

# **SITE REVIEW REPORT**

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***New Day, Inc.***  
***Billings, Montana***

**January 15, 16, 2004**

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*Gene Haire*

**Gene Haire, Executive Director**

**April 26, 2004**

**Date**

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# **INTRODUCTION**

## ● **Mental Health Facility Reviewed**

New Day, Inc. (New Day)  
Billings, Montana

Vernon Mummey, Administrator

## ● **Authority for Review**

Montana Codes Annotated, 53-21-104

## ● **Purpose of Review**

1. To assess the degree to which the services provided by the New Day Program are humane, decent, comprehensive, and of high quality.
2. To recognize excellent services.
3. To make recommendations to New Day for improvement of services.
4. To report to the director of the Department of Human Services and the Governor regarding the status of services provided by New Day

## ● **Review Team**

**Board Members:** Joan-Nell Macfadden  
Brodie Moll

**Staff:** Gene Haire, Executive Director

**Consultant:** Pat Frawley, LCSW

## ● **Services Reviewed**

Four Therapeutic Group Homes for ages 10 – 17 with a total capacity of 32 residents. At the time of this site visit, 28 children were living in the Group Homes.

- Two homes for males – one intensive level, one moderate level
- Two homes for females – both intensive level

Day Treatment program for ages 5 – 18 operating 8:00am – 3:00pm, Monday - Friday offering education, individual, group, and family therapy, social skills training, and therapeutic recreation.

## ● **Catchment Area**

Montana (New Day also serves some out of state children and adolescents)

## ● **Review Process**

1. Interviews with New Day program staff
2. Informal discussions with residents
3. Review of treatment records
4. Review of written descriptions of treatment programs
5. Observation of treatment activities
6. Inspection of physical plant

# **ASSESSMENT OF SERVICES**

## **Overview of Services**

New Day, Inc. specializes in working with Native American youth who meet the state's criteria for 'serious emotional disturbance' (SED) <sup>1</sup>. It is licensed by the state of Montana as a mental health center with endorsements for Child & Adolescent Case Management<sup>2</sup> and Day Treatment and operates state-certified Therapeutic Youth Group Homes. Except for several community children at any given time who participate in the Day Treatment Program, all youth participate in both the Group Home and Day Treatment programs. New Day offers a strong set of residential and therapeutic services that are effective, appropriate, and consistent with professional standards.

At the center of New Day is an administrator with a clear picture of what he is trying to do and what clientele he wants to serve. Vernon Mummey's commitment to the Native American community and youth is impressive. The BOV team was particularly touched by his obvious *heart* and dedication to the children New Day serves. His affection for the children and theirs for him is evident – and this tone has been embraced by the staff. This mutual respect exists within a safe environment that gives the children a genuine opportunity for therapeutic healing.

## **Physical Environment / Administration**

### **Strengths**

- New Day programs are in three locations in the Billings area:
  - Administrative offices, two male group homes, and outdoor activities are located in a rural area Southeast of Billings.
  - Two female group homes are located in a rural area West of Billings.
  - Day Treatment Program located in a new facility in a residential/commercial area just West of downtown Billings.
- All areas are well maintained, clean, bright, cheerful, and orderly.
- Resident bedrooms provide ample living space and opportunity for privacy.
- Each home has a fully equipped kitchen where residents and staff prepare family style meals.
- Both group home locations provide space and opportunities for exercise and recreation.
- From its beginnings in 1993, New Day has grown significantly, expanded services, and offers several services and activities that are not available anywhere else in Montana <sup>3</sup>.
- New Day's Quality Assurance department is developing the capacity to gather data and to take action for organizational improvement based on this data.
- New Day is pursuing accreditation with the Council on Accreditation for Children and Family Services.

### **Areas Of Concern**

- Program organization and 'chain of command' is confusing.

According to the organization chart, there are two distinct and separate spheres of authority for Group Homes and for Day Treatment. For the Group Home sphere, all supervisory authority (clinical and program operation) appears to flow from the "New Day, Inc. Program Coordinator". For the Day Treatment sphere, all supervisory authority (clinical and program operation) appears to flow from the "Day Treatment Supervisor / Clinical Supervisor". However, the "New Day, Inc. Program Coordinator" is not a clinician, and so clinical supervision for the Group Home sphere is the responsibility of the "Day

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<sup>1</sup> New Day accepts referrals regardless of race, cultural background, etc.

