

Mental Disabilities Board of Visitors

SITE REVIEW REPORT

YOUTH DYNAMICS, Inc. – Youth Case Management *Wolf Point, Montana*

OCTOBER 8, 2004

Gene Haire

Gene Haire, Executive Director

December 7, 2004

Date

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Mental Disabilities Board of Visitors
Site Review Report
Youth Dynamics, Inc. - Youth Case Management
Wolf Point, Montana
October 8, 2004

INTRODUCTION

● **Mental Health Facility reviewed :**

Youth Dynamics, Inc. (YDI) - Youth Case Management

Peter Degel, PhD – Executive / Clinical Director

● **Reviewed by :**

Mental Disabilities Board of Visitors (BOV)

● **Date of review:**

10 / 8 / 04

● **Authority for review:**

Montana Code Annotated § 53-21-104, 2003.

● **Purpose of review :**

- 1) To assess the degree to which the services provided by YDI Youth Case Management services in Wolf Point are humane, are consistent with established clinical and other professional standards, and meet the requirements in state law.
- 2) To recognize excellent services.
- 3) To make recommendations to YDI Youth Case Management services in Wolf Point for improvement of services.
- 4) To report to the Governor regarding the status of services provided by YDI Youth Case Management services in Wolf Point.

● **BOV review team :**

Board members: Kathleen Driscoll, Vice Chair

Consultant: Patrick Frawley, LCSW (Clinical Consultant)

Staff: Gene Haire, Executive Director

OVERVIEW

- **Service type :**

Mental Health Center

- **Review process :**

- 1) interviews with YDI staff
- 2) interviews with children's adult family members (parents / guardians / carers)
- 3) review of treatment records and written descriptions of treatment services
- 4) tour of facilities

- **Areas reviewed :**

- I. **Services:**

- Youth Case Management

- II. **Other Areas:**

- Clinical / Administrative Management
- Assessment / Treatment Planning / Treatment Review / Documentation

ASSESSMENT OF SERVICES

I. SERVICES

Youth Case Management

Brief overview of services (from YDI literature) :

“Youth Case Management is a service provided to emotionally disturbed children and adolescents. The Youth Case Manager assists the client and their family *[sic]* in the assessment of needs and coordination of services; advocating for the least restrictive, least intrusive, community-based therapeutic interventions to address the youth’s mental health issues.

Through the use of a therapeutic team consisting of the client, guardian and any persons significant in the mental health treatment of the client, an Individual Treatment Plan is formulated. This plan is client and family centered; identifying strengths and needs along with specific goals and interventions that target the diagnosis and related behaviors.”

Strengths :

- Consumers receive an array of services that are appropriate and effective, with significant richness and depth.
- Simple and accessible process for applying for and entering services.
- Treatment is delivered in a manner that protects and supports consumers’ rights.
- Excellent relationships in the community – especially with schools; participation in community activities; integration and continuity between YDI and other service providers.
- Excellent emphasis on supporting participation of consumers and families in the evaluation and assessment process.
- Male Case Manager provides a good role model for many children who do not have a strong male presence in the family.
- Cultural diversity is emphasized with Native American individuals on YDI’s staff and significant effort devoted to reaching out to the community.
- Staff work hard to ensure that services are scheduled and delivered in a manner and location that is most helpful to the consumers and families.
- Universal positive regard expressed by family members / carers for YDI services and staff.

Areas of concern:

- Lack of funding for treatment of youth who engage in ‘sexually offending’ behavior diverts youth into the correctional system instead of focusing on treatment that could mitigate future problems.
- YDI has no local temporary out of home residential placement options for youth and their families who need this service.
- Because of the remoteness of Wolf Point, it is very difficult for Case Managers to stay in touch with youth when they are out of the community in residential treatment or another out of town service.

Questions:

- None

Suggestions :

- None

Recommendations :

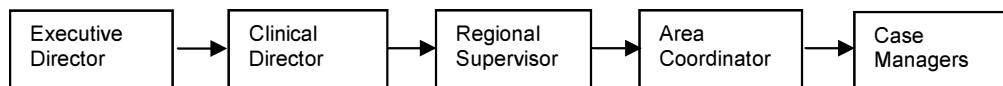
1. **To child and adult health resources division (CAHRD):** Work with providers to identify needs of and develop funding for youth who engage in sexually offending behaviors so that inappropriate diversion into the corrections system can be averted.
2. **To child and adult health resources division (CAHRD):** Work with YDI and/or other providers to develop a therapeutic youth group home in Wolf Point.
3. **To child and adult health resources division (CAHRD):** Develop funding that will allow Youth Case Managers to maintain meaningful contact (via personal visits) with children when they are out of the community in residential treatment or another out of town service.

II. OTHER AREAS

Clinical / Administrative Management

Brief overview :

- YDI is a private, not for profit organization providing therapeutic services to children and families in nine communities throughout Montana. A large percentage of YDI's Youth Case Management cases involve children and families living in Wolf Point on the Fort Peck Reservation.
- The Youth Case Management program 'chain of command' is organized as follows:



Strengths :

- Effectively managed service system.
- YDI provides good support and training opportunities to staff.
- "Bottom up" approach to strategic planning that actively includes consumer and staff input.
- Good process of surveying consumers' satisfaction with services.
- YDI's approach to working with the Wolf Point community appears to have had a positive effect on reducing the stigma of seeking mental health services.

