

SHODAIR CHILDREN'S HOSPITAL, HELENA, MONTANA

Site Inspection--January 30-31, 2020



Performed and Reported by the Mental Disabilities
Board of Visitors

OVERVIEW

Mental Health Facility reviewed:

Shodair Children's Hospital, Helena, Montana

Facility Administrator: Mr. Craig Aasved, CEO

Authority for review:

Montana Code Annotated §53-21-104

Purpose of review:

1. To learn about services provided by Shodair Children's Hospital.
2. To assess the degree to which the services provided are humane, consistent with professional standards, and incorporate Mental Disabilities Board of Visitors (BOV) standards for services.
3. To recognize excellent services.
4. To make recommendations for improvement of services.
5. To report to the Governor and the Director of the Montana Department of Public Health and Human Services (DPHHS).

Site review Team:

Rena Steyaert, Executive Director, BOV
Daniel Laughlin, BOV Chairman
Craig Fitch, Legal Counsel

Melissa Ancell, Board Member
Andi Daniel, Board Member
Amy Tipton, Board Member

Review process:

- Interviews with Shodair Children's Hospital staff and clients.
- Observation of treatment activities.
- Review written description of treatment programs.
- Review treatment records, policies and procedures, organizational structure, treatment plans and planning and discharge plans and planning.

Introduction

The Mental Disabilities Board of Visitors (BOV) conducted a site inspection of Shodair Children's Hospital (Shodair) in Helena, Montana, January 30-31, 2020. The BOV interviewed mental health technicians, program directors, day treatment therapists, day treatment teachers, department heads/directors, doctor and nurse practitioners, teaching assistants, patient care coordinator, therapists and the CEO. The BOV also interviewed patients and reviewed treatment plans and electronic medical records.

Shodair is a nonprofit provider of psychiatric services to children and adolescents ages 3-18. Care includes acute care, inpatient, residential, group home, day treatment, Comprehensive School and Community Treatment (CSCT) and outpatient care. Shodair joined the Children's Miracle Network in 1987 and this ensures that every penny of every dollar raised during a Children's Miracle Network fundraiser in Montana comes directly to Shodair.

The facility/campus at Shodair currently provides Montana's only comprehensive Genetic Care program for adults and children. This service allows the staff to provide diagnostic evaluations, care coordination, and risk assessment for the patients. Shodair provides an Acute Psychiatric inpatient program for patients ages 3-18. Within these age groups, there are two acute care units that can accommodate up to 30 patients. The High Desert acute care unit serves up to 10 patients, ages 3-11. The normal length of stay is 7-10 days and parent /guardian involvement is expected. The Grasslands acute care unit serves up to 20 adolescents ages, 12-18, with a typical length of stay of 7 days or less and parent/guardian involvement is also expected. In addition to the acute care units, there are two residential care units. The Yellowstone unit is designed to serve up to 20 patients, ages 12-14, and the Glacier unit can provide care for 24 adolescents aged 14-18. The length of stay for most patients is two to three months but can vary based on needs. Shodair also offers long-term care for patients ages 6-10 in a home-like environment. Patients residing at the Jack Casey therapeutic group home that opened in February 2018 attend either Helena Public Schools or Shodair's Day Treatment programs. The BOV did not inspect the Jack Casey therapeutic group home located on the campus.

In 2016, Shodair began their journey of integrating the Sanctuary Model¹ into their daily operations. The Sanctuary Model teaches skills to create and sustain a violence-free atmosphere, open communication, social learning and responsibility along with democracy, emotional intelligence, growth, and change. All staff received training on the Sanctuary Model, and it is included in the new employee orientation.

Starting in August 2020, Shodair will begin a two-year project to build a new, larger, patient and family-oriented facility within their existing campus. The CEO and staff were excited to be a

¹ Dr. S.L. Bloom; The Sanctuary Model: Four Pillars, SanctuaryWeb.com, 1985-2020

part of this project and are eagerly awaiting its completion. The CEO showed a few members of the BOV team a prototype of a patient's room. This model room was built so families, patients, staff, and others could see a room and offer suggestions to make the room more safe, comfortable, and aesthetically nice to live in. In addition to the on-site building project, Shodair is expanding its outpatient clinic services that started on campus in October 2018. An outpatient clinic was opened in Missoula in January 2020 and another is expected to open in Butte in April 2020 in order to provide new or continued services for Shodair clients.

