicated that the process has not been fully implemented. Using the information provided about the number of hours of training required before staff could begin working directly with client/youth, indicated that some staff did not complete the required CPR/First Aid training within the first 60 days of employment.

Another example: Client/youth survey information indicates that several comments were received about the quality and nutrition/medication compatibility of the food served at New Day, Inc. yet no comments were made in either the Quality Improvement Process or the strategic plan to address client nutrition needs and treatment plans reviewed did not include goals regarding nutritional/dietary needs.

Suggestion:

- Assure all members of the staff receive information about changes in policy, procedure and training that occur as a result of the quality improvement process.
- Establish staff trainings that reflect the needs identified through the QI/QA process, assure effective training at all levels, and cover direct care staff shifts so all frontline staff can receive the same training.

Rights, Responsibilities, and Safety

Rights, Responsibilities:

Strengths/Observations:

Information about the program and services, offered at New Day, Inc. and client/youth rights and responsibilities is provided at admission in the Youth Handbook and the admission packet. New Day, Inc. does not have a handbook written specifically for family members/guardians. The client/youth's therapist is responsible to explain rights and responsibilities along with all the other information in the admission/orientation packet to the client/youth. Clients/youth, including those who attend day treatment only, receive an explanation of their rights and responsibilities through the school program on campus.

Neither the Youth Handbook nor the Admission Packet contains information about the grievance policy and process for filing and resolving complaints and grievances. The Grievance Policy does not contain information about steps the client/youth and family members/guardians may pursue to appeal a complaint/grievance if they are not satisfied with the outcome. The information about the grievance process provided to the site review team did not indicate how and when the information about the process is provided to the client/youth and families. Staff interviewed did seem to understand the process – client/youth did not indicate clear understanding about the grievance/complaint process although staff noted that the client/youth have no trouble filing grievances. Staff is encouraged and expected to work with each client/youth and a staff supervisor to solve complaints when they arise. If the complaint cannot be resolved, anyone can help the client/youth fill out a grievance form that will be given to the therapist who will:

- Gather all information related to the grievance
- Try to resolve the problem with the client/youth
- If the problem persists the therapist will give the grievance to the client/youth's team for resolution
- If unresolved by the team the grievance will be forwarded to the Clinical Director and/or Administrator

The Youth Handbook lists advocacy services that can assist clients/youth to navigate the grievance process. However brochures and posters providing contact information for advocacy services were not in each location at New Day, Inc.

Suggestions:

- Assure that client/youth and family members/guardians are familiar with advocacy services available to them and that they understand the agency's grievance procedures.
- Include information about the grievance policy and process for filing and resolving complaints and grievances in the information provided to client/youth and families in admission materials.

Safety:

Strengths/Observations:

Abuse/Neglect/Exploitation: To New Day, Inc., the following constitutes abuse/neglect/exploitation: Any physical, emotional, or verbal assault, or a sexual assault by staff or other client/youth, or if a client/youth's needs are not being met. The written policy is satisfactory, and the staff interviewed understood the procedures. It appeared that direct care staff was not aware of the requirement to report to the BOV. The program has a policy of 'zero tolerance' for a/n/e and there have been very few cases of Abuse/Neglect/Exploitation.

All new employees receive training on a/n/e and the reporting requirements under 53-21-107, MCA during staff orientation and they are expected to continually watch for abuse of any kind.

Staff Communication: Staff interviewed reported that effective communication among supervisors and coworkers about client/youth treatment and addressing job related stress is limited. Staff, particularly direct care staff, expressed the need for more time designated to communicate with supervisors and each other about treatment issues. Most communication between supervisors and staff seems to take place on an informal, "catch as catch can" basis. Serious incident review/investigation and debriefing between administration and unit managers seems to occur simultaneously. A post-incident analysis process was not apparent.

Staff Training: Mandt¹ training is provided to all new staff with a refresher course required annually for all staff. Staff seems to be knowledgeable and skilled in this approach. However, some staff members are not physically able

¹ The Mandt System – training program: <http://www.mandtsystem.com/>

to use physical restraints with some client/youth, which puts increased responsibility on physically stronger staff members, including supervisors. To improve de-escalation techniques and reduce the number of physical restraints, more training, supervision, and post-incident analysis would be useful. Although supervisors are skilled in dealing with agitated client/youth, other staff members need support to develop such skills so that the supervisor is not spending so much time "trouble shooting."

