

Acadia Montana,
Butte, Montana

April 4 – 5,
2019

Site Inspection of Acadia Montana,
Butte, Montana

Mental Disabilities Board of Visitors

OVERVIEW

Mental Health Facility reviewed:

Acadia Montana, Butte, Montana

Facility Administrator: Ms. Peggy Cunningham

Authority for review:

Montana Code Annotated, 53-21-104

Purpose of review:

1. To learn about services provided by Acadia Montana.
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:

Dan Laughlin, Board Member
Michelle Reinhardt, BA, Pharm D, BCPP
Craig Fitch, Legal Counsel, Board of Visitors
LuWaana Johnson, Staff, Board of Visitors
Dennis Nyland, Mental Health Ombudsman

Review process:

- Interviews with Acadia Montana staff and resident.
- 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

Acadia Montana (Acadia) is a 108-bed Psychiatric Residential Treatment Facility (PRTF) located on 60 acres in Butte, MT. Acadia works with young people ages 5-18, in need of assistance with co-occurring behavioral, emotional, and psychiatric disorders. Even though the facility has a capacity of 108, the average census is in the mid 60's, with the current census at 67. The average stay for resident at the facility is approximately 120 days. Acadia is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the Northwest Association of Schools and Colleges. The Mental Disabilities Board of Visitors (BOV) conducted a site inspection of the facility on April 4-5, 2019.

Acadia's campus includes classroom instruction in a private school setting. Within the campus, there are two separate playground areas available, weather permitting, for the younger and older resident and there is access to two gym areas within the facility for physical education.

During the inspection, the Acadia staff were friendly and generous with their time and readily available to answer any question the BOV team asked. Most staff interviewed stated they worked at Acadia because they loved the kids and working with the kids to help them.

Organizational Planning and Quality Improvement

There was no documentation in the entrance packet we received or during the site inspection that showed a strategic improvement plan, or any type of short/long term planning process.

Acadia does have a functioning quality improvement program which appears to be utilized consistently in an effort to improve activities related to servicing individuals, family members, and guardians. There are designated staff accountable and responsible for the ongoing quality improvement process. Acadia staff were able to show BOV examples of the Quality Improvement (QI) process in action as demonstrated by a public display of seclusion/restraint event reviews being tracked unit by unit over time. There was also QI meetings and safety meetings conducted monthly, with staff identifying weekly meetings with their direct supervisors. Acadia's medial director reviews 30 charts from all the providers on a monthly basis as process improvement. He also does formal peer chart audits on a quarterly basis.

Rights, Responsibilities, and Safety

Rights and responsibilities when the resident is admitted to Acadia are thoroughly explained in a written Resident Handbook and a shorter, twelve-page Summary of Resident Rights, Resident and Parent Responsibilities; both of which are given to family/guardian upon admission. Any further questions the family/guardian has can be answered by the resident's therapist.

Acadia does promote independent advocacy services, which includes BOV and the Mental Health Ombudsman, and written information is readily available to family/guardian and resident in the Resident Handbook, Summary of Resident Rights, and Parent Handbook Responsibilities. Staff receive training at their New Employee Orientation training on the rights and responsibilities of each resident and family/guardian. During the inspection, there were no displays of advocacy information in any public areas or the unit day halls. Also, when speaking with staff, they had little or no knowledge of BOV.

Both staff and residents expressed concern regarding safety within the facility due to an ongoing issue with staff shortages. Some examples of this were day shift working an extra two to three times per week and the swing shift often only had one staff per unit. With the swing shift staff to resident ratio so low, the residents seemed to be worse emotionally and more highly aggressive, which caused concerns regarding safety of both staff and residents. In addition, residents reported peers taking advantage of the opportunities provided by staff shortages, especially when an incident on a different unit drew all available staff.

Acadia's Complaint and Grievance Policy and Procedure is easily accessed, responsive, fair, and easy for family/guardian to follow. Staff interviewed appeared to understand the grievance process and their responsibilities for following that process. Direct care staff tries to resolve a grievance/complaint when it first occurs and, if it cannot be resolved, they refer it to their supervisor. If a resolution is not reached, staff will give the resident a complaint form and, if needed, help him/her write it out. Staff will discuss the complaint during the following day's morning meeting. If the grievance cannot be resolved, it will go to the Quality Assurance Committee who will complete an investigation. If still not resolved, the resident or family/guardian can speak to the CEO who will make a final determination.