Organizational Planning and Quality Improvement

Shodair has a Strategic Plan that integrates their mission "To heal, help, and inspire hope", their vision "To be Montana's leading resource in patients' mental health, family well-being, and genomic care", and their values of "non-violence, social learning, emotional intelligence, democracy, social responsibility, open communication and growth and change". Shodair has implemented focus groups for staff at all levels to discuss topics that center around the Strategic Plan. Input to the plan comes from information obtained via the focus groups and ideas generated from this activity that is then discussed in main staff meetings with administrators and relayed back to all staff in the minutes of the meeting to retain transparency.

The Director of Cultural Development has instituted the Sanctuary Model as one of the strategic plan initiatives. The Sanctuary Model is an evidence-supported, trauma-informed, evolving, whole system organizational change. The overall goal of the Sanctuary Model is to create a violence and trauma free environment for patients and staff. Shodair continues to offer training on the Sanctuary Model.

The quality improvement process uses information gathered from surveying the patients and their parents/guardians to create a plan that responds to service needs. The survey is offered to each patient at the time of admission and at the end of his/her stay and a survey is sent to the parent/guardian after the patient is discharged. The surveys incorporate the use of The Ohio Scales² which is a survey instrument consisting of four scales used to assess the improvement and outcomes of children and adolescents who have received mental health services. This information offers the organization, problem severity and functioning level outcomes for patients. The data from the surveys is combined with internal tracking data and compiled into a monthly report by the Quality Improvement/Risk Assessment staff. This report is given to the Director of Operations who then shares it with management staff at the weekly

² B.M. Ogles, G. Melendez, D. Davis and K. Lunnen; The Ohio Scales: Practical Outcome Assessment, Journal of Child and Family Studies, Vol. 10, No. 2, June 2001, pp. 199-212

meetings. The information from this report is shared from the program directors back through the units via the meeting minutes and specific topical emails. Staff reported the use of some components of Positive Behavioral Interventions & Supports (PBIS) that is an evidence-based, three-tiered framework. PBIS specifically addresses student/patient behaviors through system change. The PBIS tool is used in coordination and combined with the surveys to give a more comprehensive look at quality improvements for Shodair.

An occasion for Shodair to make improvements to their quality of care and response to emergency procedures occurred in the summer of 2019. A patient made a successful escape of the facility and the escape resulted in a death on the neighboring interstate highway. Shodair immediately suspended new admissions for a period and performed an immediate review of their emergency procedures. Shodair initiated contact and worked with community agencies that included the Fire Department, MT Dept. of Transportation (MDT) and local Police Dept. Shodair moved the fire alarms to a place that is less accessible to patients and with the MDT's help, reconstructed a more secure fence next to the interstate among other clarifications to internal procedures.

Rights, Responsibilities, and Safety

Rights and Responsibilities

The facility defines individual rights and responsibilities and provides this information both verbally and in writing to patients and parents /guardians. The list of rights and responsibilities is thorough and clearly written and includes contact information for BOV, Disability Rights Montana, and the Mental Health Ombudsman (this contact information was also posted on the units). Shodair has published a rights and responsibilities list more specifically written for the adolescent patients. This list is shorter and highlights those rights most pertinent to patient and adolescents, however, it is still probably not formatted in a way that is accessible to many of the younger, elementary school-aged patients.

Shodair has a grievance process that is fair and responsive. There is no form for parents or patients to fill out and grievances can be verbal or written (including e-mail and fax). Shodair staff are expected to move any complaint into a grievance category if no employee of Shodair can satisfy the complaint quickly. For example, if a complaint requires further investigation, is postponed, or other hospital staff cannot arrive in a timely manner to resolve the complaint, it will become a grievance.

Suggestion: Shodair should consider making the list of rights and responsibilities offered to elementary school aged patients more user friendly and accessible by using shorter sentences and adding some pictures and color.