Floor holds are not allowed at New Day, Inc. Physical standing holds are done only using one or two staff holding the client/youth for no more than three minutes. Physical restraints are monitored and reported in incident reports. Debriefing after restraint or seclusion is completed; debriefing after physical hold restraint is required with 24 hours of the incident. Mechanical restraints or locked seclusion rooms are not used at New Day, Inc.

Time out is utilized – clients/youth may ask for time out and/or staff will request it. Staff tries to encourage a client/youth to make good choices, write or journal, talk, or go for a walk with staff to discuss problems.

A Behavior Evaluation (BE) is done when a major non-compliance occurs. This means that the client/youth's team reviews and may change his treatment plan. A point system is used to encourage good behavior. The client/youth interviewed all understood the point system and knew what they needed to do to increase their points.

Same gender staff is available to the degree possible. Group homes for female client/youth have all female direct care staff and one male Lead Clinical (therapist). Staff reported to the team that a girl can work with a female therapist if requested or needed. Group homes for male client/youth have male and female staff.

Suggestions:

- Provide more training opportunities, ongoing support, and supervision regarding definitions, recognition, management, and reporting of possible abuse/neglect/exploitation.
- For staff safety provide additional training and support to help staff develop skills to effectively respond to agitated client/youth.

Client / Family Member Participation

Strengths/Observations:

Families are encouraged to be involved in all steps of the evaluation process and creating the treatment plan. Case workers keep information flowing and are the contacts for families members/guardians - the effectiveness of communication rests with them. The case workers provide information about the treatment plan and treatment planning process and diagnosis. Staff interviewed reported that up to 20% of family members/guardians struggle to be involved with their child's treatment. Client/youth attend all treatment planning meetings. Should a family member/guardian have concerns about the treatment plan or disagree with the goals/objectives, the case worker would be their first contact for resolution.

Therapy sessions are designed to address the needs of clients/youth to be consistent with the treatment plan. Therapeutic interventions are provided on levels ranging from intensive for clients/youth served in the group home setting to structured outpatient counseling in the outpatient programs. Individual therapy ranges from 50 minutes weekly for intensive for clients/youth in the group homes to individual treatment sessions twice monthly for the day treatment program. Individual treatment sessions are provided each week for clients/youth in the intensive outpatient chemical dependency program. Although family therapy is part of the client/youth treatment plan, distances can make it difficult for families to attend. New Day, Inc. does not have Skype available to help families stay in 'picture' contact. Each client/youth has access to two monitored phone calls per day to family members/guardians/important persons. Staff interviewed suggested some family members/guardians may not fully participate in therapy/treatment because of work schedule conflicts. Often they are not able to attend meetings during regular business hours. When the site review team asked if treatment/therapy schedules could be flexible to accommodate evening or weekend sessions with family, BOV was informed that at times staff was not available to cover that flexibility. During follow up discussions with leadership the BOV received information that Lead Clinical Staff is not limited to 40 hours per week and they do attempt to provide families with flexibility whenever possible.

Suggestions:

- Consider reviewing professional staff schedules for family therapy and treatment planning to promote as much family involvement as possible, including evening or weekend therapy sessions.

Cultural Effectiveness

Strengths/Observations:

This is an area of strength for New Day, Inc. Most of the staff and the clients/youth served are of American Indian heritage. New Day, Inc. by-laws require that 60% of the Board be Native American. Services are focused on Native American culture, its presence is everywhere in both the physical compound and the program. From drumming, smudging and sweats to the incorporation of the medicine wheel in the décor of the main building and new gym. The team found the cultural focus for services to be very appropriate and refreshing, especially when compared to other mental health services and programs across the state.

The New Day, Inc. cultural policy is reviewed with all new employees during the new hire orientation; one member of the staff is dedicated to providing cultural effectiveness training. The staff ensures that client/youth who need other services will receive the necessary help in satisfying their important cultural needs. Staff recruitment is focused on individuals who are culturally sensitive and cultural effectiveness training is provided annually.

Cultural awareness at New Day, Inc. is not limited to Native American culture. When client/youth with other distinct cultural backgrounds are being served at the program, staff uses the opportunity to explore other aspects individual culture. BOV is comfortable with both staff and administration's willingness to expand cultural sensitivities to all ethnicities and culture.

Suggestions:

- Continue to seek opportunities to participate in activities in the community that will raise public awareness about the distinct cultures of the clients/youth served by New Day, Inc., Inc and the services the program can provide.

Staff Competence, Training, Supervision, and Relationships with Clients

Competence and Training:

Strengths/Observations:

Competence: A review of the position descriptions for selected staff indicated that minimum knowledge and competence expectations regarding mental illness are not defined for every position. Supervisors are not involved during interviews for the staff they will supervise. The HR Director conducts interviews with candidates for those positions but has no direct experience working with clients/youth.