Acadia has a zero tolerance for abuse, neglect, or exploitation and that expectation is taught in New Employee Orientation. Refresher training is given each year. Abuse complaints are taken seriously, and many staff have been terminated for excessive use of force. If abuse is observed, either by staff or by the

residents, staff is taught to immediately put a stop to it and then make sure everyone is safe. After everyone is safe, the supervisor is immediately contacted and an incident report is made. The supervisor will contact the risk manager, or in her absence, the Quality and Performance Improvement Council (QAPI).

During the inspection, Acadia staff reported to the BOV team that there is an average of one abuse or neglect incident a month, per MCA 53-21-107. Since the departure of the last BOV executive director, there were some communication issues (invalid email and the BOV 800 phone number had been disconnected) and the BOV were not receiving any incident reports from Acadia. After discovering the issue, BOV was able to review some of those reports sent to DPHHS, however the reporting format seemed unclear as to whether the reports were meant to be incident reports or reports of abuse/neglect investigations. BOV is concerned that some of the incident reports sent by Acadia should have possibly triggered a potential neglect investigation and BOV has discussed with Acadia staff the need to follow the statutory reporting process under MCA 53-21-107.

Suggestion:

- *Change the BOV 800 phone number in both the Resident Handbook and Summary of Resident Rights and anyplace that BOV information is written to 406-444-5278.*

Recommendations:

1. Ensure all staff are educated on the issue of abuse and neglect, including the differences between the definitions and mandatory reporting requirements under MCA 41-3-101, et. seq. (resident abuse and neglect statutes) vs. the definitions and reporting requirements found within MCA 53-21-102, & 107. Ensure Acadia is meeting the reporting requirements under each section of the law.
2. Ensure that advocacy information for BOV, MHO, DPHHS Quality Assurance, and Disability Rights Montana is displayed in all public areas and the unit day halls.

Individual, Family Member, Guardian Participation

The therapists are the main contact with family/guardian and chart all interactions with them.

Family/guardian are clearly identified in the resident's chart and they are, along with the resident,

included in treatment planning. Because Montana is such a large state, most treatment planning with family/guardian is done through phone meetings. Whenever possible the family/guardian attends the treatment planning meetings in person and staff tries hard to honor special requests by family/guardian. The therapist informs the family/guardian and the resident of the diagnosis, options for treatment, and possible prognoses.

The initial continuity of care report must be completed within seven days. Treatment planning sessions are completed every 28 days. Family/guardians are notified a week before the meeting, so they can be included. All staff on the resident's treatment team, family/guardian, the resident, and all community providers are invited to attend the meeting. If disagreements arise during the treatment plan meetings everyone present will discuss the disagreement and try figure out a solution. A copy of the treatment plan is mailed to family/guardian, a copy is put into the chart, and the therapist keeps a copy. The resident does not receive a copy.

Family visitation takes place on Sundays in the cafeteria from 1:30 pm to 3:30 pm. Recreational therapy staff oversees the visitations and will visit with family/guardian. Outings between family/guardian and the resident can be scheduled through the resident's therapist. Residents can make outgoing phone calls two days/week and receive incoming phone calls one day/week.

The case managers do all the research and paperwork necessary to prepare for discharge. This involves communication between the provider, nurses, therapist, family/guardian, community providers, and ensuring that discharge medications are ordered. Family/guardian preferences for discharge are always considered.

Suggestion:

- *Consider investing in technology which will allow families to communicate with their resident and the treatment team through video.*
- *The current visitation/communication schedule is too restrictive. Minus exceptions which are deemed medically/clinically necessary for the resident's treatment needs, family interaction needs to be encouraged.*

Cultural Effectiveness Plan and Cultural Competency

Acadia employs a therapist who is responsible for Cultural Activities. The therapist has knowledge of the diversity of the facility and tries to meet the needs of the Native American population, but there are no formal plans or procedures. Acadia needs to train both new and veteran staff about cultural, ethnic, social, and spiritual issues relevant to the mental health treatment of the resident served.

