

Acadia
Montana
Butte

February 9 & 10

2012

A Site Review Report of the inpatient services provided to children and adolescents by Acadia Montana in Butte Montana.

**Mental Disabilities
Board of Visitors Site
Review**

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OVERVIEW

Mental Health Facility reviewed:

Acadia Montana – Residential Treatment Center for Children Ages 5-18
55 Basin Creek Road
Butte, Montana

Dave Bennetts, CEO

Authority for review:

Montana Code Annotated, 53-21-104

Purpose of review:

- 1) To learn about the residential treatment services program provided by Acadia in Montana.
- 2) To assess the degree to which the services provided are humane, consistent with professional standards, and incorporate Board of Visitors standards for mental health services.
- 3) To recognize excellent services.
- 4) To make recommendations for improvement of services.
- 5) To report to the Governor regarding the status of services.

Site Review Team:

Board:

Joan-Nell Macfadden, Board Chair
Brodie Moll, Board Member

Consultants:

Dr. Jack Hornby, MD
Pat Frawley, MSW, LCSW
Rosemary Miller, RN

Staff:

Alicia Pichette, Executive Director
LuWaana Johnson, Paralegal

Mental Health Ombudsman:

Jennifer Hensley

Review process:

Interviews with Acadia Montana staff
Observation of treatment activities
Review written descriptions of
treatment programs

Informal discussions with children
Inspection of physical plant
Review treatment records

SUMMARY

The program at Acadia Montana is impressive, an exemplary program for children who have severe mental illnesses or behavioral disturbances; the leadership is well informed, concerned and dedicated. Leadership demonstrates consistency in their concern for the quality of the program and the efforts of the agency are focused on the clients/youth they serve. The staff appears happy, well-trained and focused on the needs of the clients/youth and enthused - from the administration throughout the professional levels including support staff. One person said, "We have a lot of fun here." Administration works meticulously to make improvements in the program at all levels and is deeply committed to provide good service. Many recommendations offered by the Board of Visitors during two previous visits have been incorporated into the operational planning process. Staff exhibit respect for each other, for the operational planning and changes/expansion the program has undergone during the past 18 months and open to suggestions – top down, bottom up.

The milieu is positive; clients/youth seem comfortable and well supported. Members of the site review team were impressed by the openness and good manners of the clients/youth, they greeted our group with: "Hello, my name is ..," shaking hands and looking the adults in the eye. The strength of the milieu is undoubtedly fostered by the Medical Director, who provides very good psychiatric care and coverage, and is a caring, thoughtful, calming influence on this therapeutic environment. Staff continually expressed their respect and appreciation for the Medical Director's influence on supporting the milieu creating a safer, more therapeutic and a better place to work. Clients/youth called out greetings to the Medical Director demonstrating respect for him and wellbeing with the services. Staff and clients/youth alike commented that "He is phenomenal!" Administration and nursing/clinical staff are cautious when adding new psychiatric and/or mid-level staff; they are aware that the atmosphere, expectations, communications and camaraderie might change so additions to the staff are carefully chosen.

The charting system used at Acadia well-organized and even though at this time the records are not electronic they were very easy to review. While the records are still in the paper world, and some hand writing is illegible, and some records indeed weigh about as much as Volumes A, B, C and D of the World Book Encyclopedia; they are well ordered and contain an abundance of information. Team members observed that the treatment plans were the best most have seen, and judged them to be thoughtful and well written, extensively inclusive of symptoms, behaviors, and variety of life skills that could be improved upon. Problems were identified, but balanced with strengths. Weaknesses were framed as "possible barriers to treatment." Problem and goal statements were clearly stated. Goals and objectives statements were clearly stated and measurable. This meant that progress toward desired outcomes was easier to demonstrate. Evidence of family/client/youth/ guardian participation is present and most evident in the progress notes and treatment planning meetings. In the future, should Acadia Montana move their records to an electronic format, preserving the quality and comprehensiveness of the information now available will be critical.

The Cultural Diversity Effectiveness program exceeds others the team has observed in the state. The individual responsible for creating the program is an LCPC, a Native American, and a Montanan. Training for staff is ongoing, client/youth are surveyed at admission to discover each individual's cultural identity and staff is then trained to acknowledge that cultural identity. The program has made contacts in the community to support clients/youth whose culture is not familiar to staff (inviting students from Mt. Tech to educate staff on Muslim traditions and providing a member of the local Temple to celebrate Jewish holidays with clients/youth).

Safety is very important focus here but there is room to improve – for example, one of units has 5 foot placed door knobs, prime potential source for suicide possibility (don't assume that good staff to client/youth ratios will necessarily prevent all possibilities here). Jewelry, staff wearing of rings and necklaces, is a potential source of injury for clients/youth or staff.

In 2011 Acadia Montana completed an expansion of the facility adding 24 beds that serve younger children; some with diagnoses of serious emotional disturbance and cognitive delays. Staff has been added to assure adequate staffing ratios for the complexity of needs being served by the expansion.

This is a residential facility in a psychiatric hospital setting and though there have been many positive esthetic changes, the more one can add to the therapeutic environment ultimately services will be better for the clients/youth. The strongest compliment to the program was a comment the team heard from staff: "I would not hesitate to bring my child to this program."

QUESTIONS AND STANDARDS

Organizational Planning and Quality Improvement

Organizational Planning:

Does Acadia Montana have a Strategic Plan?

Strengths/Observations:

Acadia Montana has an effective strategic/organizational plan. Strategic/organizational planning is undertaken on several levels: locally, through an advisory board and staff process, then through a process at the corporate level. Great care and time has been invested by Acadia Healthcare Company, Inc. to examine who they can serve and how services will be designed to address those services. Data collected about children served by the program in Montana identified which children the program was best suited to serve and the skills the staff would need to serve them. Services in Montana are designed to address specific needs and children are accepted into the program based on the services the program provides.

Acadia Healthcare Company has 31 separate healthcare facilities around the country. Each facility concentrates not only on a young person's behavioral care but also on hospital care, addictions and outpatient clinics. Acadia Montana has expanded services here largely because the national organization recognized how expansion would benefit both individuals served and the organization.

Is the Acadia Montana strategic plan developed and reviewed through a process of consultation with staff, clients/youth, family members, other appropriate service providers, and community stakeholders?

Strengths/Observations:

Strategic/organizational planning is completed through a process that includes all these individuals and groups.

A Board of Advisors includes stakeholders from communities surrounding Butte and includes has representation from: people who work with local law enforcement, the Chamber of Commerce, legislators, school district staff, rural superintendents and other selected community based programs. This group of advisors is tasked with projecting the Acadia image and is familiar with the program provided at the facility, recognizes the needs of the individuals served by the program and serves as a link between Acadia and the community.

All members of the staff- leadership, management, clinical and direct care - offer recommendations for strategic planning based on what they know is working with the program and which areas need improvement. Leadership evaluates the agency vision, philosophy, environment, data management, training, type of client/youth they might best serve as well as staff consistency, and strengths of staff.

Family/guardian satisfaction survey results are also part of the organizational planning process. Information provided by the families is evaluated during monthly department meetings and becomes part of the planning process.

Does Acadia Montana have operational plans based on the strategic plans, which establish time frames and responsibilities for implementation of the objectives?

Strengths/Observations:

Acadia Montana's operational plan does contain timeframes and responsibilities for implementation. Quality improvement is a significant part of the operational planning process. Training goals, facility and infrastructure changes, staff recruitment are continually assessed through a continuous quality assurance process. This program appears to evaluate objectifying factors that can point to advancements in progress. Site review team members observed that the primary focus of the program were the clients/youth served and their families. The agency has a strong continuing quality improvement process that uses the information gathered from clients/youth, families and other service providers to create and update the operational plan objectives

Quality Improvement:

Does Acadia Montana have a quality improvement plan to evaluate and improve all of its activities related to services to clients/youth and families?

Strengths/Observations:

The process of quality improvement started out as a performance improvement plan. When management was discussing ways to reduce employee turnover and absenteeism, one employee suggested creating a tracking system to track performance after incentives to promote work attendance, encourage staff stability, increase performance, and increase job satisfaction were put in place. The first step would measure staff attendance after incentives were provided. Staff were recognized and rewarded for working regularly scheduled shifts – the goal: to encourage perfect work attendance. The plan was so successful that management expanded the project to include other types of information:

- Seclusion/restraints (highest between Halloween and Valentine's Day)
- Reduction of s/r
- Client/youth/staff injuries related to s/r
- Client/youth/staff injuries not related to s/r
- Peer to peer incidents
- Incident reports
- ESI's
- Client/youth falls
- Adverse drug reactions/outcomes
- Emergency medications
- Medications: Time given/nurse who distributed meds
- Contraband
- Elopements
- Suicide attempts
- Cleanliness of units
- Staff attending meetings – improve communication
- Staff education and training
- Staff safety – workers' Comp (accidents caused by environment or client/youth care)
- Staff competence
- Maintenance requests (must be completed in three days)
- Dietary

Acadia demonstrated a focused quality improvement plan that is managed by the leadership of the organization focused on quality outcomes for the people served and is very measureable. The quality improvement process evolved from the performance improvement plan and the realization of the value of using data to improve services.