A few members of the staff have graduate degrees related to mental illness, making them eligible for licensure by the State of Montana; some staff members are Licensed Addiction Counselors. The Mental Health Specialists/Teachers do not have degrees related to mental illness but do have current teaching credentials/certificates. Some Mental Health Specialists/Teachers have previous experience related to mental illness or educate themselves regarding diagnoses, symptoms, treatment, meds, etc.

The site review team was left with the impression that direct care group home staff is not expected to have knowledge of working with clients/youth with mental illness when hired. Information regarding commonly seen mental health diagnoses did not appear to be incorporated into the orientation training. Ongoing training related to evidence-based interventions to best assist all staff in helping the client/youth in appropriate ways did not appear to be offered to all staff. The on-the-job or apprenticeship model requires a basic knowledge base for the role-modeling and coaching to be most beneficial.

Orientation: Newly hired staff receives the following training during orientation: Mandt, CPR, First Aid, medication training (including dispensing), HIPAA requirements, confidentiality, fire evacuation, recognizing eating disorders, etc. Mandt training is 16 hours. In addition to orientation and training, a new staff hire shadows someone in the position for two separate 6-hour shifts before working independently with client/youth.

There is evidence in the training materials provided to the team to indicate that required training is not completed by all staff. "Training attempted" is commonly referred to with no description of what this categorization signifies.

Staff expressed frustration that direct care staff turnover is high; new employees often leave before completing the new employee orientation.

Suggestions:

- Clarify timeframes for staff to complete required orientation and training.

- Assure that all required training is completed before newly hired staff begins working one-to-one with clients, and establish consequences for staff that do not complete the training.
- Assess new employee competencies before beginning one-to-one with clients using a longer shadowing period then review by a senior staff with a debriefing at the end of the shift where constructive and teaching criticism can be relayed.

Strengths/Observations:

Training: QI/QA staff reported that trainings are held at the supervisory level every two weeks, and those individuals in turn passed on the training to staff at the residence level. Upon further questioning, however, it became clear that the biweekly meetings were not trainings so much as simply staff meetings where different issues were addressed (transport of kids, logistics). In addition, the “passing along of information” in the vast majority of cases was simply posting a flyer in a central staff area (completely open and available to clients) with zero follow up or opportunity for feedback.

Several staff commented on the lack of training currently being provided by New Day, Inc. which they said is in contrast to some years ago when more training was provided. Staff expressed frustration that they are not supported or encouraged to take time off to pursue more training on their own. When a client/youth with an unfamiliar diagnosis is admitted, the staff needs information to address the client/youth’s needs and it is often not available.

Although it is the policy of New Day, Inc. to provide a thorough training schedule to allow for personnel to build and refine skills, staff indicate that, due to budget issues, overtime is not approved and thus training does not consistently occur.

Suggestions:

- Assure that staff at all levels has access to ongoing training in working with people with mental illness and addiction (as applicable).

Strengths/Observations:

Continuing Education: Therapists and teachers – professional level staff – are not given the opportunity for continuing education. Staff reported to the team that the responsibility for that training was their personal responsibility, both to fund it and to take the time off work to complete it.

Ongoing training opportunities for most staff are limited to the topics selected and presented by New Day, Inc. Clinical supervision for LCPC licensure is provided by New Day, Inc. however, the New Day, Inc. Components of Clinical Supervision procedure describes only group supervision. ARM 24.219.604 (3)(f) indicates that supervision must be one hour of face to face supervision or consultation for each 20 hours of work for staff training for licensure.

New Day, Inc. is a member of the ACE Consortium making educators eligible to attend CEU’s free of charge. One staff interviewed said that because substitute mental health specialists (teachers) are not available, staff is not able to take advantage of these continuing education opportunities.

Suggestions:

- Incorporate professional development for all staff as a priority in the strategic plan.
- Provide time off and financial assistance to reduce obstacles for continuing education for staff.

Strengths/Observations:

Performance Review/Staff Assessment: Based on interviews and observations, performance assessment takes place more reactively than proactively. Some staff voiced the desire to have more time with supervisors and co-workers to discuss the client/youth and their treatment needs. There is evidence that current staff are assessed to identify and address knowledge and competence deficiencies. However, this appears to be informal and inconsistent across programs. One staff indicated that he/she can “just tell” if a staff “gets it” or not. If a staff does not “get it”, then the supervisor will review the policy with the staff and develop a plan for remediation.