Safety

Shodair has policies and procedures which fully implement the requirements for detecting, reporting, investigating, determining the validity of, and resolving allegations of abuse and neglect of individuals. Most, but not all, staff appeared to be familiar with the mandatory reporting requirements under 41-3-201 MCA. Staff also appeared to be familiar with the key elements of reporting requirements of 53-21-107 MCA. Any investigations conducted under 53-21-107 MCA are reported to the appropriate facilities/agencies. Some staff seemed to indicate that mandatory reporting decisions under 41-3-201 MCA sometimes had to work their way up the chain of command before a decision to report to central intake was determined. While it is vital that the information be passed along to those with a need to know within the facility, the person who hears about or witnesses the possible abuse or neglect of a child is required to make a report themselves and a failure to do so can leave the person who hears or witnesses the abuse or neglect legally responsible in the case of additional abuse or neglect.

All staff are trained in the Crisis Prevention Institute's (CPI) intervention and de-escalation training. Yearly training competencies also cover other aspects of patient safety including abuse, neglect, and patient rights issues. Mechanical restraints are not used at Shodair. Temporary physical restraint procedures and seclusion procedures are governed by the CPI practices. BOV found no reason to suspect that these procedures are not being monitored carefully and implemented only to the least extent necessary. Shodair has a process in place to debrief staff and patients after these interventions to analyze the necessity and the implementation of any such procedures. Shodair also has a process for follow-up support for staff and patients involved in any incidents or procedures that might be traumatic.

Suggestion: Review the current practices around 42-3-201 MCA, and either revise the practices to ensure staff are compliant with the statute or ensure that staff training provides clear expectations for reporting consistent with the statutory requirements.

Individual, Family Member/Guardian Participation

During a new patient admission, the patient and parent /guardian are given multiple documents that explain Shodair's communication policy, patient consent to and involvement in treatment plans, as well as the referral of and the refusal of treatment. Shodair staff ensure that these things are included in the admission handbook and the patient or parent /guardian have this knowledge and understanding by the appropriate person's signature and date at admission.

Patients are encouraged to engage via daily communications with parents and or guardians. Families are advised, upon admission, of the best time to make phone calls to their child. Patients that were interviewed could easily communicate that they are aware of their diagnosis, medications and options for treatment. Shodair teachers and therapists communicate to parents /guardians all information on the treatment and or education plans and daily events.

Shodair provides and encourages patients and parents/guardians to complete a satisfaction survey when a patient is discharged. Shodair uses the information given to guide the ongoing development of their strategic plan and decisions related to the care of patients and families in the future.

Cultural Effectiveness

Shodair offers spiritual services on campus and access to a spiritual counselor. Staff are educated on cultural diversity. The staff appeared to be knowledgeable about cultural, ethnic, social, historical, and spiritual issues relevant to the mental health treatment of the patients they are serving. Shodair recognizes the high percentage of Native American youth being served and the high percentage of patients who identify as being part of the LGBTQ community and has structured staff education around these topics. Cultural issues are identified at intake and incorporated into individual treatment plans although it was not apparent that Shodair utilizes the services of any local cultural experts or any culturally competent clinicians other than the on-site spiritual advisor.

The BOV team had some concerns about the language staff used or the lack of confidence staff seemed to have in using terminology that is sensitive to the perceptions of transgender clients. Many staff seemed to have difficulty referring to youth by their preferred pronouns or lacked understanding of the issues surrounding transgender youth. BOV team members did experience a few interactions between staff and patients that led the BOV to believe that staff are uncomfortable/undereducated with transgender/gender fluid issues and that the staff minimized the concern or dismissed it as being a phase. On the other hand, the BOV witnessed work being done in the outpatient setting which appeared to be well-informed and helpful to transgender youth.

Recommendation: Ensure staff training on diversity/cultural sensitivity and competency includes information about person-first language and pronoun sensitivity as applied to individuals that don't self-identify as one specific gender.

Staff Competence, Training, Supervision, and Relationships with Residents

Shodair defines the knowledge and professional expectations of all staff in position descriptions and advertised openings of positions to be hired. All new employees receive training that varies in length of time depending on their position and experience. Shodair offers both in-person and online training opportunities for the staff that focuses on optimum training and competence. The hospital utilizes a competency checklist that is reviewed by administration for new hires and ongoing trainings of staff during their annual performance reviews. The training Shodair provides employees includes, among many other topics, Adverse Childhood Experience (ACES), therapeutic communication skills, behavioral intervention techniques, de-escalation techniques, youth mental health issues, and first aid. Fundamentals of Behavioral Health Certification provided by Montana Tech Highline College in Butte, Montana, is offered to staff for advanced training.