<sup>2</sup> Since Yellowstone Boys and Girls Ranch is the sole provider selected for the Billings area for Child & Adolescent Case Management, New Day does not currently provide this service.

<sup>3</sup> Evening Outreach Groups that connect youth to Native American arts and crafts, structured recreational runs and walks, pow wows, sweat lodges, and other Native American community gatherings; a Riding Program; and the Special Classroom Support Program designed to serve SED children age six to ten.

Treatment Supervisor / Clinical Supervisor”, who is a licensed clinician. This situation - without additional carefully defined chain of command guidelines – appears to create confusion and possibly conflict in the Group Home sphere. It also appears to contribute to the communication and coordination challenges across Group Home and Day Treatment programs as noted below in those sections of this report.

Another area of potential confusion occurs in the Day Treatment chain of command for “Mental Health Aids”. Even though the functional role of these staff is that of teacher, the direct supervisor on the organization chart is one of the Day Treatment therapists. In addition, the Special Ed teacher who works full time in the Day Treatment program is an employee of the school districts, not New Day, Inc., and does not appear on the organization chart.

### **Questions**

- None

### **Suggestions**

- Assess the chain of command and supervisory issues described above. Consider clarifying the organizational structure so that the following are very clear to each employee: (1) who is responsible for clinical supervision in each sphere, (2) who is responsible for program operation supervision in each sphere, (3) how clinical and program operation responsibilities are delineated, (4) who each staff person answers to.

### **Recommendations**

- None

## **Group Home Services**

### **Strengths**

- Three years of experimentation have resulted in a well-implemented, effective point / level system that encourages and reinforces appropriate, adaptive behavior and confronts and corrects inappropriate behavior. The point / level system is continuously and consistently applied across Group Homes and Day Treatment.
- Program structure and expectations are well communicated to youth.
- Program Managers have daily informal sessions with each child to stay in close touch with how he/she is doing.
- Daily structure of simple routines like daily shower, three meals, daily chores, etc. help tremendously with youth from chaotic, neglectful environments.
- Frequent exposure to positive leisure activities such as bowling, basketball, movies, church, etc.
- Good use of staff house communication log for maintaining consistency across shifts.
- 15 minute checks on all youth during the night.
- TV watching is kept to a minimum and is monitored.
- Excellent system for helping youth with problematic behavior – using “Behavior Evaluation” and “Accountability Paper” tools to assist in self evaluation.

### **Areas Of Concern**

- None

### **Questions**

- None

### **Suggestions**

- None

### **Recommendations**

- None

## **Day Treatment Program**

### **Strengths**

- Excellent coordination and working relationship between New Day therapists and staff and the Special Education Teacher who is employed jointly by two school districts.
- Three years of experimentation has resulted in a well-implemented, effective point / level system that encourages and reinforces appropriate, adaptive behavior and confronts and corrects inappropriate behavior. The point / level system is continuously and consistently applied across Group Homes and Day Treatment.
- Program structure and expectations are well communicated to youth.
- Excellent approach to classroom organization and communication between special ed teacher and classroom teachers.
- Four classes with one teacher in each class. Even though New Day and Day Treatment licensing do not require it, all four of New Day's Day Treatment classroom staff are certified teachers.
- Small class sizes with good individual attention.
- Atmosphere is one of relaxation, but also of attention to the goals of the program, i.e., kids are here to learn and to engage in counseling. High degree of support from staff is visible and available to all youth.

### **Areas Of Concern**

- Aside from the consistent application of the point / level system, communication and coordination between Group Home staff and Day Treatment staff appears to be inconsistent and at times ineffective.

### **Questions**

- None

### **Suggestions**

- None

### **Recommendations**

- None

## **Clinical Services**

### **Strengths**

- A contract psychiatrist sees each youth at least twice each month.
- A Licensed Clinical Social Worker supervises all New Day clinicians.
- Individual and group therapy is conducted according to individual treatment plans in the Day Treatment program and in Group Homes.
- Good effort to involve and communicate with families.