Staff reported that at the beginning of an employee’s experience in direct client contact, informal one-to-one training was mentioned (mentoring), but no documentation or formal debrief of difficult situations, corrective actions, or areas to work on was made. The initiative to improve a peer’s performance was strictly voluntary, and if a personality struggle was present, the peer-to-peer coaching may not occur.

Supervision:

Strengths/Observations:

Direct care staff expressed interest in receiving more guidance and support from supervisors. Staff acknowledged a

need for increased staffing patterns and suggested the benefit of overlapping shifts in the group home, to allow time for 'report' to communicate about the day's activities.

There is evidence that supervisory training is done mostly through "hands on work" with more experienced staff, observing how other staff perform supervisory roles, and receiving feedback from immediate supervisors related to this role. Training for supervisors is critically important, and should be done by someone outside of the organization to avoid the program's existing culture of "it's always been done this way". Introducing best practices from other successful programs would provide needed diversity for training supervisors.

Staff appears to be familiar with the supervision structure and the process involved with chain of command communication. The School Administrator and the Program Supervisor were observed actively supervising and engaging with staff and clients.

Relationships with Clients:

Strengths/Observations:

Interactions with client/youth: The staff interviewed seemed very committed to the well-being of the client/youth and to the mission of New Day, Inc. Staff to client/youth interactions appeared direct and demonstrated respect, empathy, calmness, and care. Members of the team observed one-on-one discussions between staff and client/youth, in which staff spoke calmly and clearly about concerns.

Professional staff is consistently present in or available to the treatment environments. Program Therapists are located in the classrooms and Lead Clinicians are located in the group homes.

Suggestions:

- Provide for ongoing debriefing of all staff, on a regularly scheduled basis, to allow for processing of challenging relational issues with the client/youth.

Strengths/Observations:

Recovery –Based Treatment:

Therapists appear to have knowledge of various treatment approaches, but the overall program philosophy and direct care staff are focused primarily on behavioral control.

The Program Supervisor has an office in the Day Treatment program and spends quality time with the client/youth in that setting. Staff at the Co-occurring Program reported that they would like the supervisor to be more available to them. The geographic separation of the campuses seems to be a factor here.

Suggestions:

- Continue assessing the need for a treatment focus to extend beyond behavioral control to evidence-based treatment modalities that are more focused on mental health and addiction recovery models with implementation to involve all staff, including direct care.
- Incorporate evidence-based practices that focus on recovery to extend beyond behavioral control in the treatment model to focus on mental health and addiction recovery models.

Treatment and Support

General:

Strengths/Observations:

Treatment Plan: New Day, Inc. uses Master Treatment Plans (MTP) developed by Lead Clinical staff in the respective programs. In the Day Treatment program the MTP is to be completed within 14 days of admission; in the co-occurring program, a MTP will be developed within 48 hours of admission. Initial assessments are completed in the programs within 5 days of admission. It appears that in the co-occurring program, the MTP may be written before the assessment is completed. The MTP in the co-occurring program and group home programs is reviewed and updated every 30 days, while in the day treatment programs it is reviewed every 90 days. The treatment team may consist of two therapists, a case manager, social worker, guardian or parent, probation officer, grandparent, the School Administrator, the Program Supervisor, and the Clinical Director.

MTPs are focused on the needs of the clients/youth as determined through the assessment process. Of the MTPs reviewed by the team, one was brief and generic, stating the programs in which the clients/youth was expected to participate cooperatively and one goal describing increased behavioral control and mood stabilization. Another MTP consisted of an extensive detailed chart, including problem list, objectives, interventions, who responsible, and target

dates. (This client/youth transferred to the New Day, Inc. group home program who had a treatment plan prepared by an inpatient mental health program that contained good history about the client/youth's treatment needs.)

The discharge plan is initially developed as part of the MTP and is revised as needed to meet the needs of the client/youth. There is a discharge meeting with the family prior to the client/youth's discharge from New Day, Inc. Discharge Plans were not evident in every file reviewed by the team.

Staff interviewed brought up effective communication among staff as a weakness; the team was unable to identify a reliable, effective, efficient means of communicating treatment information to direct care staff and among staff between various programs.

Suggestions:

- Establish a communication structure that assures smooth flow of information between therapists and programs to follow client/youth throughout daily transitions.

