

Montana
Developmental
Center –
Boulder, MT

March 28,

2018

Site Inspection of Montana Developmental
Center in Boulder, Montana.

Mental Disabilities Board
of Visitors

OVERVIEW

Mental Health Facility reviewed:

Montana Developmental Center
Boulder, Montana

Jill Buck, Acting Superintendent

Authority for review:

Montana Code Annotated, 53-21-104 et seq.

Purpose of review:

1. To learn about services provided by Montana Developmental Center.
2. To assess the degree to which the services provided are humane, consistent with professional standards, and incorporate Board of Visitors 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:

Board:

Daniel Laughlin, Chairman

Consultant:

Dennis Nyland, Mental Health
Ombudsman

BOV Staff:

Daniel Ladd
Craig Fitch

Review process:

- Interviews with Montana Developmental Center staff and clients.
- Observation of treatment activities.
- Review written description of treatment programs.
- Inspection of the physical plant at the Montana Developmental Center.
- Review treatment records, policies and procedures, organizational structure, allegations of abuse/neglect.

Introduction

On March 28, 2018, the Mental Disabilities Board of Visitors (BOV) conducted a site inspection of the facilities and treatment of Montana Developmental Center (MDC) in Boulder, Montana. The annual inspection of the Montana Developmental Center included an inspection of all living areas, recreation areas, habilitation/treatment areas and classrooms, dining and sanitary areas (in living units as required under 53-20- 104(4), MCA.

The purpose of the Montana Developmental Center is to provide treatment to people with serious intellectual disabilities who have been determined by a court to pose an imminent risk of serious harm to self or others. These services are offered to clients from across the state.

During the 2015 legislature, SB 411 was passed and signed by Governor Bullock. This bill in effect is designed to close the MDC campus. The closure has been delayed but MDC is still on track to discharge all remaining MDC clients within the next year. At the date of inspection there were five clients residing in the group homes and an additional twelve clients residing in the Intensive Behavior Center (IBC). The IBC is designated for the most intense clients with a maximum of twelve beds; the IBC was not targeted for closure.

The BOV site inspection team was concerned about the bleak look of the campus, with buildings boarded up and few staff around. Nevertheless, the grounds continue to be nicely landscaped and clean, with space to relax and visit outdoors. The facilities are often decorated with clients' artwork. Staff expressed a genuine caring and concern for the clients they serve. Numerous staff were being laid off the day we arrived so the overall demeanor was a mix of sadness, frustration, and anxiety. Many staff are now being required to perform numerous jobs with little or no training.

1. Organizational Planning and Quality Improvement

Planning:

Considering the continued planned reduction in clients, staff, and services, it has been difficult to implement and conduct a valid strategic planning process.

Senior staff track current census and proposed dispositions for all clients. Discharge planning is often difficult due to varying discharge dates and incomplete placement options.

Quality Improvement:

The DPHHS Quality Improvement Manager who serves the entire agency also oversees the quality assurance process for MDC. Individual managers at MDC are responsible for gathering the data. Issues are discussed at regular management meetings.

All alleged abuse and neglect incidents are sent to the Department of Justice for review and possible investigation. Abuse and neglect reports remain high. The numbers become skewed due to the high severity level of a few newer clients who easily become aggressive with other clients and staff. These incidences are mostly isolated to the IBC.

MDC provides initial and ongoing training to staff. The training focuses on skills and competences needed to perform the duties of each position.

MDC does not conduct satisfaction surveys with clients or family members/guardians.

Suggestion:

Consider restarting the use of a brief satisfaction survey that can be filled out when family/guardians visit. Encourage clients to voluntarily fill out the survey; complete the initial surveys within a designated time to establish a baseline to measure satisfaction. Use data gathered from these surveys to facilitate program development.

2. Rights, Responsibilities and Safety:

Rights and Responsibilities:

Upon admission to MDC, the client and guardian/family members are given a client handbook that addresses rights, responsibilities, and the grievance procedure. A copy of 53-20-148 M.C.A. is included in the handbook. The complaint/grievance form is available to clients and family members. The grievance form does not include additional advocacy resources should the client/family member be dissatisfied with the resolution of the grievance. However, information regarding advocacy services provided by the BOV is included in the client handbook. MDC policies address access to records for the BOV and Disability Rights Montana (DRM). Staff identified the appropriate process to report allegations of abuse and neglect and incidents and they seemed aware of MDC policies and procedures regarding client rights.

Safety:

MDC has been closely scrutinized since 2013 when the Department of Justice (DOJ) began investigating all allegations of abuse and neglect. MDC policies include definitions, investigation procedures, and reporting requirements for allegations of mistreatment, exploitation, neglect, abuse, and injuries of unknown source. Policies address notification procedures for allegations of sexual abuse, sexual assault, sexual contact, indecent exposure, or sexual intercourse without consent. These policies have been updated to include notification in writing to the DOJ. The DOJ continues to conduct investigations. The DOJ notifies the Quality Management Director (QMD) within five days that the investigation

report has been concluded. The QMD then schedules a meeting of the Event Management Committee which reviews the investigation report and discusses options for corrective program follow-up and personnel action.