Staff demonstrate proactive, assertive, supportive engagement with patients in every applicable treatment environment. BOV observed that the units and school classrooms had an adequate number of staff, teachers, teaching assistants, therapists, and the administration were engaged with the patients. The BOV observed that the patients were engaged and were given meaningful feedback. The use of PBIS (Positive Behavioral Intervention and Supports) which is an evidence-based, three-tiered framework to improve practices, systems and data affecting student outcomes was observed in the classrooms.

Shodair implements weekly staff meetings where supervisors and their staff discuss issues that have occurred on the unit within the past week. These meetings are also utilized to relay ongoing quality improvement processes. Staff interviewed expressed appreciation for the opportunity to have regular and thorough interactions with their supervisors, and mentioned that their supervisors are approachable, easy to contact when necessary, and regularly on the units interacting with patients and staff.

Suggestion: Provide more training in Cultural Diversity and Awareness. Consider contracting with experts in their field, such as a licensed clinician who is also an enrolled member of a Montana Tribe.

Suggestion: Provide more training in Suicide Prevention and Intervention.

Treatment and Support

Treatment Plans

Treatment plans are developed by clinicians and Individual Education Plans (IEP's) are created at each admission by the education staff and updated at least monthly. Shodair works with Children's Mental Health Bureau Medicaid Services and uses the established diagnostic criteria as identified by the Bureau for new admissions to be eligible for services at Shodair. Upon admission each patient is assigned a treatment team. Primary treatment team members include the psychiatrist or nurse practitioner, primary therapist, program director, and teacher. Patients are evaluated by a physician, psychiatrist, and education director shortly upon entering treatment. BOV observed in the classroom that staff and rooms are student orientated, facilities are modern and well maintained to optimize student learning. Learning method in the classrooms was implemented by each student having access to a computer to learn at their own level and rate while being monitored by aides and Special Education endorsed teachers. Patients have access to primary health providers and are evaluated to determine if any medical or genetic conditions exist and, if detected, are medically treated accordingly.

Trauma Informed Care and Other Evidence Based Treatment

Shodair has implemented the Sanctuary Model since September 2016. The Sanctuary Model represents a theory-based, trauma-informed, trauma-responsive, evidence-based whole culture approach to care and treatment of its patients. All staff are trained in this trauma informed method and given quarterly refresher trainings. Shodair also trains staff in the Adverse Childhood Experiences (ACE's)³ study. ACE's training is a requirement for staff and is beneficial in the understanding of patient behaviors and is incorporated in the planning and treatments of patients.

Shodair works closely with the Department of Public Health and Human Services and the Addictive and Mental Disorders Division for treatment of patients with co-occurring psychiatric and substance abuse disorders. Services are provided for patients at time of discharge with referrals made in the community or with outpatient treatment for co-occurring disorders and substance use disorders.

Housing

Shodair provides patients with inpatient psychiatric services in four different inpatient units and two group homes. Patients are treated to the age of 18 when they are then referred to adult

³ RF Anda, VJ Feletti, et.al; The Enduring Effects of Abuse and Related Adverse Experiences in Childhood, European Archives of Psychiatry & Clinical Neuroscience, 2006, pp 174-86

treatment or discharged with follow-up aftercare. Shodair works with Child Protection Services and Foster Care Families to provide safe housing and families for patients who do not have adequate familial structure and care.

Crisis Response and Intervention Services

Shodair provides comprehensive safety measures. All patients are asked to wear a wristband which communicates to the staff the precautionary status and safety level of each patient. The bands are color-coded: green band means no precautions, red means suicide precautions, blue means observation precautions, and yellow means any other precaution. Patients are checked every 15 minutes 24-hours a day for safety precautions but may be checked more frequently depending on their risk. Patients use bathrooms with a sensory light that turns on after three minutes. If a patient utilizes bathrooms for longer than three minutes, staff will knock on the door to check on the patient. Patients will be taken to the local emergency room if they need a higher level of care. Staff reported that trips to the emergency room are infrequent because Shodair's trained staff can provide intensive care to stabilize youth.

