

**Yellowstone Boys and  
Girls Ranch,  
Billings, Montana**

January 31 – Feb. 1,

**2019**

Site Inspection of Yellowstone Boys and  
Girls Ranch, Billings, Montana

Mental Disabilities Board  
of Visitors

# OVERVIEW

## **Mental Health Facility reviewed:**

Yellowstone Boys and Girls Ranch, Billings, Montana

Facility Administrator: Mr. Mike Chavers

## **Authority for review:**

Montana Code Annotated, 53-21-104

## **Purpose of review:**

1. To learn about services provided by Yellowstone Boys and Girls Ranch.
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 Montana Legislature regarding the status of services.

## **Site Review Team:**

Amy Tipton, Board Member  
Melissa Ancell, Board Member  
Sicily Morris, Board Member  
Michelle Blair, BA, Pharm D, BCPP  
Craig Fitch, Legal Counsel  
Dennis Nyland, Mental Health Ombudsman

## **Review process:**

- Interviews with Yellowstone Boys and Girls Ranch 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**

Yellowstone Boys and Girls Ranch (YBGR), is a non-profit, comprehensive provider of mental health services for children and adolescents headquartered in Billings, Montana. The 410-acre ranch provides residential psychiatric treatment as well as a fully accredited school district. This is the primary program that the Mental Disabilities Board of Visitors (BOV) site inspection team focused on during this visit.

The facility also offers community-based mental health services which include Chemical Dependency Services, Therapeutic Youth Mentors, Case Management, Home Support Services, Outpatient Therapy, Psychological Testing, Placement and Support, School Based Services, and Therapeutic Foster Care.

On campus, YBGR clients are blessed with a wide variety of therapeutic activity opportunities including a riding arena with equine therapy, an experiential ropes course, an indoor activity center with a pool and a bowling alley, and a large number of therapeutic vocational opportunities all on the same campus.

Throughout the BOV tour of all of these places, team members observed a clean and calm campus with friendly staff and engaged clients.

As impressive as the campus is, the BOV team was equally impressed with the staff and clients encountered. The staff was enthusiastic and welcoming and the atmosphere overall seemed to be healthier and more therapeutic than any of the BOV inspections of YBGR in the past 20 years.

## **Organizational Planning and Quality Improvement**

While the BOV team didn't spend a lot of time discussing details of the organizational planning process, the administrative team that worked on the planning process appears to deserve a lot of credit for the quality of the program. YBGR has an organizational and improvement plan which includes management restructuring, detailed program design, and improved communication between staff and administration. Some of the recent changes that have evolved out of the planning process include aspects of quality assurance such as adding four new treatment coordinator positions tasked with tracking client care from admission through discharge, adding a leadership council focused on improving communication

throughout the agency and implementing a Youth Outcomes Questionnaire as a clinical outcomes tool. In addition, Performance Quality Improvement (PQI) is monitored throughout the facility to systematically improve the quality of provided care.

### **Individual, Family Member, Guardian Participation**

YBGR has recently increased the priority of family/guardian participation by implementing a “connecting kids with families” philosophy which includes at least two significant improvements designed to make family participation easier. The first improvement was a change in the original intake process which requires important staff members to be available together during the intake process to ask questions and record the client and family member’s answers at the same time rather than making the client move from staff to staff and undergo multiple interviews during intake. The second improvement was the addition of a reliable face-to-face video conversation tool that family members can use during therapy sessions and treatment planning sessions which is expected to help YBGR meet their goal of 100% family participation in treatment planning and family therapy sessions as long as the family member is not a detriment to the resident’s treatment success.

The residents can make phone calls twice a week to family members, but family members can call their child as much as they want as long as it doesn’t interfere with the resident’s schooling, therapy, or other daily routines at YBGR. Staff are expected to have at least weekly contact with the resident’s family to keep them updated on the resident’s treatment and discuss any issues.

Residents interviewed expressed a high level of satisfaction with their experiences at the ranch. They commented staff was always available for group or individual attention and that they feel comfortable talking to staff about any problems. They feel safe in their lodge, school, and the entire campus environment.