Suggestions:

This quality improvement concept is working very well, Acadia is to be commended. To assure continuing quality improvement add an option to existing surveys to invite staff suggestions for new areas for improvement.

Are designated staff of Acadia Montana accountable and responsible for the continuous quality improvement process?

Strengths/Observations:

Acadia Montana has adopted a team approach to Continuous Quality Improvement (CQI) with the COO/Director of Risk Management as team leader. The core administrative team meets weekly to discuss the status of the plan and the objectives of the plan. They are measuring key indicators on a weekly, monthly and annual basis. Monthly meetings involve more staff and evaluate progress made in each department toward achieving the goals set during the annual meeting. Staff is invited to provide suggestions throughout the year to members of the CQI team to add to the annual goals.

This process appears to be working very well with one possible exception; the Resident Advocate position appears to be confusing to the clients/youth, and the site review team was also confused about the advocacy and compliance responsibilities for this position. The review team will make a recommendation to clarify the responsibilities of this position.

Acadia has made significant improvements in the services provided to clients/youth/families since this improvement process began. The progress is measured by the data collected and indicators evaluated by the CQI team. Site review team members observed that staff appears committed to doing everything they can to improve the services, can quantify that improvement is occurring and can accurately report those improvements to staff and families.

Suggestions:

Assure continuing progress in the CQI program by involving all staff - direct care to management - in discussions about prioritizing goals in the annual planning process and which benchmarks will be used to measure progress.

Is Acadia Montana able to demonstrate a process of continuous quality improvement that directly affects health and functional outcomes for individual clients/youth?

Strengths/Observations:

Acadia has very good data/data collection to demonstrate the process the agency uses to establish quality improvement goals and achievement. CQI team meets regularly to reset the goals and set new objectives. All improvements have directly affected the health and functional outcomes for individuals served. Even the original goals to reduce the number of 'call off' days have directly improved daily health and functional outcomes of the clients/youth.

Rights, Responsibilities, and Safety

Rights, Responsibilities:

Does Acadia Montana define the rights and responsibilities of and provide verbal and written information about rights and responsibilities to clients/youth and family members?

Strengths/Observations:

Information provided by Acadia to the site review team included a 'Parent Handbook' and "Summary of Resident Rights". Intake/Admission staff interviewed demonstrated to the team that the information in both handbooks is presented to families during the admission process, explained during meetings with families and clients/youth and further explained to clients/youth during the time they are at the program. Site review team members reported confidence that the information is available to all parties.

The nursing staff explains the rights and responsibilities and rules of the unit to each child. The rights and responsibilities are posted on each unit. In a youth residential facility such as Acadia, the staff (and parent/guardian) has to be very proactive in explaining rights and responsibilities to each child, some children cannot read or comprehend well enough to actually understand what is posted. Staff interviewed reported that recommendations have been made and leadership/management is considering options to better communicate with younger clients/youth about rights and responsibilities. One idea being considered is creating a coloring book for the staff to use when explaining rights, responsibilities and safety to the younger clients/youth.

Adolescent clients/youth interviewed appeared to be aware of and understand their rights and responsibilities; client/youth awareness came from information provided in writing from handouts, the staff, therapists, and other clients/youth.

Suggestions:

Continue pursuing options for communicating rights and responsibilities to younger children in a format that will make this topic easier for them to understand.

Does Acadia Montana actively promote client/youth access to independent advocacy services?

Strengths/Observations:

Written information about advocacy services is provided in handbooks provided to clients/youth and families. The information is also posted on the unit day halls – it was available and visible. Members of the site review team knew about the Board of Visitors (BOV) and the role of the Board during the site review. Staff interviewed were aware of the role and responsibilities of the Board of Visitors.

Information included was not limited to BOV, Disability Rights Montana, and the Mental Health Ombudsman. Advocacy information also included contact information for:

Client/youth advocate at Acadia
Joint Commission's Office of Quality Monitoring
DPSHHS Office of Civil Rights
Occupational Safety and Health Administration (OSHA)

Does Acadia Montana have an easily accessed, responsive, and fair complaint / grievance procedure for clients/youth and their family members to follow?

Strengths/Observations:

There is a clear complaint process written in the handbooks provided to clients/youth and families along with a Complaint/Concerns form. It is a one stage process because there is no information given for an appeal if the efforts to resolve a complaint fails. The complaint form is quite comprehensive (for stage one). The staff interviewed reported that nine out of ten disputes are resolved by staff before they become complaints or rise to the level of grievances. Several staff could walk team members through the process and explain the process. Staff gave specific examples of complaints that have occurred. A form is given to the client/youth, and staff can assist the client/youth to complete the form, the complaint would go to the appropriate department and someone, usually the therapist, would talk with the child. A client/youth can address a complaint/concern directly to the client/youth advocate who will also work to resolve disputes (even complaints about food/menu choices are addressed).

The Client/youth Advocate is responsible to receive the complaint/concern, address the issue with the department that can resolve the complaint/concern and report the findings back to the client/youth/child. An appeal process is not described in the complaint/grievance procedure, and while 'every effort will be made to resolve the complaint' an appeal process should be identified in the written procedure. Staff interviewed reported that if a grievance/complaint is not resolved it would go "up to the CEO."

Suggestion:

Consider adding information on the complaint/grievance form about the appeal process in the event a complaint/grievance is not resolved through this process.

Does Acadia Montana provide to clients/youth and their family members at the time of entering services written and verbal information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances?

Strengths/Observations:

Advocacy information is available to clients/youth and family members. The Admission Coordinator provides the information to families during the intake/admission process. Administration seemed to understand why BOV exists, but the direct care staff and other professionals outside of Administration did not appear to be fully aware that the Board of Visitors can assist clients/youth and families during the complaint/grievance process and not as a last resort, but they did know the board was conducting a site review of the facility.

Suggestions:

Assure staff orientation/training includes information about the role of the Mental Disabilities Board of Visitors and Mental Health Ombudsman and the advocacy services both agencies provide.

Safety:

Does Acadia Montana protect clients/youth from abuse, neglect, and exploitation by its staff or agents?

Strengths/Observations:

Policies and procedures are in place, clearly written and easy to understand regarding client/youth safety. Staff interviewed appeared well trained in the procedures for reporting suspected or alleged abuse to the appropriate staff. The facility has many structural/physical safeguards as well. Agency staffing patterns appear to provide adequate staff throughout the day and night shifts to address client/youth protections.

Has Acadia Montana fully implemented the requirements of 53-21-107, Montana Code Annotated (2011) with regard to reporting on and investigating allegations of abuse and neglect?

Strengths/Observations:

The incident reporting process is initiated immediately when an allegation is made or abuse/neglect is suspected. Incidents are triaged by the Director of Nursing, Clinical Director, Chief Operating Officer, and others as needed and followed through until the investigation is complete. If an incident occurs on the weekend or in the evening, the CEO in charge or CEO is contacted immediately. All employees are trained and expected to report suspected abuse to the nurse on duty or to their supervisor after making sure the child is safe. The nurse will report to the RN Supervisor who will:

Again make sure the child is safe
Call CEO or designee in charge
Make sure the staff person involved is removed
Take statements, write an incident report
Talk with child, staff, and alleged staff involved

Then the CEO or his designee in charge of the facility takes care of rest of investigation. The reporting is immediate or as soon as possible, and within 24 hours of the incident; by the end of the next business day, the allegation is reported to BOV, State Licensing, Centralized Intake, and to the client/youth's guardian.

Staff will interview the individual involved, and when a child makes an allegation of abuse, Administration makes sure the therapist is in the interview with the child to protect the child. Acadia has a process in place to debrief each incident for quality assurance purposes.

If the allegation may constitute a criminal act, the CEO or his designee shall immediately report the allegation to the appropriate law enforcement authority. This appears to be a thorough process.

Suggestions:

Consider including information to clarify the role of the Board of Visitors under the reporting requirements under 53-21-107 in the staff orientation materials.

In investigations of allegations of abuse, neglect or exploitation of clients/youth by its staff or agents, does Acadia Montana thoroughly analyze the events and actions that preceded the alleged abuse, neglect or exploitation – including actions and/or non-actions of its staff or agents?