Suggestion:

- *The facility should hire or contract with a person who has expertise in this field and have that person develop a solid plan to address the cultural needs of the resident which includes an effective training program and ways to incorporate cultural issues into an individualized treatment plan where appropriate.*

Staff Competence, Training, Supervision, and Relationships with Resident

Acadia policies define the optimum knowledge, qualifications, and competence expectations for all personnel working with residents with mental illness and behavioral disturbances. New staff gets training in patient safety goals, and some introduction to mental health. The staff also receives training on Work Place Violence Prevention, Dealing with Difficult/Challenging Patients, Training on Resident Supervision, Contraband Searches, Attention Seeking Behaviors, Exit Seeking Behavior, Environmental Checks, Behavior Management and Consequences, and Setting Limits. Staff is required to shadow another staff prior to working a shift. Acadia recently implemented the GEARS system, the standardization of Codes, Risk Suicide Awareness, and Studer's Pillars of Excellence. Staff believes the GEARS system has started to assist with keeping staff more consistent across all treatment environment settings.

At Acadia, the MANDT Program was replaced by the Handle With Care (HWC) Program. HWC teaches standing, kneeling, seated, faceup and face down restraint. Staff believes the HWC program is better than MANDT and feel it is safer and causes less injuries to both staff and resident.

Currently there is no formal process for ongoing staff training opportunities, however, Acadia is looking into developing a formal 30- and 90-day training course. Therapists have the opportunity to participate in DBT/CBT/trauma informed care continuing education and clinical staff are provided compensation for

mental health conferences. All other staff have limited ability/funding to go to training other than the ones held on campus. There is currently no regularly scheduled in-service training for staff members on all levels, however, one of the current providers is planning an education on autism in the near future.

Suggestions:

- *Consider joining with regional hospital organizations to participate in Grand Rounds/Project ECHO sessions to provide more continuing education opportunities for clinical staff.*
- *Consider utilizing Acadia providers and community pharmacists to help provide continued medication education to clinical staff.*
- *Consider improving the investment in funding training opportunities for staff outside of the facility.*

Supervision

The clinical staff interviewed at Acadia expressed satisfaction with the quality and level of supervision they received. Weekly leadership rounds ensure discussion on what is working well, areas for improvement, and to provide real time on-the-job training. It was reported to BOV that the chief executive officer holds staff accountable for their performance and the staff finds this structure effective. Non-clinical staff were not as satisfied. Most had positive comments about their direct supervisors – especially about how easy it is to access them when needed, but expressed either an uncertainty or unwillingness to convey concerns any further up the chain of command. A significant number of staff reported favoritism by the administrative team that undermined the ability of “disfavored” supervisors to hold their staff accountable. Other staff recounted concerns about a top administration member interrupting the therapeutic or educational environment while making rounds by stopping activities, engaging individual resident, and offering special treats or recesses without warning or pre-planning, leaving the staff in charge of the activities with a behavioral problem after the administrative member left the activity. This behavior (albeit in a very limited and artificial setting) was witnessed by the BOV inspection team.

Relationships with Individuals

Interviews with the resident were mostly positive. For instance, they stated that they had their favorite staff, but overall, they like their daily interactions with most staff. They also mention that the food was good and they like the weekly treats and pizza parties. More importantly, all of the older resident who spoke with BOV team members were aware of the behavioral issues and symptoms that were primarily responsible for their stay at Acadia, could readily identify a staff member they could seek out if they needed help, and could name their medications and what the medications were primarily for. The staff interviewed expressed empathy, engagement, and had a positive attitude when discussing the patients. This staff to resident relationship is a strength for Acadia.

On the other hand, residents were frustrated with the dilapidated look and feel of the facility; bent and broken doors, leaking roofs, dirty windows and peeling paint. Resident of some units were not shy in expressing fear for their safety, the safety of staff, and other residents. “Everybody knows” when the units are short staffed and there is a crisis on another unit, leaving all of the other units understaffed. That’s when the risk is highest according to resident on the male adolescent unit, who also reported that crises occur at least 1-3 times/night on some units.

Recommendation:

3. Assess the current staffing patterns compared to the staffing need and make adjustments necessary to reduce the number of incidents and to adequately address emergency/incidents and patient/unit acuity.