Education

BOV reviewed an Individual Education Plan (IEP) being implemented for a student. All the pieces of the IEP were compliant and items noted were being addressed. Goals and objectives were well written, and data was being taken to monitor progress.

The education department at Shodair is exploring a new software program that would certainly enhance course offerings and fill in gaps such as financial planning, transition and life skills for the youth population Shodair is treating. Patients interviewed were very excited about the opportunity to learn to speak Spanish.

BOV observed that the units and school classrooms had adequate staff, teachers, teaching assistants, therapists, and the administration engaged with the students. The patients were engaged and were given meaningful feedback. The use of PBIS was observed in the classrooms.

Medications

Shodair has a licensed pharmacist on staff. Prescribed medication is stored, transported, administered, and reviewed within laws, regulations, and professional guidelines. Older patients generally reported that they could make decisions about "medication when required" or PRN medication. PRN's are used only as part of a documented continuum of strategies for safely alleviating an individual's stress and or risk.

The outpatient staff facilitates connections with prescribers either in person or via remote applications. Patients are evaluated by a psychiatrist in a timely manner and have access to psychiatric services every day. The decision to have psychiatric staff on the unit on weekends is a positive change. Youth in the outpatient setting have access to psychiatrists via web applications and a space is provided in the facility for families who do not have home web

access. Medical teams are aware of possible issues with medication and work to mitigate concerns about allergies, side effects, and adverse reactions.

Upon admission, a medication consent form is signed by the patient and parent/guardian and coordinated with any medications already being prescribed by the patient's primary care doctor before arriving at Shodair. Any new medication(s) must be approved by the parent/guardian. Education on medication is provided to families and each patient, if applicable, by the unit nurse and upon request at any time. Information about prescribing and changes are included in the patient's record for rational to changes and prescribing medications.

When a patient transitions to another service provider upon exiting the facility, Shodair staff facilitate contacts with outpatient service providers to ensure the continuation of medication(s). Shodair patients are given an adequate supply of medication on discharge from their residential programs. After discharge from Shodair's acute setting, the staff and pharmacists coordinate with the patient's local pharmacy to ensure the patient will be able to pick up their prescription(s) the day of discharge to ensure continuation of prescription(s). The patient and parent/guardian understand the process of transitioning the prescription from Shodair to the community provider upon discharge in both situations.

Recommendation : Analyze Shodair's use of non-educational treatment interventions during the traditional instructional period and try to find a balance between the therapy and the IEP educational requirements to ensure that children who are receiving their education at the facility are not missing too much of their required educational programming.

Access and Entry and Continuity of Services Through Transitions

Shodair maintains active communication with primary medical care providers and facilities throughout the entire state and can accept referrals from nearly any of these providers and facilities. All referrals are screened to make sure they meet admission criteria based on diagnosis, risk, urgency and acuity of symptoms and referrals are also prioritized based on similar criteria. Upon admission there is a qualified person available to assist with every admission and patients receive timely access to a psychiatric examination and a treatment plan.

Shodair has staff dedicated to creating discharge plans and assist with all discharges for each patient whether the discharge is to another facility or home to the patient's family. Shodair provides services that cover patients through the adolescent/adult transition period by keeping the patient in outpatient clinical services if necessary.

Before exiting services, Shodair reviews the patient's treatment progress and outcomes with the patient's parent/guardian. After discharge, a pharmacy staff follows-up with the patient's parent/guardian to make sure the exit and the transition are smooth. Staff interviewed were

uncertain whether the follow-up call included an assessment of whether the patient/parent/guardian made the next treatment appointments or established contact with providers after leaving Shodair. Readmissions often occur because of a lack of necessary community services. Sometimes the necessary follow-up services do not exist in the community, travel to the services is prohibitive, or youth and families do not follow through with the discharge plans.