## **Staff Competence, Training, Supervision and Relationships with Residents**

Like nearly every other provider of mental health services in Montana, staff retention and training has posed a significant challenge for YBGR. In response to that challenge, the human resources department revamped the hiring process to include personality assessments and other tools focused on core principles. The human resources department has also revised the employee disciplinary process to increase the focus on coaching and learning.

YBGR has a core schedule of initial training modules at the time of orientation. New hires are required to 'shadow' staff before the end of the orientation period and/or prior to assuming responsibility for their assignments with clients. YBGR employs a training coordinator who keeps all staff up to date on training and sends email notifications when training certifications must be renewed. Some of the mandatory trainings provided during the orientation program include: Cultural competency, trauma informed care, special treatment procedures (STP) and violence intervention and prevention (VIP).

YBGR ensures appropriate training to all staff on medication management services, specific to working with clients with mental illness or emotional disturbances. YBGR requires all staff to participate in the Medical Care Presentation during orientation. During the presentation, the staff learns about why psychiatric medications are used, who prescribes medications, the medication pass procedure, the psychiatric conditions managed and their treatment options, and how medical conditions are addressed at YBGR. The director of nursing recently developed an educational process for new nursing staff. The nurse is required to complete the Curriculum for Medication Self Administration Observation Training Program which was updated in July 2018. The nurse then completes the Nurse Clinical Competencies (2018-2019), which utilizes the Benner's Stages of Clinical Competence. The criteria incorporates five levels of proficiency: Novice, advanced beginner, competent, proficient, and expert. The Nurse Clinical Competencies include blood pressure monitoring, medication administration, equipment, and organization.

In-service education is provided during the staff meeting on every third Thursday of the month. One-on-one education is also available on an as-needed basis. Ongoing training occurs throughout the year. This includes annual renewal training (i.e. VIP) as well as in-service trainings offered by YBGR staff. YBGR allocates funds for staff to participate in conferences or educational courses. Staff interviewed believed

that leadership exhibits a commitment to learning and improvement and that is experienced by staff through the training programs offered. Staff frequently echoed positive feelings about their relationship with supervisors and administrative staff/leadership and their ability to access and communicate with such. Staff stated they are accessed on a quarterly basis by the program managers and that the relationships with direct care staff to their supervisors is “amazing.”

Administrative staff were very supportive of new quality improvement ideas brought forth by the director of nursing and the chief information officer to improve medication management and reduce medication errors. The interdisciplinary team meets weekly to discuss individualized care plans to ensure clients are receiving effective treatment as described in the treatment plans.

## **Treatment and Support**

### Treatment Planning and General Treatment

New YBGR clients are seen within 24 hours of admission by a provider and the treatment team. The current treatment plan is discussed and incorporated into the new plan by YBGR, including medication management. A Master Treatment Plan (MTP) is produced within 21 days of intake and 90 days thereafter. The family/guardian is included on the treatment plan process and notified of the information within the document. The treatment team, youth, and family/guardian are all involved in this process and everyone is included so there aren't any unanswered questions.

Written treatment and discharge plans were identified in the electronic medical record on select client charts that were reviewed. Treatment and discharge plans are implemented on admission and reviewed monthly while the client is receiving services at YBGR. The treatment and discharge plans are reviewed by an interdisciplinary team including the provider, nurses, therapists, and the client's family. YBGR contracts with multiple providers throughout the Billings community to ensure clients have access to dental, optometry, and primary care services. Clients are seen by the provider twice monthly, one individually for medication management, and the other with the interdisciplinary team and family members. The providers are on-call and available for immediate access when legitimate concerns or problems arise. YBGR staff are pleased with the ease of access they have to their providers. Clients who need acute medical or psychiatric care are transported to Billings Clinic for evaluation, and

appropriate medical/psychiatric records are sent to ensure continuity of care, including an emergency consent to treat, clinic transfer form, summary of the acute situation, and the medication administration record or medication list. Prior to transfer, the client is evaluated by the on-site nursing staff and provider to assess the needs of the individual.