Strengths/Observations:

Acadia has a very strong policy regarding the reporting of abuse and neglect. The form that they use is very thorough and is initiated at the time of the incident. Clients/youth receive support, observation and treatment as needed by the nurse, and mental health professionals at the time of the incident and continuing for as long as needed. A follow-up physical and medical assessment of the staff and other clients/youth is completed as well to address any concerns/trauma.

Acadia follows a specific format for conducting an internal investigation – it includes but is not limited to:

- The specific facts of the allegation
- Which internal agency policies/procedures may have been violated
- A review the policies/procedures that may have been violated and identify next steps
- Collecting information from staff
- A review of the allegation with the staff involved
- Determining if corrective action is necessary
- Determining which entities must receive a report of the incident (including law enforcement)
- Scheduling additional training for staff

Suggestions:

During the debriefing process consider adding an evaluation scenario to determine whether the incident may have been avoided.

After an allegation of abuse, neglect, or exploitation of a client/youth by its staff or agents is determined to be substantiated, does Acadia Montana debrief all related circumstances – including all staff and supervisory actions or non-actions that could have contributed to the abuse, neglect, or exploitation – what steps are taken to decrease the potential for future recurrence?

Strengths/Observations:

The process/form is thorough about all aspects of an incident and provides for ongoing monitoring. Debriefing occurs as a regular part of the process and is considered helpful by both staff and administration. Administration's debriefing includes a decision process about staff discipline and or training as appropriate for the incident and the staff involved. The team observed that the process also includes clinical support for the client/youth involved.

Is the staff of Acadia Montana trained to understand and to skillfully and safely respond to aggressive and other difficult client/youth behaviors?

Strengths/Observations:

New employee orientation stresses safety – for the benefit of staff and clients/youth. Acadia has four MANDT instructors and training for existing staff is scheduled every two years. Staff interviewed expressed confidence in the training both during orientation and continuing training. Scheduling and coverage for the units appeared structured to provide a safe environment for clients/youth and staff. Nursing staff is available in all units 24 hours per day; the floor plan for the facility provides good observation/monitoring for children and staff activities. MANDT training is thorough and regularly scheduled, refresher training is available to staff as needed. Staff and client/youth injuries have been declining steadily since 2007; staff interviewed attributed this decline to improved training and staffing support. The continuous quality assessment and improvement program, closely monitors and debriefs incidents, then provides training as needed to sustain continuity of care for the clients/youth.

Staff interviewed noted a brief period of increased incidents during construction of the new unit as clients/youth were relocated between units and had to pass through areas otherwise not part of the traffic pattern. The congestion and activity surrounding the construction lead to a few incidents. Incidents again declined when construction was completed.

The site review team observed staff defuse a situation using communication; the client/youth was the center of the staff focus. Staff was observed communicating on the client/youth's visual level with calming support offered. The team observed the client/youth being successfully redirected.

Does Acadia Montana give clients/youth access to staff of their own gender?

Strengths/Observations:

Members of the site review team observed and staff interviewed reported that clients/youth served do have access to staff of their own gender. Generally there enough employees in a given unit to provide gender balance. Acadia appears to address the needs of the client/youth with respect to assigning staff and relies on the treatment plan and client/therapist conversations to assign staff. Occasionally a client/youth does better working with someone of the opposite gender. As long the preference has a genuine basis, Acadia will try to accommodate the client/youth. That being said, leadership at Acadia admits that staffing is complex and it is not always possible to assure specific staffing assignments, but they try.

Does Acadia Montana use special treatment procedures that involve behavior control, mechanical restraints, locked and unlocked seclusion or isolation, and time out?

Strengths/Observations:

These procedures are limited and implemented only to the extent necessary to protect the safety and health of the affected individual or others in the immediate environment. Team members observed the 'time out' area and reviewed the Emergency Safety Situation protocol. Initially, staff will attempt to calm by listening and offering options to the child, then as needed will offer a client/youth the opportunity to 'take a time out' (the child can choose to go into the seclusion room with the door open or to their room or away from the group). Finally a PRN can be offered. All factors are considered and reviewed.

Limited time out is used, the door to the time out area may be left open or closed as determined by the child and staff; areas are not made for comfort, so small "rugs" are used for patients to sit on if needed. If the door is closed, staff continuously watches the child through a window on the door.

Mechanical restraints are not used at Acadia Montana.

Does Acadia Montana debrief events involving special treatment procedures, emergency medications, aggression by clients/youth against other clients/youth or staff, and client/youth self-harm; is there retrospective analysis of how such events could have been prevented; are staff and clients/youth supported during and after such events?

Strengths/Observations:

Debriefing incidents is part of a very thorough review process. The quality assurance/management influence is seen here, incidents are debriefed, retrospective analyses are completed and preventive actions are discussed. Staff and clients/youth are supported throughout the process. Staff interviewed commented that the debriefing process was very helpful.

Client/youth / Family Member Participation

Does Acadia Montana identify in the service record a client/youth's family members/guardians and describe the parameters for communication with them regarding treatment and for their involvement in treatment and support?

Strengths/Observations:

Family members are not only encouraged to participate in the process of planning and providing treatment; it seems to be communicated as a clear expectation. And of course, this varies from case to case – for example sometimes immediate family may not be a resource because the child has been removed from their custody. In those cases someone like the DPHH caseworker fills the role, although this circumstance seemed to be unusual. Communication with the family is documented in progress notes. Special requests for information are honored by the staff; for example, some families because of work schedules or other circumstances may only be reachable at odd times, but the staff does a good job of responding to that. Parents/guardians are given support through telephone calls, travel reimbursement and use of the Ronald McDonald House (some families may stay as long as 5 days). The child's primary therapist is the agency contact person for family/guardians. Communication with the family is documented in their therapy notes. When calls are made to family/guardians (and possibly case managers, etc) they are noted on the therapists "Call Sheet". Acadia Montana has an excellent process for involving family/important people in creating and implementing the client/youth's treatment plan.

Families and guardians are identified in the child's service records and are encouraged to be involved in their child's treatment, however. Families are contacted if not in person then by phone at a minimum every 4 weeks. Skype is available to families between in-person visits.

Do Acadia Montana assessments, treatment planning sessions, and treatment reviews proactively include the participation of clients/youth and family members/guardians?

Strengths/Observations:

Family involvement is more than encouraged, as part of the treatment team families are included in the implementation of the treatment plan and clients/youth, parents/guardians are included on a regular basis. Documentation of communication with family is found throughout the client/youth's chart, although most often found in the progress notes by nurses, therapists and psychiatrist. The child's therapist is the contact person for family members. An in-house team reviews the client/youth's progress on a regular basis. A treatment team includes: the child's therapist, the care manager, program manager, psychiatrist, client/youth served, family and resident advocate. Communication with family/guardians is documented in the client/youth's records by the therapist.

When a diagnosis is made, does Acadia Montana provide the client/youth and – with consent – family members with information on the diagnosis, options for treatment and possible prognoses?

Strengths/Observations:

Team members commended Acadia for routinely inviting client/youth and family participation in the treatment planning and implementation process. Typically and because of distances involved for families, family members must often participate in treatment planning meetings by phone, the client/youth is always physically present during those meetings. One concern noted by the team regarded treatment planning for children. One client/youth was observed as participating in the process, and at the end of the meeting was asked to check boxes on a form indicating full participation, involvement with the process and agreement with the proposed plan. This client/youth was young and diagnosed with ODD. The observer questioned whether the client/youth had a clue about what he was being asked to sign; leaving the team member to suggest that in this process communication with a 7 year old must be different than with a 17 year old. In this situation it was noted that the therapist said that she would explain all this later to the child in one of their sessions, but I wish there would be a way for them to do that in the actual treatment planning meeting.

It appears that therapists and staff make good attempts to coordinate and communicate their efforts towards helping each child. The therapist case load seems high. Residing at Acadia provides the child time to work through their issues, if the case load is too high/strained that can only happen in a limited way.

Suggestion:

Continue to remain vigilant regarding therapist case loads and have a process in place to assure that therapists and staff ratios follow therapeutic best practice guidelines.

Does Acadia Montana proactively provide clients/youth and family members/guardians a copy of the treatment plan?

Strengths/Observations:

Staff interviewed and team members observed that copies of treatment plans are offered to families and as a matter of routine the therapist keeps a copy and the family receives a copy after every meeting. Acadia proactively provides access to treatment plans and planning and it appeared to the team that every attempt is made to keep the family/guardians "in the loop".

Does Acadia Montana review exit plans in collaboration with clients/youth and family members/guardians as part of each review of the individual treatment plan?

