

Youth Homes

Missoula, Montana

March 26 & 27,

2024

Site Inspection Conducted by the Mental Disabilities
Board of Visitors

Jeremy Hoscheid

Jeremy Hoscheid, Executive Director

INTRODUCTION

Mental Health Facility reviewed:

Youth Homes - Missoula

Amy Schaer, CEO

Authority for review:

Montana Code Annotated, 53-21-104

Purpose of review:

1. To learn about the services provided by Youth Homes in Missoula.
2. To assess the degree to which the services provided by Youth Homes are humane, consistent with professional standards, and incorporate Mental Disabilities Board of Visitors standards for services.
3. To recognize excellent services.
4. To make recommendations to Youth Homes for improvement of services.
5. To report to the Governor regarding the status of services provided by Youth Homes.

Site Review Team:

Board:

Aaron Atkinson, Board Member

BOV Staff:

Jeremy Hoscheid, Executive Director

Craig Fitch, Attorney

Carter Anderson, Consultant

Review process:

- Interviews with Youth Homes staff
- Review of treatment activities, tour of Youth Homes facilities
- Review client treatment plans
- Review policy and procedures, organizational structure

Overview

Per M.C.A. 53-21-104 the Mental Disabilities Board of Visitors (Board) conducted a site review of Youth Homes on March 26 & 27, 2024. Youth Homes is a licensed mental health center that provides services in Missoula, Hamilton, Helena, and Kalispell.

Mission – The mission of Youth Homes is “to help every youth feel safe, have a sense of belonging and find a place to call home.”

Vision – Our vision is “To provide an array of services to support children and families of Western Montana, regardless of their ability to pay.”

In 1971, the Montana Board of Crime Control offered the 4th Judicial District Court a grant to establish one of the first community-based group homes in the state. After later being empowered by the chief probation officer at the time, a group of local community members incorporated the home, and in February 1972, the group opened the District Youth Guidance Home.

Since that time Youth Homes has continued to work towards achieving the organization’s mission and vision by developing and providing needed services in a variety of different programs over the past 50+ years. Today Youth Homes operates nine group homes in three Western Montana communities and operates a strong foster care and adoption program.

During the Boards review, the Board was able to review the Youth Homes facilities in Missoula, conduct interviews, and review client treatment plans.

Organizational Planning and Quality Improvement

Youth Homes Leadership Team developed the current strategic annual plan for the Fiscal Years 2023-2025. The Leadership Team regularly reviews this document which has established time frames and responsibilities for implementing objectives. Youth Homes recently underwent Council on Accreditation (COA) accreditation which the organization believes will help them to continue to adjust and grow to future needs and demands of those they serve.

Youth Homes utilizes staff surveys, stakeholder analysis, and a review of community needs. Youth Homes is also part of the Missoula Strategic Alliance which includes other providers such as Western Montana Mental Health Center and Providence St. Patrick Hospital.

The Board noted the Strengths and Weaknesses Assessment that was completed within the strategic plan. The assessment identifies the organizations clear mission and vision, staff dedication, community engagement, impactful programs and services, and collaborative partnerships/relationships as organizational strengths. Weaknesses were reported as Limited Resources, Inadequate training, Lack of Diversity and Inclusion amongst staff and board

members, Limited Technology Integration, High Turnover Rate, Compliance and Regulatory Challenges. The Board notes that these reported weaknesses are a common theme among Montana's behavioral health providers.

Youth Homes utilizes a process of continuous quality improvement to evaluate and improve its activities related to serving children and families. Youth Homes has a clear process for analyzing and reporting information, the Performance and Quality Improvement (PQI) program. The Quality Assurance Manager is designated to monitor all PQI activities and ensure organizational compliance with applicable regulations and standards. Youth Homes also has a PQI Committee that reports data trends and results to Youth Homes employees, the board of directors, and any other stakeholder such as the State of Montana and Council on Accreditation. The current PQI plan revolves primarily around client case reviews, quarterly reviews of all financial data, annual client satisfaction surveys, and a quarterly review of all incidents and grievances.

Rights, Responsibilities, and Safety

Youth Homes has a well-developed client admission packet that is given to the client upon their admission into services. This client admission packet clearly defines the individual's rights and responsibilities. This information is reviewed by the client with staff to ensure that the client understands the packet.