Areas of concern:

- The Executive Director and the Clinical Director are the same person. Since clinical practice can be affected by fiscal and other administrative constraints, there is potential for conflict if the same person is in both roles. Situations may arise where a therapist or other line staff person under the supervision of the Clinical Director may need purely clinical guidance.
- There appears to be potential for confusion over the day-to-day delineation between the duties of a "case" manager and a "care" manager. The job descriptions are almost identical.
- YDI does not have a policy / procedure that addresses the requirements in Montana Code Annotated § 53-21-107, 2003 regarding allegations made against YDI staff of abuse and/or neglect of consumers.

Questions :

- None

Suggestions :

- Consider examining the practice of having the same person in the role of both Clinical Director and Executive Director.
- Consider clarifying the differing responsibilities of “case” managers and “care” managers.

Recommendations :

4. Develop a policy and procedure for responding to allegations made against YDI staff of abuse and/or neglect of consumers. This policy and procedure should be consistent with Montana Code Annotated § 53-21-107, 2003.

Assessment / Treatment Planning / Treatment Review / Documentation**Strengths :**

- Use of the Child & Adolescent Functional Assessment Scale (CAFAS) ¹.
- Good indication of consumer and family participation in the evaluation and treatment planning process.
- Voluminous documentation of services provided.
- Excellent treatment plan format with very clear Goal->Objective->Intervention->Responsible Persons->Target Date structure.
- Excellent relapse / de-escalation plans.
- Excellent exit / step down plans.

Areas of concern :

- Significant lapse in time between entry into service and creation of some initial treatment plans.
- Incomplete periodic treatment reviews by clinical supervisor.
- Since there are multiple sections in the charts addressing treatment planning and review, it is difficult to see the “flow” of cases as one moves from one chart section to another and one chart volume to another. It is especially difficult to find documents related to treatment plan review and revision, since they are in different chart sections.
- Treatment reviews tend to use terminology like “progressing” when describing response to treatment.

Suggestions :

- Consider attaching the Treatment Supervision Record to each subsequent treatment plan.

Recommendations :

5. Review the process for conducting and documenting treatment reviews and adjust so that the relationship between the treatment plan being reviewed, the review itself, and the revised treatment plan is more clear.
6. Staff documenting services and treatment reviewers should describe response to treatment in more specific, behavioral terms.

¹ <http://www.cafas.com/>

RECOMMENDATIONS

1. ***To child and adult health resources division (CAHRD)***: Work with providers to identify needs of and develop funding for youth who engage in sexually offending behaviors so that inappropriate diversion into the corrections system can be averted.
2. ***To child and adult health resources division (CAHRD)***: Work with YDI and/or other providers to develop a therapeutic youth group home in Wolf Point.
3. ***To child and adult health resources division (CAHRD)***: Develop funding that will allow Youth Case Managers to maintain meaningful contact (via personal visits) with children when they are out of the community in residential treatment or another out of town service.
4. Develop a policy and procedure for responding to allegations made against YDI staff of abuse and/or neglect of consumers consistent with Montana Code Annotated § 53-21-107, 2003.
5. Review the process for conducting and documenting treatment reviews and adjust so that the relationship between the treatment plan being reviewed, the review itself, and the revised treatment plan is more clear.
6. Staff documenting services and treatment reviewers should describe response to treatment in more specific, behavioral terms.

FACILITY RESPONSE TO THIS REPORT

Youth Dynamics, Inc. would like to thank the Board of Visitors and the review team for the professional and helpful manner in which they conducted this review. We appreciate the heightened awareness such reviews and discussions can promote within an agency regarding issues such as advocacy and appropriate clinical services. We also appreciate the opportunity to receive feedback, both positive and negative, about our performance as a mental health agency.

As regards the recommendations made by the Board of Visitors:

1. We agree with this recommendation and will cooperate with the CAHRD in the development of alternative treatment services for youth with sexual offending behaviors.
2. We agree with this recommendation and will cooperate with the CAHRD in the promotion of a therapeutic youth group home in the Wolf Point area.
3. We agree with this recommendation and applaud the CAHRD in their development of a mechanism to reimburse providers for the travel of intensive case managers to residential facilities. This accommodation in the funding arrangements should allow for more meaningful contact by case managers with youth in these facilities.
4. YDI will develop a procedure for responding to allegations of staff abuse and/of neglect as stipulated in MCA 53-21-107, 2003. We expect to complete the drafting of this procedure by January 15, 2004, with implementation and staff training to be completed in the 60 days following this date.
5. YDI's clinical administration will develop procedures which will describe a protocol for conducting and documenting treatment reviews to clarify the relationship between the treatment plan being reviewed, the review, and the revised treatment plan. We anticipate the development of these procedures to take 30 days and staff training to take another 60 days.
6. YDI will develop specific competencies to be included in the staff orientation and on-going training that will address the need for behavioral documentation of treatment and response to treatment. This adjustment in the training program will be completed within 90 days.

Peter J. Degel, PhD
Executive Director