

Behavioral Health Subcommittee

September 17, 2014
Silver City, NM

Sequoyah Adolescent Treatment Center



Brad McGrath, Chief Deputy Secretary
Stephen Dorman, MD, Chief Medical Officer
Carmela Sandoval, SATC Administrator
Shauna Hartley, Turquoise Lodge Administrator

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SATC MISSION

We are committed to promoting safe, healing and empowering services for our residents and their families. We will create opportunities to counsel, teach, support and model skills needed to support our residents and families to achieve the outcomes they desire in the community.

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SATC – OUR LOCATION

SATC

**3405 W. Pan American Freeway N.E.
Albuquerque, NM 87107**



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SEQUOYAH ADOLESCENT TREATMENT CENTER

A Major
Accomplishment

Sequoyah has successfully transitioned from a points and levels system (corrections model) to one that uses a developmentally targeted practice of Trauma-Informed Care that encourages the use of non-punitive individual strategies to meet the unique needs of our boys.

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SATC – THE POPULATION WE SERVE

- ❑ New Mexico Residents
- ❑ Males Ages 13 to 19 years
- ❑ Current Census of 22 Boys
- ❑ SATC has 36 Licensed Beds in 4 Lodges

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ADMISSION CRITERIA

- ❑ An adolescent who has recently threatened to harm himself or others or has recurrent thoughts to harm himself or others requiring the daily structure of an in-patient residential setting.
- ❑ An adolescent who has significant history and/or recently demonstrated actions of serious physical aggression to self or others with a potential for repeated actions/behaviors.
- ❑ Due to a worsening of psychiatric symptoms, there is a high likelihood that the adolescent will require acute inpatient hospitalization without immediate intervention, and is unable to benefit from current outpatient services.

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ADMISSION CRITERIA

- ❑ An adolescent has a mental health condition.
- ❑ An adolescent must have the cognitive capacity to benefit from verbal therapies and the milieu programming offered at SATC.
- ❑ The Adolescent is not likely to benefit from a regular education setting and exhibits one or more of the following:
 - An inability to learn.
 - An inability to build or maintain satisfactory relationships with peers and teachers.
 - Inappropriate types of behavior or feelings under normal circumstances.
 - A general or pervasive mood of unhappiness or depression.
 - A tendency to develop physical symptoms or fears associated with personal or school problems.

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REFERRAL SOURCES

- ❑ Juvenile Probation Department
- ❑ Children, Youth and Families Department (CYFD)
- ❑ Lower-Level of Care Mental Health Providers, such as:
 - Unsecured Residential Treatment Centers
 - Treatment Foster Care
 - Group Homes
 - Outpatient Treatment Centers

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PAYOR SOURCES

- Managed Care Organizations:**
Presbyterian, Molina, United (OptumHealth),
Blue Cross/Blue Shield
- Private Insurance Payors**
- Self Payors**

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FORMER TREATMENT MODEL

- ❑ Corrections Philosophy
- ❑ Punitive Culture
- ❑ Use of Chemical and Physical Restraints to Control Behavior
- ❑ *Safe Crisis Management: 1st Response was Physical Restraint of a Resident in Crisis*

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CURRENT TREATMENT APPROACH

- ❑ Team of Psychologists, Psychiatrists, Therapists, Nurses, Teachers, Direct Care Staff
- ❑ Team Creates a Resident-Centered Collaborative Care Plan to Meet Resident's Needs
- ❑ Use of *Crisis Prevention Intervention (CPI)* Model, supported by CYFD and Disability Rights NM (DRNM)

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CURRENT TREATMENT APPROACH

- ❑ CPI strategy: eliminate chemical and mechanical restraint use; and, minimize the use of seclusion and physical holds;
- ❑ Reduce length of stay from 1 year to 6-9 months, reintegrating residents back into their families and the community sooner; and,
- ❑ Increase the number of boys and their families served on a yearly basis.

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SATC TREATMENT APPROACH

- A multi-disciplinary approach with a theoretical foundation that is based on two key initiatives:
 - Building Bridges
 - Trauma-Informed Care

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Carmela

BUILDING BRIDGES INITIATIVE

□ DRNM Encouraged Sequoyah to Adopt BBI, Based on 6 Core Principles:

- Family-Driven, Youth-Guided Care;
- Cultural and Linguistic Competence;
- Clinical Excellence and Quality Standards;
- Accessibility and Community Involvement;
- Transition Planning and Services from Day One; and,
- Reduce Restraint/Seclusion Use through application of the Debriefing Process.

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TRAUMA-INFORMED CARE

- ❑ The Department of Health Selected an Evidence-Based Treatment Improvement Protocol
- ❑ The Department Wrote and Received a Grant from the US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA)
- ❑ All Sequoyah Staff are Being Trained by a Certified Trauma-Informed Care Educator

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TRAUMA-INFORMED CARE

A Sociocultural Perspective

“A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for healing; recognizes the signs and symptoms of trauma in staff, clients, and others involved with the system; and, responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings.”

(SAMHSA, 2012)

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CYFD LICENSING AND CERTIFICATION

- ❑ Children, Youth and Families Department is the regulatory body that has oversight of SATC (New Mexico Administrative Code 7.20.11).
- ❑ Licensing has oversight of the clinical aspects of the Psychiatric Residential Treatment Facility (PRTF).
- ❑ Certification has oversight of the environment of care, which includes physical building (e.g. security and safety of the facility).
- ❑ Certification also includes a review of human resource records to ensure staff competencies, including professional licensure and training requirements.