While reviewing the Client's Rights policy and procedure provided to the Board, the Board did not find contact information for independent advocacy services. **The Board would recommend that Youth Homes add contact information for the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and Disability Rights Montana into this policy and procedure.**

Youth Homes has a grievance procedure which is established in policy and procedure that is fair, responsive, and easy for individuals and families to follow. The grievance process is explained as part of an admissions packet given to each individual upon admission. While Youth Homes does not necessarily have a formal grievance committee review process in place, staff were able to report that when a grievance does occur, the grievance is reviewed by the therapist, the house managers, as well as the Chief Operating Officer. Staff interviewed reported to the Board that grievances were rare as staff are trained to be responsive to the clients. The Board was pleased to note that the Youth Homes Grievance Procedure includes that opportunity for individuals to appeal the initial decision on the issue. The Board feels that the appeals process is a key piece in a fair grievance procedure.

Youth Homes has a clear policy which fully implements the requirements of Section 53-21-107 for detecting, reporting, investigating, determining the validity of, and resolving allegations of abuse and neglect. All staff are required to read the Child and Abuse Neglect Reporting Policy. Youth Homes' employees, interns, and volunteers are considered "Mandatory Reporters" and understand that anyone who knows or has reasonable cause to suspect abuse or neglect is required to report the incident to proper authorities.

Staff receive annual MANDT System De-escalation training. Youth Homes has an organization wide hands-off policy. Staff interviewed reported that staff injuries are very rare due to the organization's hands-off policy.

Youth Homes reported that they would try to provide clients with access to staff of their own gender but reported that this was sometimes difficult to staffing issues.

Staff interviewed reported that typically the only special treatment procedure utilized was the clients prescribed PRN medications. Staff reported that a client can request their medication if they feel themselves becoming dysregulated or if a staff member recognizes signs, the staff can suggest the PRN medication to the client.

Individual, Family Member Participation

The therapist is the primary person responsible for assuring that a client's family members/guardians are identified. The therapist is also responsible for ensuring that the parameters for communication with the client's family/guardian are contained in the patient's chart.

Most adolescent clients served in the youth group homes are sent there by child protective services or youth court. Thus, most clients have a child protection services worker assigned as their guardian. Parents/guardians are interviewed during intake for purposes of building a treatment plan and again prior to discharge to assess the discharge readiness and discharge plan for any youth or adolescent patient.

The Youth Homes' staff proactively provides clients, and – with consent - clients' family member/guardian a copy of the treatment plan which includes a diagnosis.

Youth Homes provides opportunities for client and family member/guardian participation in the organizations PQI by providing customer survey and feedback options. Quality surveys are issued quarterly and can be filled out anonymously.

Most discharges are to foster care and all clients/new foster care parents are given an aftercare plan upon discharge.

Cultural Effectiveness

While Youth Homes does not have a cultural effectiveness plan specifically, Youth Homes has an exceptional cultural effectiveness program across the organization. During the tour – and throughout the interviews, there were physical and verbal cues and responses that consistently pointed toward a level of understanding and welcoming of any person regardless of cultural/religious/social preferences. While most facilities inspected by the Board can offer verbal assurances that staff are open-minded and interested in cultural efficacy, Youth Homes' staff demonstrated a confident, welcoming approach in every interaction. **The Board would recommend that Youth Homes develop a formal Cultural Effectiveness Plan to better capture the great work Youth Homes already does in this area.**

Youth Homes has a number of forms that provide an opportunity for clients to identify a particular social/cultural/spiritual preference or need. These self-identified preferences or needs are reflected in individual treatment plans (ITP's) which describe and identify any cultural, ethnic, social, historical, military service and/or spiritual issues.

While Youth Homes does not have a formalized plan for recruitment, retention, and promotion of staff from cultural/racial/ethnic backgrounds representative of the community they do have a current board member, who is an enrolled member of the Blackfeet Nation, who is proactive in assisting with cultural training for staff and assisting with culturally appropriate treatment needs of clients. **The Board would recommend that Youth Homes contract with a Native American/Tribally enrolled clinician who can offer specific culturally relevant treatment options that can be implemented in a treatment plan and the treatment milieu of patients/families who identify as Native American/American Indian.** The Board did want to also acknowledge the training/presentation video that is provided on the organization's website under Native Resources. The presentation is titled Essential Understanding of Historical Trauma for American Indian Families and Communities.

Youth Homes shared with the Board a copy of the organizations Diversity Awareness Calendar, which is intended as a thought-provoking tool to help staff initiate conversations about diversity and the ways in which staff can better serve the youth in their care. Various DEI trainings are offered that include the Woodle Course through the University of Montana.