Evidence-Based Services:

Strengths/Observations:

The overall treatment approach is based on a point system to control behavior designed by the Administrator. Team members did not review outcome data and were unable to assess the effectiveness of the point system. Based on information provided the team concluded that the Administrator has refined and improved the point system over the many years he has worked with clients/youth in this setting. Aside from behavior modification, there does not appear to be any other overarching treatment approach. Interviews indicated that therapists use other approaches in their own work with clients/youth and family members/guardians. It was reported that many clients/youth receiving services are taking psychotropic medication, which is considered to be evidence based.

The program's co-occurring program incorporates Native American traditions, spirituality and outdoor activities, including horsemanship/equine therapy. The team was not familiar with the use of equine program approaches and whether they are considered to be evidence-based treatments. Spirituality (connection with a Higher Power) is a component of many chemical dependency treatments, including 12 Step programs. The co-occurring program includes focus on motivation enhancement and stages of change.

Interviews with staff indicated increased family member/guardian involvement in treatment, compared to previous years, which is to be commended however the team did not review data to confirm this.

Suggestions:

- Incorporate evidence-based practices in the program that focus on recovery beyond external behavioral control.

Co-Occurring Psychiatric and Substance Use Disorders:

Strengths/Observations:

The assessment process at New Day, Inc. is an integrated approach, addressing both mental health and addiction issues. Interviews indicated the use of current approaches to addiction treatment such as motivational enhancement and stages of change, as well as the point system used throughout the program. Native American spiritual practices ensure that the spiritual aspect of chemical dependency recovery is culturally sensitive.

Suggestions:

- As an aid to maintaining sobriety after discharge, consider bringing 12 Step meetings on to the campus. Members in most communities are willing to hold groups in facilities to create a bridge to the community.

Medication:

Strengths/Observations:

New Day, Inc. does not have a staff member consistently on site whose scope of practice includes assessment, planning, intervention, and evaluation of pharmaceutical therapies, prevention and health promotion activities, physical assessment, and/or coordination of physical health care. Medications are prescribed by the psychiatrist contracted by New Day, Inc., who meets with the client/youth requiring his services every other Saturday for appointments lasting approximately 10 minutes; or the client/youth may visit with a doctor at the Billings Clinic. The uniform DAP (Data Assessment Plan) note is used for charting and is recorded into the client/youth medical chart under clinical information.

The psychiatrist reviews medication prescribed with family members/guardians and the therapist and discusses adverse side effects with them. Most family members/guardians do not ask for written information about medication changes, but if they wanted information it would be provided. Monitoring according to the consensus guidelines of the American Diabetes Association and the American Psychiatric Association would be the responsibility of the psychiatrist. Current New Day, Inc. staff does not have the level of medical training to monitor under those guidelines. The clinical services coordinator contacts the parent/guardian whenever changes are made to the original prescribed medication. The psychiatrist orders the PRN's (which are all over-the-counter medications, except for allergy and anti-anxiety medications which are ordered by prescription).

The team did not observe evidence to support clients consistently having immediate access to a psychiatrist or mid-level practitioner if legitimate concerns or problems arise with prescriptions. Professional guidelines involving documentation of responses to medications, the need for PRN medications, and side-effects of medications are not evident. The lack of education regarding medications has the potential to impact the quality of care delivered to the participants. According to staff, there has been an increase in the number of participants with psychiatric diagnoses and an increase in prescriptions written for psychotropic medications since 2004. As noted, with the exception of the Medical Director and contracted Psychiatrist, no other staff member has within their scope of practice the authority to assess, analyze, plan, intervene or evaluate pharmaceutical interventions. Additionally, staff reported some hesitation to inform participants about the potential side effects of medication as there may be a tendency for participants to misuse that information.

On the units, anyone who has been trained distributes medications. The Clinical Services Coordinator provides the training and expressed an interest in improving the process of maintaining medication charts, and keeping track of medication and medication distribution. The process for distribution of medications seems to be clear. If medication problems or adverse reactions to medications occur, staff is instructed to call "Ask- a-Nurse"².

If a client/youth refuses medication, staff will encourage compliance. Staff will assess for reasons such as hunger, thirst, fatigue, or interpersonal dynamics which may influence non-compliance with medications. An attempt is made to decrease the factors which interfere with medication adherence and then offer the medication again within the two hour time frame for dispensing medications. If a client/youth refuses medication more than twice, an incident report is made. The report goes to the therapist and a treatment plan meeting is set up to review why the client/youth is refusing medications.

Most of the client/youth served receive Medicaid or Tribal funding, there are very few requests for medication cost information.

It appears medication is prescribed, stored, and transported in a manner consistent with regulations.