- New Day is in the process of establishing a contract with South Central Montana Community Mental Health Center (SCMCMHC) to provide chemical dependency assessment and treatment.
- Excellent coordination of academic and clinical services within the Day Treatment Program.

### **Areas Of Concern**

- None

### **Questions**

- None

### **Suggestions**

- Continually assess the effectiveness of communication with families and make improvements wherever possible.

### **Recommendations**

- 1) In conjunction with the contract with SCMCMHC and to the greatest degree possible:
  - (a) specifically identify in initial assessments each client who has a chemical use problem in addition to a serious emotional disturbance;
  - (b) develop treatment plans for these clients that integrate treatment for both problem areas;
  - (c) conduct all counseling and treatment activities within the structure of this integrated treatment plan.

## **Staff Skills and Development / Team Communication / Supervision**

### **Strengths**

- Staff throughout the organization appear to be highly motivated and energetic.
- Core staff in leadership positions have good longevity with New Day.
- Well-trained, broadly experienced clinical staff are familiar with a variety of treatment modalities.
- Staff at all levels appear very good at making relationship connections with children who are not easy to reach
- Staff appear open and receptive to feedback, reflective about their personal issues, and alert to how these can impact therapeutic relationships with children.
- All staff receive good, basic orientation training.
- Communication within the small teams (individual homes, therapists, teachers) is positive and frequent.

### **Areas Of Concern**

- There seems to be a communication disconnect between the Day Treatment and Group Home staffs. It is difficult to pinpoint the cause, but it appears to grow out of several issues: (1) disparity in salaries, (2) the fact that Group Home staff in general do not have the same level of academic qualifications as Day Treatment staff, (3) physical separation.
- There appears to be in place a form of supervision and communication that is too top heavy and that does not assertively solicit input from staff at all levels, encourage ongoing dialogue, or encourage optimum trust.
- Staffings do not occur often enough and are not comprehensive enough.

### **Questions**

- Do all new staff that do not have a clinical background in SED receive training/education about SED and working with SED children?

### **Suggestions**

- Solicit from staff suggestions for training and provide training in these areas.
- Consider implementing peer supervision and peer performance evaluations.

### **Recommendations**

- 2) Assess the communication and coordination between Group Home and Day Treatment staff; solicit open, honest staff input about how communication works now and how it could be improved. Implement strategies to improve communication.
- 3) Restructure the approach to supervision so that:
  - (a) the time devoted to individual and team supervision is increased,
  - (b) the frequency of team meetings or staffings is increased,
  - (c) there is more opportunity for dialogue and input from staff.

## **Special Treatment Procedures**

### **Strengths**

- New Day uses Mandt® <http://www.mandtsystem.com/> to guide staff behavioral interventions with residents. Two of New Day's staff are certified Mandt® trainers. All employees complete a 16 hour certification in the Mandt® system and an eight-hour annual recertification.
- New Day does not use mechanical restraints, but uses physical holds per Mandt®.
- There appears to be a high degree of concern and professional monitoring of special treatment procedures.
- Mandt® interventions are well documented and appear to be appropriately reviewed by New Day's Quality Assurance team and debriefed by supervisors.

### **Areas Of Concern**

- The number of Mandt® interventions appears high <sup>4</sup>.
  - Group Homes - 253 "Mandt® restraints" in 2003
  - Day Treatment - 95 "Mandt® restraints" in 2003

The Quality Assurance Coordinator reported to BOV that New Day is in the process of improving its data collection and analysis regarding physical interventions, and is looking at ways to improve the quality of interventions.

- New staff work in programs for varying lengths of time before receiving Mandt® training (they work along side Mandt® trained staff).

### **Questions**

- None

### **Suggestions**

- Even though it probably would be more expensive, consider providing Mandt® training to new staff before they work with the youth.

### **Recommendations**

- 4) Continue the process of carefully analyzing all aspects of the use of physical interventions, including precipitating events, staff behavior, supervision, etc. with the goal of reducing the

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<sup>4</sup> BOV is not aware of any benchmark data – within Montana or nationally - on the use of physical interventions in children's Day Treatment programs or Therapeutic Group Homes.