Youth Homes also has created an organizational policy which is based on promoting physical, psychological, and emotional health and safety of service recipients. This policy requires all staff members to follow Youth Homes' non-discrimination policy, practice trauma-informed care, respect youth's right to privacy, establish a culture of acceptance and respect for vulnerable populations, such as LBGTQ and non-binary youth, encourage respectful conversations and discussions about acceptance of different cultures, religions, and other ethnic differences; and immediately correct any discriminative or offensive actions, language, or gestures, and create a safe, client-centered environment that allows for various physical needs.

Staff Competence, Training, Supervision, and Relationships with Residents

Youth Homes defines knowledge and competence expectations specific to working with individual with mental illness or emotional disturbance within all of the job descriptions provided to the Board by Youth Homes.

Youth Homes group homes staff are provided with a training curriculum and orientation program that involves the program directors and house managers, a tour of the facility, full training in de-escalation (MANDT De-escalation system), First aid & CPR, and shadow shifts prior to working. Youth Homes promotes open communication with all new employees and supports employees if they feel they need additional training or shadow shifts prior to working. Youth Homes also provides additional orientation training through the CORE training for foster care staff, weekly one hour supervision sessions, a weekly clinical staffing as well as video supervision of clinical staff. Youth Homes provides on-going training for staff throughout the year. This training includes MANDT, Trauma Resource Institute – Community Resiliency, Motivational Interviewing, Suicide Awareness Training, as well as Trauma Focused CBT. In addition to the training provided, Youth Homes staff reported that they are encouraged to seek additional training opportunities if feasible and practical for the employee to attend.

Youth Homes staff are provided with a one-year probationary policy. All staff receive annual performance evaluation where quarterly milestones are developed for staff for the coming year and. Youth Homes staff stated that these performance evaluations are done proactively. The employees are asked to complete their own self-evaluation and then the employee and supervisor compare and discuss the results.

Supervisors at Youth Homes are expected to monitor the way staff address and interact with individuals receiving treatment. Staff reported that Youth Homes provides leadership meetings for its supervisors. Staff did report that additional non-profit leadership training would be beneficial in their role as supervisors. **The Board would recommend that Youth Homes explore the feasibility of non-profit specific supervisory/leadership training.**

It was reported to the Board that professional staff have consistent interaction with direct care staff. It was reported that there is a very team-oriented approach to treatment, which includes weekly staffing and lots of feedback and communication from all team members.

Staff interviewed stated that supervisors are frequently engaged with direct care staff. This includes spending time on the floor, listening to staff, and providing feedback. Supervisors reported a key part of being a supervisor is recognizing when staff need to take time off for their own self-care and mental health. It was mentioned that Youth Homes is looking at connecting with a therapist specifically to discuss secondary trauma. The preservation of staff and promoting employee wellness and longevity of the organization are the main drivers of this idea.

Treatment and Support

Youth Homes offers many different services, each with a slightly different approach to treatment and support. A written treatment plan is in place and is being implemented for every client receiving services from the mental health service. The treatment plans include a discharge plan – although at Youth Homes discharge plans for residential clients are more aspirational than normal as most clients are waiting for placement in foster care as opposed to going home to family.

The treatment plans appear to be completed within legal timeframes (21 days or 5 sessions) and include input from the clients and their caregivers.

Primary medical and dental services are in place for each client. These services are screened for prior to admission, and a policy is in place to ensure each client has access to such services at least annually. Youth Homes has strong relationships with community providers.

Clients' treatment and support that incorporates trauma informed care. Youth Homes assesses the organization, treatment and services to assure that staff has a basic understanding of how trauma affects the lives of individuals seeking services, and treatment plans include trauma-specific interventions to specifically address the consequences of trauma. Staff receive annual training on trauma-informed care.

Youth Homes has a program that offers supported employment to their older clients. Everyone aged 16 and older that resides in the Tom Roy facility are required to participate in the supported employment program. All of the school aged clients are enrolled in school and required to participate. All residents are encouraged to participate in community or school-based programs, clubs, or sports.

Medication is prescribed, stored, transported, administered, and reviewed by authorized persons in a manner consistent with laws, regulations, and professional guidelines. Medications are handed to each client in bubble packs. Clients then self-administer their own medications.

Clients are provided with understandable written and verbal information about the potential benefits, adverse effects, related to the use of medication. "Medication when required" (PRN) is only used as a part of a documented continuum of strategies for safely alleviating the client's distress and/or risk.

All new clients have timely access to a psychiatrist or mid-level practitioner for initial psychiatric assessment and medication prescription within a time period that does not, by its delay, exacerbate illness or prolong absence of necessary medication.

Access and Entry

Youth Homes is conveniently located close to the downtown Missoula area and has strong connections to local medical care providers, including linkage agreements with St. Patrick Providence Hospital and Grant Creek Clinic for primary medical services.