Treatment and Support

Treatment Planning

Written treatment and discharge plans were identified in the paper chart medical record on select resident charts that were reviewed. Treatment and discharge plans are implemented on admission and reviewed and modified accordingly on a weekly basis while the resident is receiving services at Acadia. The treatment and discharge plans are reviewed by an interdisciplinary team including the provider, nurse, therapist, the resident, and family. Acadia contracts with local providers in Butte to ensure residents have access to dental, optometry, and primary care services. Resident who need acute medical care are

transported to St. James Hospital emergency department or the Express Care Walk-In Clinic for evaluation, and appropriate medical/psychiatric records are sent to ensure continuity of care.

Evidence-Based Services and Trauma Informed Care

All staff interviewed stated they have been trained in Trauma Informed Care. It appears that the professionals have a greater understanding of Trauma informed Care, and direct care staff have a very limited understanding of its philosophy or how such knowledge can be used for individual resident needs. The challenge is the turn-over of direct care staff and keeping the concept alive is difficult.

Suggestion:

- *Make sure direct care staff are constantly being updated on patients and understand the individual patient's trauma-based treatment needs.*

Education

The most important component for learning is a strong relationship between student and teachers. From the inspection, it appears that a strong relationship exists between teachers and students. Students time after time said how they felt a strong relationship with the teachers. Teachers also said they cared deeply for the students and worried about their futures. Teachers often took it upon themselves to bring things from home to help with instruction. The teachers use what materials they have to the best of their abilities.

Given the length of time that the residents of Acadia spend away from their home schools, Acadia has a responsibility to meet the educational needs of the resident. BOV believes Acadia is failing to adequately meet this obligation. For example, there were concerns with the educational aspect of the individual-paced independent learning. While a teacher is available in the classroom, there does not appear to be a structured system of education or classroom setting which would provide an environment conducive to organized learning and individual needs. This challenge may be the result of a shortage of staffing of educational personnel; currently, five teachers and one school aide.

Suggestions:

Acadia may need to reevaluate the role that education plays in the treatment of residents who are emotionally challenged and have mental illness. Listed below are areas where Acadia could improve on the educational impact it has on its resident.

- 1. Every student who enters the facility should be evaluated or screened by a school psychologist. A school psychologist could provide insight into the resident that would help the teachers but also the treatment team. They also could provide a list of accommodations and modifications that would be so helpful to the student to provide access to learning.*
- 2. Every resident who enters the facility should have an IEP or a 504. The student has lost access to the general curriculum and needs specially designed instruction to help them learn. The IEP or 504 would provide great information to the school they go to after discharge.*
- 3. Every student should have an IEP or 504 meeting within 30 days after the education evaluation is complete. All teachers should attend and develop specially designed instruction to meet the individual needs of the student.*
- 4. The facility should contract with an Occupational Therapist to provide insight into sensory and motor needs.*
- 5. The speech language pathologist should have a schedule for being on site during the school day to discuss her therapy plans and recommendations.*
- 6. Data should be taken in a meaningful way as to measure progress on goals and objectives.*
- 7. The grade level teams should meet biweekly to discuss students' progress and make adjustments to their program.*
- 8. The facility should purchase updated school curriculum that is tied to standards and is comprehensive and exciting. This would be giant investment, but it would pay off in the long run in letting the students know that the facility values education and their future.*
- 9. The school day and classes should be restructured. The teachers have too many preparations and it is so hard to provide lessons that are meaningful when you have to prepare for so many classes.*
- 10. The facility needs to invest in technology. Students in a typical school setting are using technology every day. It puts the students at a disadvantage when they return to their school district. The technology available now is incredible and can help them gain insight into their own issues. This can be done with proper supervision.*
- 11. The school should adopt a Social Emotional Learning Curriculum that would help with the goals on the IEP and speed up treatment.*
- 12. The facility could buy smart boards that make learning interactive and fun.*
- 13. The teachers should attend conferences off site and keep up on current trends.*
- 14. Every classroom should have a paraprofessional that has some training.*
- 15. The school could use new textbooks and library books.*
- 16. The school could have more facility adopted testing to target learning needs.*
- 17. The school could partner with Montana Tech or University of Montana at Dillon to bring in new ideas and lower the student teacher ratio.*
- 18. The school could partner with the Butte School District for in-service training that is offered in Butte.*
- 19. The school could reach out to OPI for technical assistance and get involved in State Wide Assessments.*

20. The facility could provide music classes.

21. The school can get free Life Skills Curriculum from Region IV. This curriculum provides both assessments and lessons and is so helpful when a student is looking into his/her future.