Strengths/Observations:

Discharge planning happens right up front, each member of the treatment team (client/youth and families included) knows from the beginning what the expectations and time frame for discharge/transition to community based services will be. During chart reviews team members noted that "Estimated Date for Discharge" had a prominent place at the top of the first page of the master treatment plan, confirming the idea that the program is tuned in to discharge issues right from the beginning, which is as it should be. Communication about discharge planning is documented in the updated treatment plan and in the progress notes. Family preferences and client/youth preferences for discharge and aftercare are not always the same, but are always considered. Staff (primarily the therapists) handles any differences of opinion between families/client/youth in an appropriate therapeutic manner and in a way that strives to help them reach a consensus.

If the family has custody, Acadia will honor a family's requests for reaching discharge planning goals. Transition/ discharge is talked about throughout all the sessions; when the child and family get to the point of discharge they should know fairly well what the next steps will be.

Does Acadia Montana promote, encourage, and provide opportunities for client/youth and family member/guardian participation in the evaluation of components of the services, client/youth satisfaction with services, effectiveness of communication with clients/youth and families and that treatment outcomes are measured?

Strengths/Observations:

As noted earlier in this report, the Continuous Quality Improvement is excellent at Acadia. When a client/youth is ready to return to community based services, members of the treatment team (most likely the therapist) meet with the client/youth to complete an exit survey. Throughout the time a client/youth is at the program surveys are completed, this exit survey is the final opportunity for the staff to receive information about the quality of the services provided at Acadia. Family and clients/youth are encouraged to participate in the written survey. The client/youth is expected to complete the survey and the therapist will also follow up with a verbal interview.

Cultural Effectiveness

Does Acadia Montana have a Cultural Effectiveness Plan – developed with the assistance of recognized experts - that includes defined steps for its integration at every level of organizational planning and emphasizes working with American Indian people?

Strengths/Observations:

Acadia Montana does have a cultural effectiveness plan and a good process for implementing the plan. The goal at Acadia is to ensure that clients/youth and staff recognize and welcome diversity as an integral part of their work and life together. A Native American Program was created about 5 years ago for Acadia using a consultant who is now affiliated with the Native American Indian Association and members of the Acadia Montana staff. The program began with 'Sons and Daughters of Tradition' and 'Families of Tradition'. Great emphasis has been placed on working with American Indian clients/youth and their families. Once a cultural effectiveness plan was established it was then expanded to address the culture/cultural needs of other clients/youth, including Muslims, Alaska Indians, and even the culture clients/youth from other parts of the country bring with them (inner-city youth as one example).

The staff member who leads the Cultural Effectiveness Plan is an LCPC, a Native American, and a Montanan, who uses references to history in such books as, "Walking in Two Worlds" and, "How to be White." It is modeled after Sons and Daughters of Tradition and Families of Tradition. The program at Acadia is called Sons and Daughters of Tradition. Cultural

Effectiveness Therapy groups meet with 12-14 youth each day, these sessions endeavor to reconnect clients/youth to the inner cultural part in each of them. Every morning from 7:45-8:30 a.m. in the gym, a time is set aside for each of the children's teams for a smudging ceremony. Any interested client/youth may attend. It is a time of meditating and getting ready for the day. Occasionally, clients/youth may request a smudging be done in their rooms to get rid of negative energy or things they fear during the night. This program is strong and led by an individual who is in tune with not only Native American culture but who makes an effort to include and seek information regarding other cultures. We applaud them in going beyond the Native American Program to learn about the culture of each of the clients/youth served by the program.

Does Acadia Montana define expectations for staff knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the mental health treatment of the people served, with an emphasis on American Indian people?

Strengths/Observations:

All staff is expected to take cultural diversity training. Acadia has taken a proactive approach to cultural and religious awareness and pays consistent attention to the agency's Cultural and Religious Awareness Plan. Staff interviewed seemed pleased that access to the training was provided, is part of new employee orientation and an ongoing training curriculum.

Suggestions:

This program is good at Acadia Montana. Consider providing a good focus on the cultural effectiveness of the staff in the information provided to families who are considering using the services Acadia Montana offers.

Does Acadia Montana provide staff training conducted by recognized experts that enables staff to meet expectations for knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the provision of mental health treatment of the people served, with an emphasis on American Indian people?

Strengths/Observations:

All staff is expected to take cultural diversity/effectiveness training during orientation and ongoing education is part of the continuing education curriculum. Acadia has taken a proactive approach to cultural and religious awareness. There is consistent attention to their Cultural and Religious Awareness Plan and the Native American Specialist dedicated to assuring that the culture of each client/youth served is identified and addressed as part of the treatment planning process.

Suggestions:

Acadia Montana is strong in this area and may want to consider providing opportunities for the clients/youth served to prepare and present information about their culture (like the photography program and create a display recognizing the cultural diversity of the clients/youth served).

Do treatment plans take into account individually-identified cultural issues, and are they developed by a culturally competent clinician or in consultation with such a clinician?

Strengths/Observations:

Cultural, ethnic, social, historical, and spiritual needs are addressed in the treatment plans. They are addressed through an assessment of the client/youth's psychosocial plan, and how the child has handled grief and bereavement. The treatment plan includes the psychiatric review, the psychosocial evaluation and all the information that can be gathered from parents/guardians and other associated professionals. Cultural issues are addressed in the child's therapy notes under, Sons and Daughters of Tradition. One of the strengths of this program is the apparent concern for all aspects of the clients/youth care and growth.

Has Acadia Montana developed links with other service providers / organizations that have relevant experience and expertise in the provision of mental health treatment and support to people from all cultural / ethnic / religious / racial groups in the community, with an emphasis on American Indian people?

Strengths/Observations:

Acadia Montana has community contact with Native American organizations:

- Indian Health Services Area Offices
- Montana-Wyoming Tribal Leaders Council

The program also looks to the community to address cultural needs of clients/youth served who have relevant experience to support other ethnic/cultures/religions identified.

Does Acadia Montana have a plan for recruitment, retention, and promotion of staff from cultural/racial/ethnic backgrounds representative of the community served with an emphasis on American Indian people?

Strengths/Observations:

Acadia Montana is aware of the need and does make an effort during recruitment. The agency does acknowledge the recruitment challenges they face.

With regard to its own staff, does the leadership at Acadia Montana monitor and address issues associated with cultural / ethnic / religious / racial prejudice and misunderstanding, with an emphasis on prejudice toward and misunderstanding of American Indian people?

Strengths/Observations:

Staff interviewed noted that they considered themselves to be adequately trained to address these issues and they appeared to make an effort to be aware of issues, this concern for staff trained to address prejudice is also presented in reports and the point system.

Does Acadia Montana assess the demographics of its catchment area and identify underserved cultural groups, with an emphasis on American Indian people?

Strengths/Observations:

One of the strengths of the program is its connection with Altacare. A great amount of knowledge is ascertained from the catchment area and its field employees. Demographics are considered and a strong emphasis for identifying and serving American Indian clients/youth. Acadia Montana is part of a large nation-wide corporation; clients/youth served at this program can be referred from Alaska to Washington D.C. While this program may place emphasis on serving individuals from Montana, the clients/youth can come from across the country.

Staff Competence, Training, Supervision, and Relationships with Clients/youth

Competence and Training:

Does Acadia Montana define minimum knowledge and competence expectations specific to working with people with mental illnesses for each staff position providing services to clients/youth?

Strengths/Observations:

Generally, the job position descriptions do contain information about minimum competencies required specific to working with people with mental illnesses. The job description is very thorough in documenting specific skills required for entry level staff. Each position description briefly describes the position requirements and includes a list of duties for each staff position. The orientation and information gathered through interviews with staff indicate that training is ongoing; orientation training is thorough with tests at the end of each section of the curriculum. Team members were impressed by the amount of up front training that staff receives, and noted that often mental health centers have very little if any initial orientation for staff.

Specifically, therapist position descriptions were adequate, team members observed that the position description for the Charge Nurse did not require strong experience, it does require State Licensure. Acadia seems to describe this as an entry level position, and that concerned the team, especially in light of Acadia Montana's interest to increase their client/youth population by another 20%. A Charge Nurse is expected to have 3-6 months relevant experience, OR training, OR an equivalent combination. Team members considered this to be inadequate for the level of responsibility the position carries. With regard to the MHA staff (especially at the entry level), required qualifications are limited. Note that the "one year experience working in a children's services program" is only preferred. Acadia attempts to strike a balance here by providing good orientation and continuous training, and that an entry level MHA only makes about 3% more than minimum wage, but this does not match up with the level of responsibility given to staff.

Suggestions:

Acadia Montana does provide good in-house training for staff; the team suggests the program consider providing access for staff to attend training outside the program. The annual Children's Mental Health Conference may be useful.

Does Acadia Montana have written training curricula for new staff focused on achieving optimum knowledge and competence expectations specific to working with people with mental illnesses for each position providing services to clients/youth?