Medication errors are documented on an incident report which is initially given to the Clinical Services Coordinator and then to the Quality Assurance Coordinator. Staff indicates that medication errors are reviewed from an individual error approach rather than a systems approach. Additionally, staff indicates that QA collects an abundance of data but that the root causes of problems are not explored.

Medications are disposed of under a policy established by the Clinical Services Coordinator and unused medications are taken to the Billings Police Department for disposal. Protocols described in SMARxT Disposal³ are followed by New Day, Inc. Medication samples are not used at New Day, Inc.

Team members received confusing information regarding who was responsible for which part of the discharge planning. One staff stated that the Clinical Services Coordinator was responsible for ensuring that the client had adequate medication to carry him or her through to a next appointment - upon discharge the Clinical Services Coordinator sets up seven days of medications and makes sure the prescriptions are written. Other staff indicated that the Lead Clinical Therapist was responsible for discharge to community services in conjunction with the client/youth's community case manager (if there is one). If a client/youth is age 18 and transitioning to adult services, the therapist tries to make the transition as seamless as possible.

² Ask A Nurse at St. Vincent Hospital
<http://www.saintvincenthealth.com/Patients/Ask-a-Nurse/default.aspx>

³ SMARxT Disposal
<http://www.smarxtdisposal.net/>

Suggestions:

- Consider the addition of a staff member with the scope of practice of a baccalaureate prepared registered nurse to allow for assessment, intervention, and coordination of all health related activities on site to provide stronger medical support to clients/youth.
- Include follow-up assessment and documentation of effectiveness of the OTC/PRN medication after it has been administered.
- Include a medications fluency/monthly in-service educational training during monthly staff training meetings.
- Clarify all roles involved in the process for ensuring continuity of care regarding the use of psychotropic medication for client/youth who are transitioning to another service provider. Include specific roles related to this process in appropriate position descriptions.
- Assure that discharge/transition responsibilities are clearly articulated so any staff member can answer the question if asked by client/youth and family members/guardians.

Access and Entry

Strengths/Observations:

The program is known in the local community and is used as a referral by other services in the state. Still, it seems to keep a quiet profile and does not solicit funds or help from the community. New Day, Inc. has a web page that provides good basic information about the services the program offers.

New Day, Inc. has a policy for newly arriving client/youth to receive psychiatric assessment and treatment planning in a timely manner. The clients at New Day, Inc. are initially screened using the Initial Assessment Checklist within 24 hours of admission. This assessment may be performed by the Unit Care Coordinator. The assessment itself reflects minimal health and mental status with categories such as "sick or healthy" to describe medical information. Within thirty days a client/youth receives a dental, eye, and health assessment by a provider in the community. Client/youth access to primary health services is in place. Health concerns of the client/youth at New Day, Inc. are initially addressed by the phone consultation program "Ask a Nurse." If necessary, the client/youth is transported to the Emergency Department of a local hospital.

The client/youth case worker and therapist communicate regularly with family members/guardians and are the New Day, Inc. contacts to answer questions and provide information about treatment.

New Day, Inc. has an admission/intake decision making process in policy; the Clinical Director and Administrator make admission decisions based on the need of the potential client/youth and the program's ability to serve that individual.

Continuity of Services Through Transitions

Strengths/Observations:

Senior staff, a case worker, therapist client/youth and family members/guardians are involved in transition planning. Communication between psychiatrists and therapists appears to occur. The case worker ensures that the service meets the needs of the individuals and client and family member/guardian preferences are considered. A client/youth's case manager is usually community-based and the therapists try to work with them when discharge planning takes place. Families are provided with information about available services in the community. The continuity of care responsibility is described as coordination rather than a primary responsibility on the part of New Day, Inc.

Therapists share recommendations for treatment follow-up with the case worker during transition, but are not personally involved in transition, nor do they meet with outside care workers prior to or after discharge of clients. The program does take family preferences for services into account, but family preferences are not always possible to accommodate. The case worker does work to facilitate involvement of the community-based service provider throughout the discharge/transition process.

Suggestions:

- Clarify that New Day, Inc. carries the primary responsibility for continuity of care when a client/youth transitions from the agency's services into other services then include this clarification in staff training about the agency's role in transitions.