Co-occurring Psychiatric and Substance Use Treatment

Acadia does not currently offer substance use treatment. While their admissions policy excludes the admission of someone who is in need of chemical detoxification or intensive medical care due to chemical dependency, there is no doubt that the adolescent population treated at Acadia could benefit from chemical dependency treatment in some form.

Recommendation:

4. Hire a licensed addiction counselor or a dually licensed therapist, *or* contract with someone who can provide substance use/abuse treatment (chemical dependency services).

Crisis Response and Intervention Services

Acadia uses a new approach to emergency situations that happen at the facility called GEARS. The GEARS system is fairly new and was implemented the first part of March 2019. Instead of personnel rushing to an emergency situation, it is evaluated by staff and there are five levels of the emergency with GEARS. Each GEARS level increases the number of staff required and staff response to the situation (verbal or physical). GEARS 1 would involve one staff, typically the staff dealing with the individual. GEARS 2 also has the one staff, but more options for the staff to use to de-escalate the situation. GEARS 3 is where nursing staff become involved, with GEARS 4 and 5 includes more direct care staff, nursing staff, and support staff. The concerns with the level 4 and 5 of the GEARS system is it leaves other staff unsupported and a feeling that they are not safe, due to the understaffing at the facility.

Medications

Acadia and Pintler Pharmacy in Butte have an excellent working relationship. All Acadia providers and staff expressed satisfaction with the services provided, and mentioned the pharmacist is readily available to address any questions or concerns that arise. Pintler Pharmacy is prompt at filling and delivering the resident medications within a time period that does not delay care, exacerbate illness, or prolong the absence of necessary medication treatment.

Medications at Acadia are stored, administered, and reviewed by a certified nurse consistent with laws, regulations, and professional guidelines. All medications are delivered to Acadia in a unit-dose bubble pack system through Pintler Pharmacy and are stored in a locked medication cabinet in a locked medication room. Medications are compiled into one bubble pack card versus multiple cards to reduce medication errors. Medications requiring refrigeration are stored in a refrigerator located in the medication room. A temperature log is maintained on the medication refrigerator for quality control. Acadia has no medication samples on campus. Controlled substance medications are locked separately, double-checked by two nurses, and a countback is performed at the end of each shift which occurs 2-3 times per day. Acadia works with Pintler Pharmacy to provide medications to resident who are uninsured or underinsured to ensure the resident receives appropriate treatment.

Upon review of the medical record and the medication administration record (MAR), medication regimens appear to be inconsistent with current literature and available guidelines, which are based on efficacy and safety data. For example, in one chart reviewed during the site visit, the resident was diagnosed with Major Depressive Disorder (MDD), Disruptive Mood Dysregulation Disorder (DMDD), Attention-Deficit/Hyperactivity Disorder (ADHD), and Post-Traumatic Stress Disorder (PTSD). The current medications prescribed included aripiprazole 15 mg daily, quetiapine 300 mg daily, amantadine 50 mg daily, and guanfacine 1 mg daily. No history of Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, or psychosis was documented in the medical record. Current guidelines and literature do not support the use of two atypical antipsychotics in this patient for the treatment of MDD, DMDD, ADHD, or PTSD.

Rational 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.) was occasionally documented. Metabolic monitoring for resident 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 3 months. An electrocardiogram (EKG) is completed at baseline and as needed depending on the individual resident. A weight and body mass index (BMI) are obtained at baseline and as needed thereafter, unless the resident is on an atypical antipsychotic, in which case weights and BMI are obtained weekly. If a BMI is greater than 85%, the resident meets with a dietitian every three months. Medication allergies, side effects, and

adverse reactions are documented on an adverse drug reactions (ADRs) form, and the provider and resident's family are notified. An Abnormal Involuntary Movement Scale (AIMS) assessment is performed on every resident on admission, as needed if involuntary movements appear, and every month thereafter. The providers and nursing staff generally ensure the resident medications are appropriate, safe, effective, and promote medication adherence. The nurse manager, director of nursing, providers, and pharmacist meet monthly at P&T to discuss quality improvement opportunities to reduce medication ADRs/errors over time.