Youth are given the opportunity to work. Work crews are paid, and youth can earn a nominal amount of money for each chore they complete within their lodge. Depending on how well youth are working their treatment plan, they may work on the work crews on campus and staff will help them transition into the community with jobs when they are ready to complete the treatment program. YBGR staff expressed an interest in having more employment opportunities for youth such as more trade-type programs that will aid in preparation for the youth to transition to the community easier having more of an idea of what they are interested in for a career. YBGR establishes goals for employment while youth are in treatment. Kim Chouinard, E.D., Community Services reports that YBGR has a Supportive Employment grant funded program for Yellowstone County youth who are seeking employment.

**Suggestion:** It may be helpful to have 14-year-old and older youths take a career/employment interest exam to determine education and trade programs to be looked at for each individual.

#### Evidence-Based Services, Trauma Informed Care, and Co-occurring Psychiatric and Substance Use Treatment

Trauma informed screening and assessment is provided at intake giving the treatment team information regarding experienced trauma by the youth. YBGR staff utilize the Adverse Childhood Experience (ACE) survey and tools, Attachment, Regulation, and Competency (ARC) model, and Sensory, Motor, Arousal, Regulation, and Treatment (SMART) model for implementation of trauma informed care. They also include Trauma Focused Cognitive Behavioral Therapy (TFCBT) as part of the therapeutic program. Each youth is treated individually based on his depth of trauma. YBGR is continually learning and training with trauma informed care practices in providing youth the best treatment available. Chandra Perez, PhD provides ARC training and CBT training for staff to be practiced with youth.

YBGR has fully implemented the protocols established by AMDD for treatment of people who have co-occurring psychiatric and substance use disorders. The facility recognized the need for chemical dependency services (CD) and worked towards licensing. They received a state license in December 2017, but services were provided prior while working toward licensure. It is reported that 27 youth receive Level 1 services which includes group and individual sessions. Level 1 services include working on cravings, triggers, and methods to cope. They also provide chemical dependency evaluations to determine the American Society of Addiction Medicine (ASAM) level of care for each youth. It is reported that a staff member leads 12-step groups on campus and youth are encouraged to attend 12-step programming during their stay as well as attend community meetings when they discharge. BOV interviewers experienced some confusion during interview sessions regarding CD counseling services; specifically whether there is a defined curriculum that meets expectations for best practices, and whether individual therapists attend treatment team and other staff meetings regarding specific patient care or whether the CD supervisor attends in their stead. The exit interview process convinced the BOV team that our impressions from the interviews were likely incorrect. However, the entire process lead us to believe there is still work to do in order to seamlessly integrate CD counseling into the clients' treatment plans and recovery process.

Upon discharge from YBGR, individuals are connected to a Community Based Services CD counselor or to Youth Dynamics for continuum of care. Tumbleweed, Rimrock and individual therapists who are dually licensed might also be appropriate follow up providers of substance use/abuse counseling for clients who require a lower level of care. Individuals are encouraged to continue practicing sobriety by attending their continuum of care recommendations and attend 12-step meetings in their community.

**Suggestion:** Ensure that there is adequate collaboration among CD counselors and therapists to improve outcomes and the treatment process among youth.

#### Crisis Response and Intervention Services

Unique to YBGR is the fact that it is a large campus with employee and family housing on site. This allows YBGR to employ an Emergency Services Team (EST) made up of staff who live on campus and voluntarily agree to be part of the EST who respond to on-campus emergencies. YBGR follows policy and procedure when youth are at risk. When youth make suicidal comments, they are placed under observation by staff and assessed by the clinic nurse. They are monitored 24/7 and the youth sleeps in the