Strengths/Observations:

Acadia does have an extensive orientation program that staff interviewed considered to be adequate to begin working with the clients/youth at the program. New Employee Orientation lasts two weeks, then four hours of each of the last two days of training are spent shadowing staff, and direct care staff also works one week on the floor under the supervision of mentors. Staff interviewed reported that eight hours total shadowing staff was adequate. A lot of orientation time is spent reading, they watch videos, and listen to talks given by other employees. A notebook of orientation material was provided to the team for review, the information appeared to be comprehensive. Each new employee completes a MANDT training and receives notebook specific to that training. In addition each new employee will receive a policies and procedures manual to use for reference.

Orientation topics covered include:

- ABC's of Mental Illness
- Understanding of Mental Illness
- Relationships
- Client/youth Monitoring
- De-escalation
- Safety
- Code of Conduct
- Boundary Issues

Recent admissions from Alaska, Nevada, Idaho, Wyoming, and Washington, D. C. has made Acadia aware that the program must provide comprehensive cultural effectiveness training for staff at all levels. Staff has researched different cultures on the internet and is in the process of developing a handout on cultural awareness. "Therapists try to do a good job in helping a child of a different culture feel comfortable." Again, this part of their cultural effectiveness is just being explored and additional training will be developed to respond to the culture of the clients/youth who are admitted to Acadia for services.

The site review team was impressed by Acadia's efforts to provide relevant, on-going training; and was pleased to see that competency testing (not just attendance) is a regular requirement.

Suggestions:

Acadia Montana provides good access to training for new employees and continued training for staff at every level. Staff interviewed reported to the team that they appreciate the level of training available, and would appreciate even more access to training.

Does Acadia Montana train new staff in job-specific knowledge and competence prior to working with clients/youth OR requires new staff to demonstrate defined optimum knowledge and competence specific to working with people with mental illnesses prior to working with clients/youth?

Strengths/Observations:

All of the orientation classes have tests after each section to ensure staff has retained what they learned. Staff also shadows long term employees when they go out on the floor. Employees are continuously tested on material presented throughout their two weeks in new employee orientation. Orientation must be completed, competency testing must be done, and on the job shadowing is done (usually for 1-2 weeks) before a new employee will be assigned on the unit.

Does Acadia Montana provide staff opportunities for ongoing training including NAMI-MT Provider Training, NAMI-MT Mental Illness Conference, Mental Health Association trainings, Department of Public Health and Human Services trainings, and professional conferences?

Strengths/Observations:

Acadia Montana provides a comprehensive in-house orientation program; the examples of in-house training provided to the team also looked thorough and appropriate. Administration seems willing to provide outside training, although it hasn't happened in the last two years. In the past, staff would attend trainings then bring the knowledge back and train other employees.

Suggestions:

Consider supplementing the existing training in four ways:

- provide in-house training that would meet CEU requirements for Social Workers, LCPCs and Nurses,

- create opportunities for some co-mingling and bridge building with the broader mental health community by inviting other providers in the community to attend
- add training provided by conferences sponsored by NAMI/MHA (and other organizations) to offer a more universal view of mental health programs across the state
- explore adding an on line curricula and use webinars to provide additional training for staff

Does Acadia Montana periodically assess current staff and identify and address knowledge and competence deficiencies?

Strengths/Observations:

The assessment of knowledge and competency is addressed through on-going training and (more often) in annual performance reviews. For example, a therapist reported to the review team that she identified a knowledge base she wanted to increase over the next year during her annual performance review; and the supervisor identified what Acadia would do to support her in reaching that goal. People who do not pass their competency tests must retake the classes. Doesn't happen very often, but the team observed that when it happens the situation is handled in an appropriate manner.

Supervision:

Does Acadia Montana train supervisors and hold them accountable for appropriately monitoring and overseeing the way clients/youth are treated by line staff?

Strengths/Observations:

Acadia Montana does have a specific curriculum for training managers/supervisors. There are opportunities for shadowing of other managers. The environment in the treatment center is such that staff is always in the same vicinity of other managers, supervisors are available on all shifts and reports are sent to executive management.

Suggestion:

To assure direct care staff have the support they need, consider finding a way for those staff to be represented in policy discussions with leadership. MHA, direct care staff expressed feeling like they would benefit from more supervision and education, they do not have MHA manager to represent them in the administrative hierarchy and would appreciate having representation.

Does Acadia Montana train supervisors and hold them accountable for appropriately monitoring, overseeing, and ensuring that treatment and support is provided effectively to clients/youth by line staff according to their responsibilities as defined in treatment plans?

Strengths/Observations:

Supervisors are trained and held accountable, direct care staff are familiar with each individual's treatment plan and received training about the plan as part of their orientation to a unit. Staff meets daily with the supervisor and gives a report at the beginning of each shift. The quality improvement process, client/youth surveys and incident data would be evidence that staff is following treatment plans.

While direct care staff do not attend treatment planning meetings, the documentation taken daily by the direct care staff on the Pont Sheet and Location Sheets are used when the treatment plans are being written.

Suggestions:

Include information during new employee orientation to assure that direct care staff recognize the contribution each person on the team makes toward the treatment planning process, and include information regarding the value of the data collected on the direct care daily reports.

Relationships with Clients/Youth:

Does Acadia Montana staff demonstrate respect for clients/youth by actively engaging; demonstrating a positive demeanor; expressing empathy, and calmness; and, validating the wishes of the clients/youth?

Strengths/Observations:

Acadia deserves high marks in this area. They operate with a clear sense of mission, purpose and philosophy of treatment.

The environment is calm and fuels a sense of safety, which is critical to the success of any program. Leadership deserves credit here, because they set the tone; but also give the Medical Director a bigger portion of the credit for achieving that. Staff doesn't hide in their offices. They look kids in the eye and communicate a genuine interest in how they are doing. Staff at all levels are mindful and respectful of personal boundaries. (Another example of this: I saw something they developed called a "Client/youth De-escalation Preference Form" - a simple and respectful way to deal with seclusions and restraints). There seems to be a shared level of comfort and confidence among the staff. Difficult situations are handled using a team approach so no a staff person can back off if needed and another member of the team will step in. Staff interviewed indicated that if they observed an inappropriate relationship develop, they would feel comfortable to intervene and bring the situation to the attention of their supervisor. All staff receives training in Boundary Issues, Abuse/Neglect and reporting, and maintaining a Code of Conduct during new employee orientation, with yearly updates.

Team members reflected that staff interviewed were firm, they all said that if an employee/child relationship developed, the employee would be removed from the unit (and possibly dismissed). No staff is to have any contact with clients/youth once they leave the care of Acadia. (One person said that the time limit is two years.) If an employee sees an ex-client/youth in the community the employee is supposed to be polite but not engage into any real conversation. "Be a friendly professional but not a friend."

The Code of Conduct is important and everyone is expected to abide by it. The fact that most of the children are from out of town reduces the chance of continued contact with an ex-client.

Are the mental health professional staff consistently present in all treatment environments interacting with direct care staff and clients/youth teaching, modeling, and reinforcing healthy, constructive, respectful interactions?

Strengths/Observations:

Yes, professional staff is very present on the units, and their offices are close by, so that they are very accessible. A therapist is always on the unit. Some staff observed that therapists might benefit from smaller caseloads, team members did acknowledge that this is a byproduct of trying to match/balance staff size to a growing client/youth population. On occasion a therapist could have a caseload of 15.

The nursing staff and therapists are expected to be on the floor helping clients/youth. Therapeutic and Nursing supervisors attend morning meetings (Mon-Fri) where each staff goes over the seclusion/restraint reports and incidents that have occurred. The RUFUS report (a narrative of what each child should be doing each day and how the previous day went) is reviewed at this meeting also. Weekend morning meetings are a bit different, with staff doing the report. Administration will come to the unit when needed and will step in to help out in an emergency, but as a rule they are not on the units every day. Direct care staff would benefit from more modeling and interactions with the professionals. The MHA's are in constant contact with the children; they know the children well and would like to have a little advance notice about policy changes so they can prepare the unit and the children for change, eliminating some of the surprises.

Do the mental health service supervisors ensure that direct care staff spend their time with clients/youth engaged in consistently positive, recovery-oriented incidental interactions?

Strengths/Observations:

Staff interviewed by the team indicated that since therapist and supervisor offices are located on or near the units they serve, access to observe and supervise is convenient. As the team toured the units, members noticed that professional staff was very present, interacting with the clients/youth and consulting with the MHAs. The primary responsibility of the MHA is to supervise the clients/youth, assist during school time, watch for issues with the clients/youth and take care of the locator and point sheets. The locator and point sheets are kept on a clip-board and an MHA's on each unit carries it around.