- number of Mandt® restraints and all hands on interventions. Incorporate thorough debriefing with the client and all staff following each special treatment procedure event.
- 5) Consult with Kids Behavioral Health<sup>5</sup> in Butte to learn how it has reduced its use of physical interventions.

## **Medication Management**

### **Strengths**

- All new participants have a thorough psychiatric evaluation by the contract psychiatrist and then close follow-up with him, often weekly.
- Medications are provided in bubble packs from Pharmacy One. There is one bubble pack for day treatment and one for the group home. Medications are locked in the medication room. New shipments of medications arrive each Friday and are double checked for accuracy by two staff members.
- There is good communication with Pharmacy One.
- A large white board in the medication room lists all participants and their medications.
- There is a good process in place for medication administration.
- A perpetual inventory is maintained for all medications.
- The "Psychiatric Referral" form contains excellent information. All medications are listed on the form. It also conveys information from day treatment and group home staff to the psychiatrist. The psychiatric information indicates any medication or diagnosis changes on the form for communication back to the staff and pharmacy.
- Staff accompanies participants to physicians' appointments for improved communication.
- There is good access to, and communication with, the psychiatrist with regard to medication use or concerns.
- Medication errors are reported and tracked on an annual basis for quality assurance.
- Acetaminophen and ibuprofen are the only non-prescription medications available for occasional use. All other use of non-prescription medication is done only under the direction of a physician.
- A "Medication Policy" is currently being developed and describes much of the medication-related procedures in place.
- No medications are administered against the participant's wishes.

### **Areas Of Concern**

- Participants are only weighed at their annual pediatrician appointments. Weights are not monitored at group homes or day treatment.
- Medication education for staff is presented at orientation but there is no written curriculum. There is no on-going staff medication education.
- There is no formal medication education in place for participants. There are no medication groups and no written medication information is provided to participants.
- Discontinued medications are flushed down the toilet for disposal. Current recommendations are to dispose of unused portions of medications via incineration with biohazard materials. Some pharmacies and clinics offer this service. Consider examining alternative methods of disposing of medications.
- Allergies are listed on the initial intake assessment and on Axis III of the psychiatric referral form but charts and the "Prescription Medication Logs" are not flagged.

### **Questions**

- None

### **Suggestions**

- Consider weighing participants on a periodic basis. Many medications are known to cause weight gain (antidepressants, antipsychotics) or weight loss (stimulants), which should be identified and addressed sooner than at an annual physical examination.
- Consider having Pharmacy One pharmacists participate in a staff education program.

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<sup>5</sup> Contact Ed Pape, Resident Advocate : [epape@KidsBH.com](mailto:epape@KidsBH.com) ; (406) 496-6326 .

- Participants should have ongoing medication education by staff at medication times. Consider asking participants to name their medications and their reason for use, as they take them. This also provides an opportunity to answer questions or discuss concerns. Consider obtaining age-appropriate materials for distribution to participants.
- Consider adding medication groups for participants to discuss medication names, uses, adverse effects and how to manage them, importance of taking medications and barriers to adherence. These can be in part educational and in part therapeutic.

### **Recommendations**

- (6) Develop required medication training for all staff. This should include knowledge of the various classes of psychiatric medications, indications for use, common and serious side effects, how to manage side effects, and proper procedures for overseeing the “self administration” of medications by the youth. Consult with A.W.A.R.E., Inc. regarding their training manual on the self administration of medications.<sup>6</sup>
- (7) Flag the front of charts with allergies and list them on the “Prescription Medication Logs”.

## **Charts / Treatment Plans**

### **Strengths**

- New Day utilizes a single master treatment plan format for both residential and day treatment services.
- Initial assessments are thorough and incorporate psychiatric evaluations for all new admissions.

### **Areas Of Concern**

- Service and intervention documentation does not consistently describe the client’s response to services and interventions and progress toward defined outcomes.

### **Questions**

- None

### **Suggestions**

- None

### **Recommendations**

- (8) In documenting provision of all services, describe the client’s response to services and interventions and progress toward defined outcomes.