Suggestion: The Mental Disabilities Board of Visitors is concerned about the admission of children whose primary diagnosis is Autism, to a mental health facility. While other options are limited in Montana, BOV would encourage Shodair to work with DPHHS to find or create other options – maybe even including an option within the soon to be expanded Shodair facility that provides specialized treatment for such individuals.

Recommendation: Create a simple discharge follow-up call expectation tool/list that includes a reminder of follow-up appointments and inquires whether the family has contacted the next provider or made the scheduled appointment to assist in the transition of care and help reduce the risk of re-hospitalization.

Recommendations

Recommendation 1: Ensure staff training on diversity/cultural sensitivity and competency includes information about person first language and pronoun sensitivity as applied to individuals that don't self-identify as one specific gender.

Shodair Response: Shodair is dedicated to providing the safest environment for the children we serve, and part of that is certainly the use of inclusive language to respect the dignity of all individuals regardless of gender identity or any other factor. In recognition of this, Shodair is developing our version of the "Open to All" program being implemented across the state – "Equality at Shodair." We have multiple staff members working on updating the language of our policies and practices to reflect our values and commitments. This includes our commitment to nonviolence, defined as: being safe physically, emotionally, morally and socially regardless of gender, race, religion, sexual orientation, countries of origin, or socioeconomic status. Our program will also include changes to interview questions and information provided on hire, a flier, an "Equality at Shodair" logo, and educational modules and programming for all staff members. Our Board of Directors has been very supportive and encouraging of these developments and is looking forward to reviewing the changes and updates we have made as well as the addition of new educational tools. We continue to be hopeful that we will be able to fully implement "Equality at Shodair" starting in July 2020.

Recommendation 2: Analyze Shodair’s use of non-educational treatment interventions during the traditional instructional period and try to find a balance between the therapy and the IEP educational requirements to ensure that children who are receiving their education at the facility aren’t missing too much of their required educational programming.

Shodair Response: We have been tracking the number of times children are not in the classroom and the reasons why in order to better understand where we can improve. Attendance is taken every half hour during the entirety of each school block. In looking through the data the teachers have compiled, the amount of time most students are out of the classrooms is between 5-10% at most throughout the week. There are students who really try to avoid school, but that is rare anymore and our teachers are dedicated to connecting with all students to encourage attendance and participation. Students are most often pulled out for individual and/or family therapy. The therapists work closely with the teachers to decide what time would work best to pull the students to minimize interference in their coursework and disruption to their schedule. Additionally, teachers have worked hard to collaborate with other disciplines, so students don't miss the primary instructional times. Since implementing Positive Behavioral Interventions and Supports (PBIS), and tracking and trending data, students are in the classrooms much more of the time. It has also helped tremendously that the units are now “closed” during the school blocks and the students are required to attend school, which also contributes to a decrease in school avoidance. The other reason students may miss class is due to special precautions for safety. When the students cannot go to class, the teachers offer classwork for them to complete on the units, so even then, the students are still being able to access their academics. Shodair teachers continue to track and trend data to ensure that we are keeping on top of this issue in order to provide our students with the education they deserve.

Recommendation 3: Create a simple discharge follow-up call expectation tool/list that includes a reminder of follow-up appointments and inquires whether the family has contacted the next provider or made the scheduled appointment to assist in the transition of care and help reduce the risk of re-hospitalization.

Shodair Response: Continuity of care is essential for all patients. This helps smooth the transition back into the home and community and maintain the mental health and well-being of our children. We have made several changes to our post-discharge process. One of our pharmacists regularly follows up with recently discharged patients and families to check to make sure they are able to re-fill their prescriptions if they have any and to answer any questions they have about the medication and dosing. As we are preparing for a child to discharge, we communicate frequently with the family about continuity of care and outpatient appointments. We encourage families to schedule outpatient appointments and are happy to help schedule and make arrangements for our families as well. We work to make sure each family is comfortable with the discharge plans and is committed to keeping up with continuity

of care. Parents receive a printout of the “Follow Up and Instructions” discharge information, which is where they can find information about their aftercare appointments. This is printed with information from nursing and given to them in the packet they take when they leave (this packet includes info about what medications they are taking, their safety plan, local resources and more). We also have the option of attaching patient education documents to this packet. Parents also have the contact information for their child’s treatment team and are welcome to call with any questions they have.