- Locator sheet – kept on the front of each clipboard. Clients/youth are checked every 15 minutes and notes are written on back of locator sheet.
- Point sheets – are helpful and wonderful. Each child has a point sheet containing all kinds of pertinent information such as precautions, treatment plan problems, behavior issues, rule infractions, triggers, coping skills, and warning signs. Staff during night shift inputs all info from point sheets and locator sheets each night.

Therapists and supervisors interviewed all described a process of regularly scheduled 1:1 supervision, group supervision, supplemented with quick, curbside consults as needed, staff reported that the system meets their needs

Treatment and Support

General:

Is a written treatment plan in place and being implemented for every client/youth receiving services from Acadia Montana?

Strengths/Observations:

Treatment plans are developed within three to seven days after admission. The nursing treatment plan is completed within a 24 hour time frame. All direct care staff with exception of MHA's is involved in providing information that is used to create the treatment plan. Each client/youth's plan is reviewed monthly, the meeting includes many of the staff involved in implementation of each client/youth's plan (with the exception of MHA's), confirmation of this process is present in all the charts. The plan can be revised monthly and if a goal on the plan is achieved it can be removed. A discharge treatment plan is present in the plan and is forwarded to next provider when the client/youth is transitioned.

Is a written discharge plan in place for every client/youth receiving services from Acadia Montana?

Strengths/Observations:

Staff interviewed and files reviewed were consistent that the discharge planning begins with the creation of the treatment plan, team members identified the care managers as responsible for assuring that a discharge plan is in place.

Does Acadia Montana link all clients/youth to primary health services and ensure that clients/youth have access to needed health care?

Strengths/Observations:

Yes. Every client/youth receives a full physical examination from a physician at admission – and that same physician sees all clients/youth for any physical needs. The primary care physician completes physicals and labs for all admissions. If the child is ill treatment and assessment will be completed by the same physician. A dentist in the community accepts clients/youth from Acadia as patients and makes time for exams and treatment. If a client/youth is ill or injured, emergency or consultative services are promptly obtained. Direct care and nursing staff reported that needed services are promptly obtained and problems addressed. Charts reviewed reveal good documentation both in psychiatric intakes, physical examinations and laboratory studies. One note: the Acadia charting system, though exclusively papered at this time, is the most organized and easily accessible charting system have found in the state and Acadia is to be commended.

Suggestions:

In the future, should Acadia move to electronic record/charts take steps to assure continuity in the quality and quantity of the information kept in the paper charts. These charts are very good, easy to follow and the information is complete, concise and physician notes are clear and easy to read for each client/youth.

Does Acadia Montana proactively rule out medical conditions that may be responsible for presenting psychiatric symptoms?

Strengths/Observations:

Both the psychiatrist and primary physician have very well thought out and organized notes in the charts that reflect the process of differentiation of other organic diseases that could explain presenting psychiatric pictures. These should be used as templates for future practitioners at Acadia.

Evidence-Based Services:

Does Acadia Montana provide treatment and support to clients/youth that incorporates the following SAMHSA-identified evidence-based practices: Illness Management and Recovery, Family Psychoeducation, Integrated Treatment for Co-occurring psychiatric and substance use disorders?

Strengths/Observations:

Acadia does provide treatment and support that incorporates these practices and DVD's from SAMHSA are available and used for training. It is the goal of the Administration to incorporate all evidence-based practices in caring for the children. When

families are interested, Acadia will provide them with training. It appeared to the team that admissions are appropriately evaluated and approached from standpoint by reviewing family histories and personal client/youth histories inclusive of substance involvement and possible in utero exposure histories. The chemical dependency counselor works well in conjunction with the rest of medical staff on co-occurring issues. Outside training – Whenever a pertinent training is available, a few staff will attend and bring back information to share with other staff.

Medication:

Is the medication prescription protocol evidence-based and reflect internationally accepted medical standards?

Strengths/Observations:

By accessing primarily the psychiatrist's notes and reports in the charts (and to a minor degree, the primary care physician) it appears both are very caring, thoughtful practitioners, who utilizes good judgment and "sense" in the use of medications. The psychiatrist also rightly considers the interesting prospect of 'clear out' periods for youth who have had ongoing problems in the face of medication treatment and does this slowly and carefully. There is no indication of radical or extremely inappropriate usage of medications, PRNs or emergency medications. There is a general opinion that medication is but one treatment modality in the assistance of advancement of the child's health.

*Important Note:

There are no universal national or international standards of care that are consistently transmitted for treatment of psychiatric disorders. There are treatment recommendations or treatment trees that can be followed. Of interest is that this process has become more blurred over the past 15-20 years because of diagnosis clarity (or lack thereof), poor consistency in responses to medications and the use of multiple medication in the treatment of psychiatric disorders. Also of note is the fact that many FDA approved meds have not been well studied in child and adolescent populations

Is medication prescribed, stored, transported, administered, and reviewed by authorized persons in a manner consistent with laws, regulations, and professional guidelines?

Strengths/Observations:

Nursing supervisor(s) transmit orders from the doctor to the pharmacy. Local IV home pharmacy handles all requests and any extra meds are stored in a pharmacy off campus including meds that are brought in by clients/youth and not used during stay. Charts are clear and well organized, updated appropriately and reflect good management. They acknowledge occasional med error(s) most of these appeared to be omissions rather than other more serious problems. All reactions/side effects are recorded and monitored, all movement assessments done regularly (AIMS-weekly). Team members report that it appeared the doctor (s) and nurses are on same page and have excellent communication and follow through. The pharmacy conducts monthly med room reviews, and the med room was neat and medications stored appropriately.

When medications were administered during meals in the cafeteria, nursing staff encountered distractions, which created the potential for transcription errors and mistakes. The issue was resolved by the nurse administering medications wearing a special vest during this time so clients/youth know not to interrupt the nurse until the vest is removed. Nurses confirm that medications are taken by watching the client's/youth hands and mouth. There are cameras in the med rooms and in the hallways.

Used medication, needles, and packages go into a box that is returned to the pharmacy (Home IV Pharmacy).

Are clients/youth and family members/guardians provided with understandable written and verbal information about the potential benefits, adverse effects, and costs related to the use of medication?

Strengths/Observations:

Team members did observe in the records signed handouts explaining to each client/youth what they were taking, the rationale for it, and what to look for both in terms of desired benefits and potential side effects. Language in these forms was age appropriate. The nursing staff provides information and the doctor provides verbal information (this is documented in his notes) and the team was informed that efforts are made to look at cost availability factors for families. Many of the clients/youth are on Medicaid and Acadia utilizes the Medicaid formularies which simplifies this process. The down side of this is that there are some effective meds that are not on the formulary but can through the Medicaid appeal process be approved.

Guardians are given medication lists that include information about the potential benefits and side-effects. Acadia gets good marks for communicating with families. The nursing staff has primarily communication responsibility with families, which in most ways is more appropriate than if a social worker had this responsibility.

Is "medication when required" (PRN) only used as a part of a documented continuum of strategies for safely alleviating the client/youth's distress and/or risk?

Strengths/Observations:

PRNs appear to be used sparingly and appropriately, to assure client/youth and staff safety if other options are tried and found to be ineffective first. Benadryl and chlorpromazine in low doses are favored followed by zyprexa zidas, haloperidol, hydroxyzine if needed. There is ample documentation in chart in a readable available format.

Does Acadia Montana ensure access for clients/youth to the safest, most effective, and most appropriate medication and/or other technology?

Strengths/Observations:

As a general rule, this is the case, team members did not observe a pattern of use of antiquated medications. As mentioned, the Medicaid formulary is often followed and brand name medications are viewed with some caution because of their high prices. Again, the psychiatrist utilizes excellent clinical judgment when prescribing medications for childhood psychiatric symptoms/disorders, and often will take up to 2 weeks to review a client/youth's medication, take the child off medications and establish a baseline before changing, adding or restoring medications.

Team members observed that they believed the clients/youth at Acadia receive the best of psychiatric care.

Where appropriate, does Acadia Montana actively promote adherence to medication through negotiation and education?

Strengths/Observations:

This is a strong part of the treatment Acadia provides, team members discussed this thoroughly with the physicians, and concluded that education is viewed as critical part of treatment for the client/youth and their family members. Furthermore, negotiation is seen as an extension of education. If medications are refused, this process will continue and staff reported usually a client/youth will agree to take the needed medication. However, if they do not, they are not discharged if care is indicated. The psychiatrist did report there are often reasons for refusal such as: poor or problematic responses to a medication in the past, or occasions when it was proven that medications were not needed or indicated in time. Education is actively used.

Suggestions:

Acadia is strong in this area and the team commends the process. Continue to assure through the use of the team approach that the singular goal continues to be: improvement of the child's care.