## **Abuse / Neglect Reporting and Investigation**

New Day clearly takes allegations of abuse and neglect of the children in its care seriously. A review of documentation of investigations of allegations from October 2001 – December 2003 reveals a diligent, thoughtful approach to resolving these situations. New Day’s policy, Reporting Allegations of Child Abuse/Neglect addresses requirements relative to 41-3-0201, MCA. New Day does not have a policy that addresses 53-21-107, MCA <http://data.opi.state.mt.us/bills/mca/53/21/53-21-107.htm>. This statute specifically addresses abuse and neglect alleged to have been perpetrated by staff of mental health facilities on clients of mental health facilities.

### **Recommendations**

- (9) Develop and implement a policy that complies with 53-21-107, MCA, 2003.

<sup>6</sup> Contact Jeff Folsom, [folsom@aware-inc.org](mailto:folsom@aware-inc.org), (406) 443-4894.

## **RECOMMENDATIONS**

- 1) In conjunction with the contract with SCMCMHC and to the greatest degree possible:
  - (a) specifically identify in initial assessments each client who has a chemical use problem in addition to a serious emotional disturbance;
  - (b) develop treatment plans for these clients that integrate treatment for both problem areas;
  - (c) conduct all counseling and treatment activities within the structure of this integrated treatment plan.
- 2) Assess the communication and coordination between Group Home and Day Treatment staff; solicit open, honest staff input about how communication works now and how it could be improved. Implement strategies to improve communication.
- 3) Restructure the approach to supervision so that:
  - (a) the time devoted to individual and team supervision is increased,
  - (b) the frequency of team meetings or staffings is increased.
- (c) there is more opportunity for dialogue and input from staff.
- 4) Continue the process of carefully analyzing all aspects of the use of physical interventions, including precipitating events, staff behavior, supervision, etc. with the goal of reducing the number of Mandt® restraints. Incorporate thorough debriefing with the client and all staff following each special treatment procedure event.
- 5) Consult with Kids Behavioral Health in Butte to learn how it has reduced its use of physical interventions.
- 6) Develop required medication training for all staff. This should include knowledge of the various classes of psychiatric medications, indications for use, common and serious side effects, how to manage side effects, and proper procedures for overseeing the “self administration” of medications by the youth. Consult with A.W.A.R.E., Inc. regarding their training manual on the self administration of medications.
- 7) Flag the front of charts with allergies and list them on the “Prescription Medication Logs”.
- 8) In documenting provision of all services, describe the client’s response to services and interventions and progress toward defined outcomes.
- 9) Develop and implement a policy that complies with 53-21-107, MCA, 2003.

## **AGENCY RESPONSE**

April 26, 2004

Gene Haire  
Executive Director  
Mental Disabilities Board of Visitors  
P.O. Box 200804  
Helena, MT 59620

Dear Mr. Haire:

Thank you for the recommendations we received regarding your visit on January 15 & 16, 2004. Via the mail you have already received hard copies of the responses listed below:

Recommendation #1 Forms revised to meet these recommendations.

Recommendation #2 Organizational Chart revised. Personnel questionnaire submitted to employees. Information Management Meeting Policy created. Quality Improvement Process Policy created.

Recommendation #3 Organizational Chart Policy created. Organizational Chart revised. Staffing Matrix Policy revised. (Supervisor listed on Job Descriptions matches the supervisor listed on Organizational Chart)

Recommendation #4 Processing Sheet created for MANDT instructors to review after all restraints.

Recommendation #5 Consulted with Kids Behavior Health.

Recommendations #6 Orientation medication curriculum an annual training was created and still being further developed. Medication policy revised.

Recommendation #7 Front of charts flagged.

Recommendation #8 Client's response is included in Treatment and Team meeting held every 90 days

Recommendation #9 Reporting allegations of Neglect/Abuse policy revised to include 53-21-107

Recommendation #10 Psychiatric Referrals and Incident Report forms revised to include documentation of communicating with guardian. Family Focused Treatment Policy created.

Recommendation #11 Orientation Curriculum revised and it still being developed. (Orientation Table of Contents enclosed)

Recommendation #12 Medical Care policy created.

If you have any further comments or questions, please feel free to call me at 406-254-2340

Sincerely,

Vernon Mummy