milieu of the lodge at night. They implement a progressive “step-down” before the youth is able to return to the normal lodge routine. In the event of a suicide attempt, staff call out “clear the area” and all lodge youth are required to go to their rooms and shut their doors. They provide “hands on removal” meaning that staff will use their own hands to remove the object of harm. They provide a *linear level of care* throughout the campus which encompasses that they have a level of staff to treat most incidences. They do not take youth to Billings Clinic unless it is a life or death matter as Billings Clinic recognizes YBGR as having as high level of care as they do unless hospitalization is required. In other emergencies, lodge staff are required to call the Emergency Support Team (EST) which are staff who live on-site and respond within 3-5 minutes after being called. Triage Crisis training is in progress among nursing staff. After each incident, there is an incident report documented and this is saved in the youth file and parent/guardian are notified. If the youth needs to be taken to Billings Clinic, there is a verbal order given, and program manager or ambulance transports. An order with narrative, face sheet, and emergency consent to treat goes along with transport provider. Medication lists are available through Billings Clinic via YBGR, as they are interconnected.

### Medications

After review of the electronic medical record (EMR) and the electronic medication administration record (eMAR), medication regimens appear to be evidence-based and reflect internationally accepted medical standards. Rationale for prescribing, changing, and tapering/titrating medication therapy as well as how the medication therapy changes would be monitored (i.e. labs, vitals, rating scales assessments, etc.) were consistently documented. Metabolic monitoring for clients on antipsychotic medications is based on the American Diabetes Association (ADA) and American Psychiatric Association (APA) guidelines. A complete metabolic panel (CMP), complete blood count (CBC), medication trough levels, and any other required labs for medication monitoring are collected at baseline and every three months. An electrocardiogram (EKG) is completed at baseline and as needed depending on the individual client. Baseline and monthly weights are obtained, unless a client is on an atypical antipsychotic, in which case client’s weights are obtained weekly. Medication allergies, side effects and adverse reactions are also documented in the EMR, closely monitored, and promptly treated as appropriate. An Abnormal Involuntary Movement Scale (AIMS) assessment is performed on every client on admission, as needed if involuntary movements appear and every month thereafter. The providers and nursing staff ensure the clients’ medications are appropriate, safe, effective, and promote medication adherence.

YBGR has an excellent working relationship with AllCare Pharmacy which is prompt at filling and delivering the clients' medications within a time period that does not delay care, exacerbate illness, or prolong absence of necessary medication treatment. AllCare Pharmacy provides unit dose bubble pack cards in weekly counts initially, then monthly thereafter once the client is stable on the medication and dose. The director of nursing implemented weekly medication cards, as well as non-patient specific unit dosing of as needed over-the-counter (OTC) medications as part of a quality improvement project. These measures have helped YBGR reduce medication errors over time by reducing the amount of extra medication available. YBGR works with AllCare pharmacy to provide medications to clients who are uninsured or underinsured to assure the client receives appropriate treatment.

Medications at YBGR are stored, administered, and reviewed by certified nurses consistent with laws, regulations, and professional guidelines. All medications are delivered by AllCare Pharmacy in unit dose bubble pack cards and stored in patient specific bins in a locked medication cabinet behind a locked door in each of the 7 lodges on the YBGR campus. Medications that require refrigeration are stored in a refrigerator located in the clinic. YBGR has no medication samples on campus. Controlled substances are double checked by two nurses and a countback is performed every time a medication is administered as well as every morning and evening. If a client has a day pass off campus with family, a double check count is performed before the client leaves and after the client returns.

The YBGR staff try to promote the use of coping skills first prior to offering an as needed (PRN) medication. If the client is not deescalating, then they are offered a PRN medication. If a non-urgent PRN medication is needed, it is provided to the client by a nurse at the next medication pass. Medication passes occur four times per day.

The staff at YBGR actively promote adherence to medications through negotiation and education. If a client refuses to take a medication, the nurse provides medication education to promote adherence, and has the client go last in order to allow more time to think about medication compliance. The nurses reported this empowers the clients to take control of their treatment to an extent and improves compliance. If the client continues to refuse a medication, the nursing staff will give them 1 hour after the scheduled administration time to take the medication. If the client still decides to be medication noncompliant, the nurse documents the refusal on the eMAR, sends a message to the

provider, and completes a risk management form. YBGR does not withdraw support or deny access to other treatment and support programs based on the client's decision not to take medications.