When legitimate concerns or problems arise with prescriptions, do clients/youth have immediate access to a psychiatrist or mid-level practitioner?

Strengths/Observations:

At the time of the site review, Acadia relied primarily on one psychiatrist, who was on call and responded immediately when called upon in the event of concerns or problems. The process for the nurses seems to be to report to the charge nurse who reports to the nurse supervisor; but everyone told me that they felt comfortable and would not hesitate to contact the doctor directly if they thought that was necessary. Physicians are available as needed. The program does have plans for hoped for addition of mid-levels and psychiatrists in the future as the number of clients/youth increases.

Are medication allergies, side effects, adverse medication reactions, and abnormal movement disorders well documented, monitored, and promptly treated?

Strengths/Observations:

Documentation for effects were completely noted in the in progress notes, nursing notes, psychiatric intake, etc., giving a full picture of possible side-effects and adverse medication reactions. Team members reviewing charts noted that these items were quite adequately handled and communicated and well documented.

A nurse on each unit is responsible to ensure all lab work is done and to watch carefully for medication reactions. If a reaction is discovered, nursing staff assures that the child is okay, notifies the doctor, the Director of Nursing, and the pharmacist. Any medication change requires consent from the client/youth's family/guardian. The nurses watch for adverse side effects of medication:

- Being too tired in the morning
- Weight gain
- Signs of diabetes

Are clients/youth taking antipsychotic medication monitored according to the consensus guidelines of the American Diabetes Association and American Psychiatric Association?

Strengths/Observations:

This information is well delineated and communicated to the doctor and nursing staff with appropriate intervals of testing /labs (i.e. glucoses, lipids, lft's q 12 weeks), prolactins when indicated. Diabetic awareness is part of the medication process and testing is according to the physician's orders. Team members noted the psychiatrist's attention and diligence in testing for ammonia levels in antiepileptic usage.

Are medication errors documented?

Strengths/Observations:

Staff interviewed and the team observed that medication errors (almost always omissions) are documented and reviewed. Charting of those activities is in the record. Error reporting is done by the individual who made the error or by the individual who discovers the error. Reports are sent to the supervisor and indicate whether the physician has been notified. The team noted that based on the information from the interviews, report review and chart review that errors are infrequent and promptly addressed. The Pharmacy is closely involved in the following up on reports of medication errors.

Is there a quality improvement process in place for assessing ways to decrease medication errors?

Strengths/Observations:

Acadia has a Quality Improvement Team and strong quality improvement protocols across the agency. The QI Team takes their responsibilities in the area of medication errors and training to improve processes very seriously.

Suggestions:

Acadia could assure potential reduction of medication errors through an electronic medical record – not having to assume or guess about a person's handwriting.

Is the rationale for prescribing and changing prescriptions for medications documented in the clinical record?

Strengths/Observations:

Rationale for prescribing and changing medications is noted in the prescribing note or request, the physician progress note and the nursing notes. It also can be mentioned in the treatment plan on occasion of either lack of progress, problems from meds or progress. The psychiatrist provides excellent documentation in the treatment plan, team members noted clear documentation for his rationale regarding making medication adjustments. Well done!

Is there a clear procedure for the use of medication samples?

Strengths/Observations

Medication samples are not used at Acadia.

Are unused portions of medications and expired medications disposed of appropriately after expiration dates using – when resources are available - the protocols described in SMAR_xT DISPOSAL™ ?

Strengths/Observations:

Medications are disposed of appropriately and the local IV Home pharmacy conducts reviews on a regular basis.

Is there a clear procedure for using and documenting emergency medication use, including documentation of rationale, efficacy, and side effects?

Strengths/Observations:

During admission, family/guardians are provided with the Acadia policy regarding medication. During the admission process, consent is obtained from the parent/guardian for emergency medications that are approved for administration but only if necessary. Emergency medication is only used when there is imminent danger to the resident, other residents or staff. A physician's order must be obtained prior to the administration of any emergency medication. The parent/guardian is informed as soon as possible after the administration of any emergency medication. Emergency or involuntary medication use is well documented in client/youth charts, and it is clear that these are not a first line of response. Personal safety would be one reason to consider emergency or involuntary medications, but there are a host of other levels of response that staff would first try to use. Documentation in the charts gives a clear picture of what is happening with the client/youth before a determination to administer emergency medication, before the medication given and the result is well documented in the chart also. Efficacy and potential/possible adverse effects are clearly marked in nursing notes and physician's notes.

Important Note: The psychiatrist sees clients/youth almost daily during visits to the units and charts contain notes about those visits.

Is there a clear procedure for using and documenting 'involuntary' medication use, including documentation of rationale, efficacy, and side effects?

Strengths/Observations:

The same process is used for involuntary medication use as is in place for emergency medication use. Acadia has good procedures in place and does this very well.

When a client/youth who is transitioning to another service provider is taking psychotropic medications, does Acadia Montana proactively facilitate the seamless continuation of access to those medications by ensuring that: (1) the client/youth has an appointment with the physician who will be taking over psychotropic medication management, (2) the client/youth has enough medications in hand to carry him/her through to the next doctor appointment, and (3) the client/youth's medication funding is established prior to the transition?

Strengths/Observations:

Medications are made available through prescriptions as part of the discharge process and/or a supply is given for up to 30 days if necessary. Appointments are made for community providers. There are times when the psychiatrist is challenged to assure that follow up is completed after the client/youth returns to community programs. At times he will follow up by phone when providers are unavailable on regular basis in discharge areas (i.e. remote regions of Alaska). Primary providers are used when mental health medical coverage is minimal or nonexistent. Prescriptions are written to cover the length of time to the next appointment. Providers have contacted Acadia to request an extended prescription as needed (this is not an "out of sight out of mind practice").

Access and Entry

Is Acadia Montana convenient to the community and linked to primary medical care providers?

Does Acadia Montana inform the community of its availability, range of services, and process for establishing contact?

Strengths/Observations:

Acadia is a residential facility and has relationships with other services that their clients/youth may have attended in Montana, other mental health center programs as well as all of their Altacare Programs. Locally, the Acadia Community Advisory Board is

made up of: the sheriff, probation, chamber of commerce representative, a local YDI Director, a former legislator and 4 school representatives. ALTACARE or CSCT of Acadia Montana is in 131 schools in the state. Their Acadia Community Advisory Board is aware of the services that Acadia provides as well as other providers in the area. Anyone looking for residential care for children would make inquiries at Acadia.

Since Acadia is a residential service there is a definite protocol for receiving their services:

- A DSM IV diagnosis
- Be displaying disturbances in psychological functioning
- Have persistent patterns of disruptive behavior
- Have a condition that necessitates a 24 hr. supervised setting
- Must have a full scale IQ greater than 70

Referrals may come from an inpatient facility, physician, medical professional, case manager or concerned family member. Payment is accepted from: insurance, private payment and Medicaid. Admission to Acadia will usually begin with a referral from a hospital with a psychiatric setting, other referrals are from: Juvenile Probation, Family Services, other youth services providers, or Altacare. Hospitals provide referrals with the best information and usually provide a diagnosis and indicate the level of care needed.

Families and organizations request packets of information about the services at Acadia Montana. Before a client/youth is considered for admission, information is reviewed by the psychiatrist to assure that Acadia can provide clinically appropriate services.

The client/youth at Acadia are usually young; they may be cognitively delayed, and/or diagnosed with PTSD, trauma, or may have been exposed to drugs/substances in utero, may be victims of sexual abuse and trauma, may have a diagnosis of Serious Emotional Disturbance and may be aggressive. If a child is accepted for services the family will receive admission applications and a Policy and Procedures packet handbook. At this point a family will be given the name of a primary contact at the program the name of their child's therapist, program manager, care manager and psychiatrist.

For new clients/youth, is there timely access to psychiatric assessment and service plan development and implementation within a time period that does not, by its delay, exacerbate illness or prolong distress?

Strengths/Observations:

Psychiatric and medical needs assessments are completed as soon as possible after admission. The psychiatric intake has to be done within 48 hours. Client/youth have received a preliminary assessment by the psychiatrist before admission, the information is reviewed when the client/youth enters the program. The client/youth is seen by a therapist within three days of entry into the program. A psychosocial evaluation will be completed within 7 days. The treatment plan is developed over a 14 day period and contains an assessment of all the child's needs. Progress notes are reviewed every 2 weeks. Family telephone therapy takes place every 4 weeks. This protocol is followed with every child.

Does Acadia Montana ensure that clients/youth and their family members/guardians are able to, from the time of their first contact with the agency, identify and contact a single mental health professional responsible for coordinating their care?