The providers and nurses try to promote coping skills prior to offering an as needed (PRN) medication. If the resident is not deescalating, they are offered an oral PRN medication. Rational for using the PRN medication is documented on the MAR.

The nurses at Acadia actively promote adherence to medications through negotiation and education. If a resident refuses to take a medication, the nurse provides medication education to promote adherence. The nurse asks why the resident does not want to take the medication (i.e. side effects, ineffectiveness, resident is upset, etc.), then encourages the patient through education and negotiation. If the resident still decides to be medication noncompliant, the nurse documents the refusal on the MAR and notifies the provider. Acadia does not force scheduled medications, withdraw support, or deny access to other treatment and support programs based on the resident's decision not to take medications. Acadia would support a resident's decision to seek a second opinion from other qualified prescribers if needed.

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

Acadia 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. The nurse reports why the error happened (i.e. transcription, filling, omission, etc.) and where the error caused harm or not. A root cause analysis is performed and reviewed at P&T committee to assess for trends and quality improvement opportunities.

Unused portions of medications and expired medications are disposed of appropriately using Rx Destroyer and are witnessed by two nurses. Used bottles of Rx Destroyer are then picked up by Pintler Pharmacy. 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 rational, efficacy, and side effects. There is no standing order for involuntary medication administration. The resident is always offered an oral medication option prior to using an intramuscular (IM) injection. If an IM injection is needed, an order must be obtained from the provider for a one-time medication. Only emergency medications listed on the Emergency Medication Consent Form completed on admission by the guardian may be used. An ESI form is completed and renewed every hour for locked seclusion and personal restraint. Residents are monitored every five minutes by staff and every fifteen minutes by nursing. Nursing monitors the resident's vitals and efficacy/safety of the IM medication received. After an involuntary medication is given, the nurse documents the medication administration on the MAR.

Recommendations:

5. Develop a medication education group for Acadia residents with a structured curriculum provided by the nursing staff. Consider utilizing nursing students to help provide medication education.
6. Develop a new hire and continuing education training program on psychiatric disease states and psychotropic medication management. This program should include regularly scheduled in-service education opportunities to provide ongoing mental health education to all staff members.
7. Audit the use of medications using evidence-based practice criteria to reduce polypharmacy efforts, utilizing the least amount of medications to treat symptoms, and avoiding duplications in therapy.
8. It appears the facility has been overly reliant on the use of medications to control behavioral problems. Acadia should ensure adequate individual and family based therapy is being utilized to assist the residents in developing their own set of coping skills, increasing their frustration tolerance and managing their anger.

Access, Entry, and Continuity of Services Through Transitions

Acadia has a well-established process for accepting and admitting new residents. Both admission and exclusion criteria are clearly defined. The informational packets cover the most important information and are easy to read and understand. Acadia follows the state rules in ensuring clinical assessments and initial treatment planning are completed in a timely fashion.

New residents are seen by a provider and the treatment team within 24 hours of admission. The current treatment plan is discussed and incorporated into the new plan. This prevents a delay in care during the transition from another facility to Acadia. Residents are required to be seen by a provider every two weeks, however, providers see the resident more often, about 1-2 times per week, depending on the needs of the resident. The providers are on-call and available for immediate access when legitimate concerns or problems arise. The nurses commended the providers for being available when needed.

It's not likely that for an entity like Acadia, one that accepts and provides treatment for some of the most emotionally dysregulated individuals from a variety of states, there is a dearth of referrals. Nonetheless, the facility would likely benefit from establishing a relationship with the staff of other area providers (i.e. Youth Dynamics Inc., AWARE, Intermountain) in order to better facilitate ease of transition into the program and provide a wider variety of options for discharge.

Recommendation:

9. For each resident discharged to a non-professional residence (i.e. home with biological parents) make sure there is one designated staff who has the responsibility for making follow up contact with the discharged resident or his/her caretaker to make sure the transition is smooth and assist with any follow up appointments with the new providers if necessary.

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