Currently, MDC staffing is short on direct care staff, which jeopardizes safety in the cottages and IBC. Staff is working overtime to provide adequate coverage. Clients are impacted by reduced staff and the possible closure of MDC. Whenever possible, MDC staff uses non-physical, de-escalation techniques, such as body positioning, to lessen aggressive behaviors on the units. If needed, a restraint chair is available to restrain clients. A review of the investigative reports submitted to DOJ indicates the chair is seldom used. Staff accompanies clients to the treatment mall, and hall monitors help lessen the amount of behavior problems.

We were impressed to know that MDC is no longer using seclusion anywhere on campus. Staff had no complaints about the lack of seclusion being available for use. They felt they had enough tools and training that seclusion was no longer necessary.

Suggestion:

Provide brief, non-physical de-escalation training on a quarterly rather than a yearly basis for all staff, to potentially reduce staff to client allegations of abuse.

2. Individual, Family Members / Guardian Participation

Interviews conducted with administration, staff, and clients indicate that family/guardian participation is always encouraged. Upon admission and whenever a treatment plan is updated, the client and family/guardians are encouraged to participate in treatment planning. Family/guardians participate in person or by teleconference. The client and family/guardians receive a copy of the treatment plan. The social worker we interviewed stated that she is in regular contact with family/guardians. Some clients require continual contact due to the client's medical and/or behavioral needs. The social worker and nurse interviewed indicated they make contact with family /guardians when treatment changes are made and the changes are documented.

The level of family/guardian participation varies. Many family/guardians call several times a week, visit the campus regularly, and request off campus visits. Others are contacted by MDC to report a particular occurrence or to schedule treatment planning. MDC educates family/guardians about the client's mental health diagnosis, and offers treatment options when appropriate and available. The client handbook states that the treatment team will meet with the client and family/guardian to discuss the results of evaluations, treatment goals, and progress. These meetings generally occur every three months.

The treatment team will discuss with the family/guardian about how they can help the client achieve treatment goals. MDC does not appear to involve family/guardians in strategic planning, the quality improvement process, or in advisory groups.

Suggestion:

Improve family/guardian participation by inviting them to participate for reasons other than client care; for example, attending open campus activities, strategic planning and quality improvement meetings, advisory meetings, and support groups.

3. Cultural Effectiveness

The team could not find a specific policy or plan regarding cultural effectiveness, but MDC provides many opportunities for cultural awareness and experiences for clients. The recreation staff takes advantage of community-based cultural activities whenever possible. Staffing issues have limited the opportunities for community-based activities on a regular basis.

The administration and staff at MDC are aware of the importance of providing cultural experiences. New staff is provided cultural diversity training to improve staff sensitivity to ethnic, social, and spiritual differences among MDC clients. A non-denominational minister visits the MDC campus on Tuesdays to provide clients with the opportunity for spiritual practice of their own beliefs.

MDC staff monitors and addresses a wide variety of potentially sensitive situations including cultural prejudice. Clients are monitored for emotional and physical safety. The staff attempts to provide a healthy and safe environment for clients in the least restrictive manner possible.

5. Staff Competence, Training, Supervision and Relationships with Individuals

Competence and Training:

MDC policies clearly define the qualifications, competence, and expectations for each staff providing services to clients at MDC. The team was impressed with interviewed staff, their concern for clients, and their dedication to providing good services.

The Staff Development Specialist ensures that all training provided to staff is in accordance with MDC policy 3B. New hire and annual training is dictated in policy and appears to be meaningful and relevant. New employees reported positively on their training experience. Staff demonstrated the knowledge necessary to provide services to clients. New staff orientation is thoughtful and scripted. The facility has had to increase the number of new staff orientation trainings, due to the loss of staff and the need to hire and replace staff quickly. MDC is using a temporary employee service to help fill vacant positions

Active Engagement with Individuals:

The team had the opportunity to observe staff interactions with clients. Staff consistently demonstrated gentle, caring, and respectful interactions with clients. It appeared that all staff, including administrative staff, knew each of the clients' names and something about their likes

and dislikes. Interviewed clients, for the most part, said they liked the staff at MDC. Clients involved in the vocational program seemed enthused and supported during their work shifts.

The Treatment Mall model has changed MDC culture from one of occupying client time to one of encouraging client growth and wellness. Staff and clients engage in activities such as camping, attending sporting events in the community, doing volunteer work, and other community-based activities. Staff go beyond the “call of duty” to ensure that clients have opportunities they may not have otherwise; for example, a nurse went to the camping trip after her shift at bedtime and early in the morning before her shift to administer medication to clients who wished to attend the camping trip.

6. Treatment and Support

General:

The Individual Treatment Plan (ITP) is required to be in place for implementation within 30 days of admission; each discipline conducts an assessment to help formulate the ITP. MDC policy 4-E states the “client receives a continuous active treatment program consisting of needed interventions and services...to support the achievement of the objectives identified in the treatment plan” so the client may discharge to a lower level of care either at home or in their community. Discharge planning is addressed upon admission to MDC.