Strengths/Observations:

At the time of first contact the family has a single contact at Acadia, that person is a therapist. A care manager coordinates the activities of service.

Does Acadia Montana have a system for prioritizing referrals according to risk, urgency, distress, dysfunction, and disability, and for commencing initial assessments and services accordingly?

Strengths/Observations:

The Acadia Review Committee makes the intake decisions and reviews all referrals before a child is accepted for admission. Information in the referral is reviewed for pertinent clinical information. The committee consists of: the psychiatrist, clinical director, and program director. The Committee considers the appropriateness of care that can be provided by Acadia and whether child meets their criteria when determining whether admission will occur.

Continuity of Services Through Transitions

Does Acadia Montana ensure smooth transitions of children into adult services?

Strengths/Observations:

Acadia works with what is available but it isn't easy for anyone trying to help youth transition into the adult system. This has been a difficult area for some time for the whole Montana system. The Children's Mental Health Bureau has been concerned about the need to define the needs of youth as they are ready to enter the adult system. Acadia has discussed this with AMDD because it is difficult to get into adult services.

Does Acadia Montana review the outcomes of treatment and support as well as ongoing follow-up arrangements with each client/youth and family members/guardians prior to their exit from the service?

Strengths/Observations:

The process for reviewing outcomes is ongoing with regularly scheduled meetings between therapists, clients/youth and families.

Does Acadia Montana provide clients/youth and their family members with information on the range of relevant services and supports available in the community when they exit from the service?

Strengths/Observations:

Acadia does provide a standard list of follow up resources, and individualizes it as needed. Typically, this would include psychiatric, community mental health and primary care resources. The Residential Treatment Center Parent Handbook lists resources, however, they do not state specifically where they are or what they do.

Suggestions:

Review the resource list in the Parent Handbook and assure that all contacts are current.

When a client/youth is transitioning to another service provider, does Acadia Montana proactively facilitate involvement by that service provider in transition planning?

Strengths/Observations:

Acadia does proactively facilitate involvement of service providers to the extent possible. Acadia's Treatment Team endeavors to determine an appropriate service in the community and considers access to therapeutic group homes, CSCT or other community services. The team works with specific community agencies. Planning can become complicated if client/youth is in custody of the state, or other family members. The therapist is involved with the child and family and the community service provider. Communication between therapists seems to be the mainstay of provider-to-provider transition planning. The site review team did not encounter any examples of sudden departures or anything that would have even remotely looked like a "dump" on the community

At admission and discharge, there is verbal and written communication between psychiatrist and, medical doctors. Where appropriate a Discharge summary is provided, including: diagnosis, Medications prescribed, family history, medical and treatment information. When the parent has custody, the parent preferences will be carried out.

Does the Acadia Montana ensure that clients/youth referred to other service providers have established contact following exit from the mental health service?

Strengths/Observations:

Discharge planning includes as part of the transition and with the community provider if appropriate appointments may be made with: case managers, doctors, therapists, chemical dependency programs. Follow-up with families and clients/youth is done to some degree. In some instances specific appointment dates and times were made prior to discharge with follow up phone contact. Acadia Montana does make contact with families as part of a semi-annual review. Surveys are sent to families. Staff reported a return rate of about 25%-35% with information gathered used by the Quality Improvement Team to identify areas where services could be improved.

If a client/youth was receiving community mental health services prior to an inpatient or residential treatment admission, does the community mental health service assume primary responsibility for continuity of care between Acadia Montana treatment and community-based treatment?

Strengths/Observations:

Site review team members observed that Acadia takes the lead role in these matters. Certainly, the community treatment team remains involved, but Acadia is the entity that pushes for that contact to remain in place throughout treatment and as part of planning for continuity of care. Reimbursement rules determine the degree of interaction between the two services. Community services pick up after the client/youth enters community based services. Acadia care managers make appointments with the therapists in the community. Usually there is renewed contact within the last one or two weeks with the community-based outpatient therapist or case managers.

If a client/youth was *not* receiving community mental health services prior to an inpatient or residential treatment admission, does Acadia Montana provide the primary responsibility for continuity of care between inpatient or residential treatment and community-based treatment?

Strengths/Observations:

Again, Acadia takes the lead role. Historically, The clients/youth continue under the Acadia program until the a community-based program can begin providing services. The community 'steps back' from much involvement during the placement; and only becomes involved toward the time of discharge/aftercare planning. To Acadia's credit, they do try hard to bring the community providers into the process as soon as possible.

The care manager, with involvement of the Dr. and therapist try their best to see that continuing services are provided. Sometimes there isn't follow through, Acadia can't impose recommendations on the family when the child has been discharged from services.

Leading up to and at the time of discharge from inpatient / residential treatment, do both the community service and Acadia Montana communicate and coordinate in such a way as to ensure continuity of care? Does this coordination include involvement of family members/guardians?

Strengths/Observations:

"Ensure" is a tricky word, members of the site review team believed that the program did the best they can. Discharge planning does involve communications with other providers; families/guardians are involved. Therapists tend to take the lead in these interactions and encourage the involvement of the step down services in the community. Much of the transition depends on the treatment the client/youth will need from the community service. Family involvement is crucial.

2012 RECOMMENDATIONS

1. Expand the emphasis on professional growth, training and development of staff, including direct care MHA's, through personal goals established as part of annual performance reviews.
2. Supplement the existing training in four ways:
 - a. provide in-house training that would meet CEU requirements for Social Workers, LCPCs and Nurses,
 - b. create opportunities for some co-mingling and bridge building with the broader mental health community by inviting other providers in the community to attend,
 - c. add training provided by conferences sponsored by NAMI/MHA (and other organizations) to offer a more universal view of mental health programs across the state, and
 - d. explore adding an on line curricula and use webinars to provide additional training for staff



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June 6, 2012

VIA E-MAIL TO apichette@mt.gov

Alicia Pichette
Executive Director
Mental Disabilities Board of Visitors
P.O. Box 200804
Helena, MT 59620-0804

Dear Alicia:

First, I want to extend my thank you to you and your team. We are very appreciative of the recognition given to our organization on the overall improvements and standard of care provided at Acadia. We also appreciate the manner the survey was conducted. Your availability and discussions post survey were also very helpful to us.

This letter pertains to the recommendations given by the BOV. Both recommendations pertain to staff training and development. Both areas are very important to Acadia. We intend to improve in the areas listed through the following responses:

1. **Expand the emphasis on professional growth, training and development of staff, including direct care MHA's, through personal goals established as part of annual performance reviews.**

The organization is currently in the process of revising our current performance review tool to make these reviews a competency based assessment for all disciplines. This tool will include a Self Evaluation, Certification of Competency by Supervisor, and Goals/Objectives and Assessment and Progress of those Goals and Objectives.

We have 2 MHA Mandt Trainers on staff to promote the professional growth of MHAs. We will be adding additional MHA trainers in 2012/2013 as Mandt Train the Trainer training is offered in Montana.

2. **Supplement the existing training in four ways:**

- a. **Provide in-house training that would meet CEU requirements for Social Workers, LCPCs and Nurses.**

We are currently working to bring in training (cultural diversity, trauma focused, & CBT). Once we have established the content and trainers, we will be applying to the state board to get approval for CEU's.

- b. **Create opportunities for some co-mingling and bridge building with the broader mental health community by inviting other providers in the community to attend.**

In relation to the above trainings, we will offer other community providers the opportunity to attend those trainings as space permits.

- c. **Add training provided by conferences sponsored by NAMI/MHA (and other organizations) to offer a more universal view of mental health programs across the state.**

We currently allow our professional licensed staff the opportunity to attend trainings throughout the state of Montana as well as outside the state to obtain CEU's. Recently our Certified Recreational Therapist and an Activity Services Associate attended the Recreation Therapy Annual Symposium through the Washington State Therapeutic Recreation Association, which both staff are now members. We also sent two therapists to Trauma Focused CBT training in Missoula on February 28, 2012, and two therapists went to Structural Family Therapy training in Helena on May 11, 2012.

We will contact NAMI to be added to their training mailing list. In addition we will utilize the SAMSA website as a reference to obtain information training documents to use in staff trainings.

- d. **Explore adding an on line curricula and use webinars to provide additional training for staff.**

We recently offered a webinar called *Building a Therapeutic Relationship with Adolescents* through the NAADAC organization. This webinar was open to all disciplines who wanted to attend. On an ongoing basis, we will offer webinars every other month from NAADAC and other organizations.

Alicia Pichette
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June 6, 2012

Again, thank you for your collaborative approach and recommendations. We are dedicated to not only maintain but to exceed the standards of care we have set at Acadia.

Sincerely,

ACADIA MONTANA

By 
Kristine Carpenter, CEO

KC/bak



Accredited by The Joint Commission