RECOMMENDATIONS

1. Assure that staff in training for licensure as professional counselors receive the 1:1 training as described under ARM 24.219.604.
2. Include information about the role of the Board of Visitors, Mental Health Ombudsman and Disability Rights Montana in the New Employee Orientation packets then assure information about Board of Visitors, Mental Health Ombudsman and Disability Rights Montana is posted in conspicuous areas of every building; request replacement brochures as needed.
3. Implement the requirements under 37.97.136, ARM for reporting Serious Incidents to the Mental Disabilities Board of Visitors and update New Day, Inc. Policies and Procedures to reflect the reporting requirement.
4. Assure a consistent post-incident analysis process is in place for quality assurance after a serious incident has been reported.
5. Define knowledge and competencies specific to working with client/youth with mental illness/emotional disturbances and addictions for each in position descriptions for staff who work directly with client/youth.
6. Develop a process to assure that all required training is completed and competencies are achieved before newly hired staff begins working one-to-one with clients; then implement a continuing education schedule to provide ongoing training to all staff in working with people with mental illness and addiction (if applicable).
7. Review the Master Treatment Planning process to assure the level of detail for medication use and, treatment modalities includes objectives, interventions, staff responsibilities, goals/outcomes and target dates for achieving the objectives.
8. Draft a medications policy that includes:
 - a. a process to perform follow-up assessment and documentation of effectiveness of the OTC/PRN medication after it has been administered;
 - b. a list of medication training required for all staff that includes knowledge of the various classes of psychiatric medications, indications for use, common and serious side effects, how to manage side effects, and proper procedures for overseeing the "self administration" of medications by the client/youth. (BOV Recommendation #6 from the 2004 Site Review); and
 - c. a quality improvement process to decrease medication errors.
9. Consider the addition of a staff member with the scope of practice of a baccalaureate prepared registered nurse to allow for assessment, intervention, and coordination of all health related activities on site to provide stronger medical support to clients/youth.

NEW DAY, INC. RESPONSE:

Recommendation:

1. Assure that staff in training for licensure as professional counselors receive the 1:1 training as described under ARM 24.219.604.

Response:

New, Day, Inc. believes qualified clinical staff, and a staffing pattern designed to maximize service opportunities for participants served, is essential in providing continuous high-quality services, and has adopted and implemented two policies: **Credentialing Policy and Clinical Supervision Policy**.

To ensure this standard in excellence, ongoing clinical supervision is provided by the Clinical Director and Program Supervisor for all staff in training for licensure. This is done in individual and group processes, in which the clinical professional and inter present cases review application of clinical theories to the practice of therapy and discuss issues relevant to their clinical works.

Recommendation:

2. Include information about the role of the Board of Visitors, Mental Health Ombudsman and Disability Rights Montana in the New Employee Orientation packets then assure information about Board of Visitors, Mental Health Ombudsman and Disability Rights Montana is posted in conspicuous areas of every building; request replacement brochures as needed.

Response:

New Day, Inc. recognizes the many benefits provided by the Montana Board of Visitors, Ombudsman and Disability Rights Montana for people with mental illnesses. The missions of these advocacy agencies in addition to contact information has been compiled and included in the New Employee Orientation Packet so that staff is aware of these services. In addition it has been added to the New Youth Handbook for all New Day, Inc participants and their guardians to be fully aware of these agencies available to them.

Information of these advocacy agencies has been posted in each New Day, Inc. Building. Replacement brochures have been requested to ensure an abundant supply.

Also, the New Day, Inc. grievance procedure was reviewed and revised to include these advocacy agencies in the appeal process. It is also included in the New Youth Handbook that is provided to all new youth and their guardians at the time of admission.

Recommendation:

3. Implement the requirements under 37.97.136, ARM for reporting Serious Incidents to the Mental Disabilities Board of Visitors and update New Day, Inc. Policies and Procedures to reflect the reporting requirement.

Response:

The Administrator, Clinical Director, Program Supervision, Quality Assurance Coordinator and Program Coordinator met 4 times in August to review, discuss and revise the incident reporting procedures, ensuring it meets the needs of participants in addition to adhering to all state and accreditation standards. Notifying the Mental Disabilities Board of Visitors of Serious Incidents has been included in this review process.

Recommendation:

4. Assure a consistent post-incident analysis process is in place for quality assurance after a serious incident has been reported.

Response:

Identified key administrative personnel will continue to meet on a weekly basis reinstating the Information Management Committee to implement the post-incident analysis process. In addition to reviewing serious incidents and making sure they are reported to the Mental Disabilities Board of Visitors and State Licensing Departments, this committee will review corrective actions, patterns, and problem areas of the incident and recommend further follow-up corrective actions and training that must be completed within a designated timeframe. Outcome data will be monitored to determine the effectiveness in decreasing incidents by increasing the review, corrective action and training.

Recommendation:

5. Define knowledge and competencies specific to working with client/youth with mental illness/emotional disturbances and addictions for each in position descriptions for staff who work directly with client/youth.