Youth Homes maintains a positive reputation throughout the Missoula area as well as the entirety of the state of Montana through the provision of high-quality mental health services. Youth Homes utilizes a grassroots type of program for informing the community about their services through flyers, social media and emails and participation in community events.

A clinical assessment is completed within the first 2-3 sessions and the treatment plan is developed and implemented within 21 days or 5 sessions. Staff reported that the treatment plan development begins upon the initial contact with the client. Youth Homes maintains written policies relating to these time frames.

Appropriately qualified and experienced staff are available at all times, even outside of regular business hours. Youth Homes has a crisis policy and utilizes a call tree for calls outside of regular business hours.

The clinician/therapist is the primary point of contact for the individual and family members. It was reported that family members are encouraged to engage and participate in the child's treatment.

Youth Homes reported that referrals are typically prioritized by urgency and severity. Then others are prioritized chronologically. Youth Homes has developed a website portal for individuals and referral sources to expedite admission into services with the goal of being able to have clients access services within 48 hours.

Continuity of Services through Transitions

The clinician/therapist is the main point person for communication and coordination between the facility and any new service provider, including transfers to higher level care as well as discharge or a step down to a lower intensity level of care. The clinician/therapist also ensures that clients referred to other service providers have established contact following exit from the services.

The clinician/therapist reviews the outcomes of treatment and support as well as ongoing follow-up arrangements with clients and guardians prior to their exit from the service. If a client is leaving Against Medical Advice (AMA,) either the case manager or the therapist (depending on which Youth Homes program) will provide the client with a list of contacts for follow up service.

Youth Homes has a substantial number of youths staying long enough to transition into adult services during their stay. The case manager for those clients has a suite of expectations for assisting those clients make a smooth transition. These include skill building (budgeting, job coaching, etc.) as well as assisting with applications for adult services (college/trade school, Medicaid, etc.)

Overall & Recommendations

Overall, the Board was pleased with the tour of the Youth Homes facilities as well as the interviews that were conducted. The Leadership Team at Youth Homes understands the role that Youth Homes plays within the larger behavioral health system and it is clear that the team is dedicated to the organization's mission and vision.

It was clear to the Board that Youth Homes has a very team-oriented approach, with many dedicated long-term employees, yet the organization is small enough that it gives off a feeling of being able to be nimble and adaptable in today's constantly changing environment. Youth Homes also has a long history with the communities they serve and that history of dedication to helping acts as a compass for the future of the organization. The facilities that were toured were warm and welcoming environments.

Recommendations:

The Board Recommends: Youth Homes add contact information for the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and Disability Rights Montana into the patient rights policy and procedure.

The Board Recommends: Contract with a Native American/tribally enrolled clinician who can offer specific culturally relevant treatment options that can be implemented in a treatment plan and the treatment milieu of patients/families who identify as Native American/American Indian.

The Board Recommends: Youth Homes develop a formal Cultural Effectiveness Plan to better capture the great work Youth Homes already does in this area.

The Board Recommends: Youth Homes explore feasibility of specific non-profit supervisory/leadership training opportunities.

Youth Homes response to BOV Recommendations –

The Board Recommends: Youth Homes add contact information for the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and Disability Rights Montana into the patient rights policy and procedure.

Youth Homes response: Yes, we agree and we have already implemented this recommendation.

The Board Recommends: Contract with a Native American/tribally enrolled clinician who can offer specific culturally relevant treatment options that can be implemented in a treatment plan and the treatment milieu of patients/families who identify as Native American/American Indian.

Youth Homes response: Yes, we agree and we are engaging in conversation about specific treatment options for Native youth with our Board Member, Maegan Rides at the Door, LCPC, PhD, Executive Director of the National Native Children's Trauma Center at the University of Montana. Maegan is an enrolled member of the Fort Peck Sioux and Assiniboine Tribes and a descendent of the Absentee Shawnee Shawnee Tribe. She is also a member of our Cross Cultural Awareness Committee.

The Board Recommends: Youth Homes develop a formal Cultural Effectiveness Plan to better capture the great work Youth Homes already does in this area.

Youth Homes response: Yes, we agree and will adjust our annual cultural effectiveness survey we put out every year in July to develop a formal plan. The Cross Cultural Awareness Committee will be tasked with creating and educating staff and programs.

The Board Recommends: Youth Homes explore feasibility of specific non-profit supervisory/leadership training opportunities.

Youth Homes response: Yes, we agree and have already received two quotes from facilitators to offer corporate wide trainings for supervisors.