Trauma Informed Care:

MDC policies do not include a policy regarding trauma informed care. The client’s treatment team identifies recent and past trauma to incorporate appropriate interventions on the client’s ITP. The ITP identifies the client’s strengths and limitations or barriers to treatment, which include information about trauma. There is an expectation that trauma informed care is practiced throughout the professional disciplines. Clients identify coping plans to help recognize stress triggers.

New staff is trained on the neurobiology of trauma, and all staff receives annual Adverse Childhood Experience training, provided by the Department of Public Health and Human Services. Because these trainings are relatively new, policies regarding trauma informed care have not yet been developed.

Suggestion:

MDC deserves credit for implementing Trauma Informed Care (TIC) into their training curriculum. Ideally MDC will ensure that all staff in TIC, and that the ongoing utilization of TIC practices will become a permanent cultural expectation through codification in policy and in the training curriculum.

Evidence-Based Services:

MDC utilizes the Treatment Mall to provide a level of structure and consistency in treatment for clients. The treatment mall concept is a widely accepted method of providing treatment to clients in institutions. The basic tenet is the idea that people leave their homes to attend school, work, or community activities. Clients at MDC leave their cottages and spend the day at the Treatment Mall, which includes vocational, recreational, and educational components. MDC has identified both required and elective classes at the Treatment Mall. Clients eat their lunches at the Treatment Mall, and return to their cottages at the end of the day. MDC provides SAMHSA³ identified evidence-based treatment therapies and incorporates these into the client's daily activities, as described in the treatment plan.

Housing:

MDC housing consists of residential units, or cottages – most of which are now unoccupied and shuttered. The occupied cottage is not locked, and is intended to be as home-like as possible. Residents prepare their own breakfasts and help with dinner preparation. They are responsible to complete assigned chores.

The IBC consists of three secure cottages within an enclosed area. Each cottage can house up to four clients. The grounds at MDC are nicely landscaped and well-maintained.

Education:

Some clients at MDC have been participating in education classes to obtain their high school diploma or High School Equivalency Test (HiSet).

Employment:

MDC has an active vocational program. Interviewed clients stated they enjoyed the work, and perform most of it without hands-on supervision. In addition to recycling, the vocational program includes community service, working at the food bank, in the garden, in the laundry, and in other areas on and off campus.

Co-Occurring Psychiatric and Substance Use Disorders:

MDC provides psychiatric and medical treatment to clients. The Treatment Mall does not provide specific therapies associated with co-occurring psychiatric and substance use disorders. MDC does provide Sexual Offender Treatment, and two clinicians are in training to receive Montana Sex Offender Treatment Association certification.

Medications:

MDC follows best medical practice through quarterly chart reviews conducted with nursing, the medical director, and pharmacy. Recommended laboratory screening for long-term medication use practices are clearly defined and addressed as part of standard practice. Medications are

delivered through a unit dose system delivered and monitored through the pharmacy at Montana State Hospital. Medical incident reports are monitored as part of Quality Assurance. The use of psychotropic medications is closely monitored. Medications are packaged in unit dose packets that are delivered weekly by the pharmacy. Medications are stored in a locked box that contains a selection of commonly prescribed medications.

Physician services are available 24 hours per day. The physician, in consultation with nurses and the Qualified Intellectual Disability Professional (QIDP) develops a medical care plan for clients requiring 24-hour licensed nursing care, and incorporates this medical plan into the ITP.

Two important changes to treatment made within the last year have increased the physical health of clients. First, MDC is now partnering with a primary care physician, making health care a priority. And, second, MDC is limiting the use of medications which may have a long-term harmful effect on clients.

7. Access and Entry

All clients currently at MDC are committed through the courts. The Residential Facility Screening Team determines the client's appropriate placement at MDC. The preliminary evaluation screening consists of background information and current assessment of functional, developmental, behavioral, social, health, and nutritional status.

Upon admission, each client receives a continuous active treatment program, oriented towards acquiring behaviors that allow the client to function with as much self-determination and independence as possible.

8. Continuity of Services Through Transitions:

Client Services Coordinators (CSC) are the primary point of contact for clients, family/guardians, and for community providers. After all admission assessments are made, the CSC completes a Community Placement Profile within 30 days. This profile identifies the things that need to occur before a client can be discharged. The discharge referral packets are sent to the Referral Coordinator in Helena who contacts providers in the communities. The Referral Coordinator tracks denials from communities. The primary reason for denial of community services is lack of staffing.

Suggestion:

Keep staff fully informed of the decision-making during each transition process by providing regular updates in the weekly staff bulletin. Use the weekly staff bulletin to bolster staff morale by recognizing the efforts being made to provide services for clients through public demonstration of support (certificates, recognition in the weekly staff bulletin, postings on bulletin boards, etc.).