Response:

Competent, well-trained staff is an extremely vital aspect of the New Day, Inc. programs. Our New Employee Orientation is in the process of being revised with a new HR Director and the re-instated Program Coordinator position. This position focuses largely on direct care staff, program development and training.

Recommendation:

6. Develop a process to assure that all required training is completed and competencies are achieved before newly hired staff begins working one-to-one with clients; then implement a continuing education schedule to provide ongoing training to all staff in working with people with mental illness and addiction (if applicable).

Response:

The Information Management Committee meets for post-incident analysis. Ongoing training is identified during these weekly meetings, in addition to training staff prior to working directly with the youth. The Program Coordinator along with the support of administrative staff, are striving to increase effective communication among supervisors and coworkers about specific youth treatment plans, addressing job-related stress, treatment issues and increasing knowledge. The current one day orientation is being revised into a two-day orientation that includes mental health information, definition, management Mandt concepts, and responding to agitated youth. The Program coordinator is responsible for implementing this training. The next review of this orientation training by the information Management Committee on 9/4/12 so that it can go into effect before the next scheduled orientation.

Outcome data will be monitored to determine the effectiveness in decreasing staff turnover by increasing supervision, training and support in developing skills and using evidence-based interventions to best assist the youth in appropriate ways.

Recommendation:

7. Review the Master Treatment Planning process to assure the level of detail for medication use and, treatment modalities includes objectives, interventions, staff responsibilities, goals/outcomes and target dates for achieving the objectives.

Response:

New Day, Inc. treatment teams develop a treatment plan/master treatment plan/service plan for each individual participant, clearly outlining the course of treatment, medication use, objectives, interventions, staff responsibilities, goals/outcomes, target dates for achieving objectives, family involvement, discharge criteria, etc. and integrates the needs of the participant within a stated program.

The review of the Master Treatment Plan requirement was included in the Clinical Staff Meeting on 8/22/12. This review and discussion focused the use of individualized detail requirement, treatment modalities, and measurable goals/outcomes. In addition, further clinical training that will be beneficial with Master Treatment Planning has been scheduled for the remainder of 2012. This specific training information is disseminated from supervisors to coworkers and direct care staff to increase overall effective communication about specific youth treatment plans.

Also, the review of the required master Treatment Plan information has been included in the quarterly chart audit process to ensure it is completed in its entirety. A memo dated 8/6/12 instructs auditors to review outcomes plans for updates and individuality of medications, treatment modalities, including objectives, interventions, staff responsible, goals/outcomes, and target dates of achieving the objectives. Chart audit outcomes and corrective action follow-up are reviewed through the continuous quality improvement process and reviewed at clinical staffing meetings/trainings.

Recommendation:

8. Draft a medications policy that includes:
 - a. a process to perform follow-up assessment and documentation of effectiveness of the OTC/PRN medication after it has been administered;
 - b. a list of medication training required for all staff that includes knowledge of the various classes of psychiatric medications, indications for use, common and serious side effects, how to manage side effects, and proper procedures for overseeing the "self administration" of medications by the client/youth. (BOV Recommendation #6 from the 2004 Site Review); and
 - c. a quality improvement process to decrease medication errors.

Response:

New Day, Inc. is committed to implementing a safe and effective medication procedure. The Quality Assurance Coordinator took over the responsibility of overseeing medications until a nurse is hired, in order

to identify patterns and problem areas, and revise the medication policy according to corrective actions identified by the Information management Team. Such corrective actions that have been implemented during this revision process include: monitoring start/end dates of prescriptions, ensuring consistent coding between the facilities, providing a more thorough orientation, creating an efficient system of inventorying and monitoring medications, supporting staff, building relationship, and educating staff on medication descriptions, side effects, and proper procedures.

An **Over the Counter Form** (Created for follow-up documentation of effectiveness, a **Medication Corrective Action, Training and Enhancing Employee Performance Form** (created for identifying the cause of errors and corrective action) and a revised **Medication Training Packet** have been created. Data will be monitored as part of the quality improvement process, to determine the effectiveness in decreasing medication incidents by increasing the review, corrective action and training.

Recommendation:

9. Consider the addition of a staff member with the scope of practice of a baccalaureate prepared registered nurse to allow for assessment, intervention, and coordination of all health related activities on site to provide stronger medical support to clients/youth.

Response:

New Day, Inc. advertised for and is accepting applications for a registered nurse to fulfill the position of Medical Services Coordinator. This staff member will oversee all health-related activities, including medications, nutrition, dietary needs, etc.