Medication education is provided to the clients by the prescribing providers, as well as the nursing staff on medication pass. The client is educated on the indication, direction for use, expected results, adverse effects, monitoring, and adherence. There was some variability between clients on the knowledge surrounding the medications they were prescribed. Currently, there are no medication education groups with a structured curriculum provided to the clients at YBGR.

YBGR has a procedure in place for documenting and reporting medication errors. Medication errors are documented by nursing at the time of the event using a paper form and the provider is notified online. Medication errors are tracked overtime and assessed for trends and quality improvement opportunities. The director of nursing recently developed Nurse Clinical Competencies, utilizing Benner's Stages of Clinical Competence which takes a nurse through five levels of proficiency: Novice, advanced beginner, competent, proficient, and expert. A Curriculum for Medication Self Administration Observation Training Program was also recently implemented. The goal of these clinical competencies and training program is to improve nursing knowledge and reduce errors.

Unused portions of medications and expired medications are disposed of appropriately using Rx Destroyer and are witnessed by two nurses, including the director of nursing. This process is in accordance with the Food and Drug Administration with the Office of National Drug Control Policy Guidelines.

A procedure for using and documenting involuntary medications is in place and includes documentation of the rationale, efficacy, and side effects. There is no standing order for involuntary medication administration. The lodge staff contacts the nurse if an involuntary medication is needed. The nurse must visually assess the client and call the provider to discuss the client's situation prior to an order being placed. The client is always offered an oral medication option prior to using an intramuscular (IM) injection. If an IM injection is needed, the provider must give separate orders for each of the following: IM medication, restraint order, seclusion order, relocation order. After an involuntary medication is given, the nurse documents the medication administration on the eMAR.

**Suggestions:**

- Consider utilizing nursing students to help provide continued medication education to staff
- Consider joining with local hospital organizations to participate in Grand Rounds/Project ECHO sessions to provide more continuing education opportunities for staff
- Provide a copy of the Medical Care Presentation in each of the lodges for staff to reference as needed

**Access, Entry, and Continuity of Services Through Transitions**

YBGR has recently initiated an informal collaboration with a number of other local providers including the Tumbleweed Program, and the Yellowstone Boys and Girls Club and worked to improve their relationship with Billings Clinic. This collaboration has created the potential to improve both access/intake and the discharge process.

The discharge process begins soon after admission and the individual will have participated in education and professional training to assist in daily living. When a resident is nearing discharge, the clinical team reviews the treatment plan to identify what this individual needs to continue working toward and makes follow-up arrangements with each client and, with consent when appropriate, family members prior to the individual's exit from the service. Community resources are identified and scheduled to ensure continuum of care when the individual exits the program. Until the recent creation of the program manager positions, YBGR did not consistently track discharges. Now, the program manager will be responsible for following up with each discharged resident to make sure he/she attends recommended

**Suggestion:** The treatment team would benefit from establishing a plan for the individual that could be given to the person at the time of discharge if they were to leave AMA or if insurance declines treatment coverage so they are not left without services and confidentiality is not violated.

## Recommendations

### Recommendations:<sup>1</sup>

1. Develop a medication education group for YBGR clients with a structured curriculum provided by the nursing staff.
2. Consider including more detailed medication administration instructions on the MAR for nurses to ensure proper administration techniques and adequate treatment efficacy (i.e. must take ziprasidone (Geodon) with at least 500 calories of food and lurasidone (Latuda) with at least 350 calories of food to ensure appropriate absorption and efficacy).
3. Recommend an annual review of the Medical Care Presentation for lodge staff to promote continued medication education and safety
4. Ensure the new program manager positions include an expectation that the manager will make an attempt to follow up with a discharged resident/family member or the new provider of services to ensure the continuity of care.

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<sup>1</sup> Some of these Recommendations were already identified by YBGR staff prior to the BOV site inspection.