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Shauna

CYFD LICENSING AND CERTIFICATION TIMELINE

- October 2010 – October 2011: Received full certification/licensure.
- October 2011 – October 2012: Received full certification/licensure.
- August 27, 2012: Directed Action based on an investigation of a complaint.
- January 8, 2013: Directed Action based on an investigation of an anonymous complaint.
- March 3, 2013: Annual survey.
- April 10, 2013: Received a temporary license for 180 days while continuing to work with CYFD on Directed Actions.
- October 2013: Received a temporary license for 180 days while continuing to work with CYFD on Directed Actions.
- April 10, 2014 – April 9, 2015: Received one year full certification.
- March 30, 2014 – March 29, 2015: Received one year full licensure.

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Shauna.

THE JOINT COMMISSION ACCREDITATION

- ❑ The Joint Commission (TJC) is an independent, not-for-profit organization. The Joint Commission accredits and certifies more than 20,500 health care organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards.
- ❑ TJC surveyed SATC in September 2013; SATC received full Accreditation.
- ❑ TJC survey is not a licensing survey.
- ❑ TJC survey is used for Quality of Care comparison.
- ❑ There is a three year survey cycle.
- ❑ Possible Outcomes: Accreditation, Accreditation with Findings, Conditional Accreditation, Non-Accreditation.

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Dr. Dorman

THE JOINT COMMISSION ACCREDITATION

- Three complaint surveys were conducted and none of the complaints were validated by The Joint Commission.
 - December 22, 2011
 - December 13, 2012
 - March 24, 2014

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Dr. Dorman

Dr. Dorman

GOVERNING BOARD

- ❑ New Mexico Department of Health facilities/Los Lunas Community Program Governing Board.
- ❑ Responsible for oversight of all 7 NMDOH facilities.
- ❑ Membership includes:
 - NMDOH Cabinet Secretary
 - NMDOH 7 facility administrators, including Sequoyah Administrator
 - NMDOH Chief Deputy Secretary, Chief Medical Officer, Chief Nursing Officer, General Counsel, Chief Facilities Officer, Chief Financial Officer
 - Aging and Long Term Services Cabinet Secretary
 - CYFD Cabinet Secretary (or designate)
 - Public Education Department Cabinet Secretary (or designate)
 - Veteran Affairs Department Cabinet Secretary

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Dr. Dorman

SATC ADVISORY BOARD

- ❑ The Advisory Board was created in 1994 and the last meeting was held in June 2011.
- ❑ Due to the change in treatment approach, meetings were suspended until the transition was complete.
- ❑ An advisory board is not a legal requirement; rather, is one tool Sequoyah uses to obtain feedback and input from the community.
- ❑ The Department is currently assessing how to re-establish the advisory board meetings back into Sequoyah in a meaningful manner.

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Dr. Dorman

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SATC RESIDENT EDUCATION PROGRAM

- ❑ Sequoyah Eagle Middle and High School
- ❑ Public Education Department approved SATC as a school district
- ❑ On-site certified special education instructors
- ❑ Required to participate in school a minimum of 5 hours a day
- ❑ Residents receive 1 on 1 instruction
- ❑ Licensed and certified educational assistants are assigned to every classroom

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SATC RESIDENT EDUCATION PROGRAM OUTCOMES

- An average of pre and post – testing data on 21 students demonstrates the following educational improvements (2013):
 - 1.5 years in grade level improvement in word recognition
 - 1.8 years in grade level improvement in reading comprehension
 - 1.3 years in grade level improvement in spelling
 - 1.3 years in grade level improvement in math

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© 2013 SATC

SATC CENSUS

- ❑ A SATC census goal is to reduce the length of stay in order to prioritize the reintegration of residents back into their families and the community.
- ❑ A reduced length of stay also increases the number of boys SATC is able to serve during the fiscal year.
- ❑ In fiscal year 2012, under the former treatment model, one boy stayed as long as 1,652 days (over 4 ½ years).
- ❑ The SATC current admission process includes a team assessment to ensure that admissions are appropriate for a successful outcome for each resident. The admission team meets with the adolescent, the family, guardians, a payor source representative, and the Juvenile Probation Officer, if relevant.
- ❑ SATC's ultimate goal is for every boy selected for admission to have the opportunity to successfully complete the program and integrate back into his family and the community.

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Brad - The boy that stayed 4.5 years was an inappropriate admission for SATC.

AVERAGE RESIDENT LENGTH OF STAY BY YEAR

- The number of residents that stayed longer than one year:
 - 10 in 2012
 - 15 in 2013
 - 6 in 2014

FISCAL YEAR	AVERAGE RESIDENT LENGTH OF STAY
2012	368 Days
2013	367 Days
2014	276 Days
2015 (projected)	246 Days

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AVERAGE RESIDENT DAILY CENSUS BY YEAR

FISCAL YEAR	AVERAGE RESIDENT DAILY CENSUS
2012	33
2013	27*
2014	13*
2015 (Projected)	30

* SATC voluntarily enacted a hold on admissions, in collaboration with CYFD, in order to transition to the new treatment model. The formal corrections-based model (SCM) was being phased out and replaced with a new treatment-based model (CPI). All employees were being trained in order to demonstrate competency on the new model during this transition.

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SATC RESIDENTS IN JUVENILE PROBATION DEPARTMENT CUSTODY

- ❑ SATC actively works with the Juvenile Probation Department (JPD) to identify appropriate referrals for treatment.
- ❑ The JPD referrals are expedited through the admissions process in collaboration with the MCOs.
- ❑ SATC is working on pursuing a strategy to establish monthly meetings with JPD to improve the referral process for boys appropriate for treatment.

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SATC RESIDENTS TRANSFERRED OR REMOVED

□ To UNM Psychiatric Hospital:

- 0 FY 2012
- 1 FY 2013
- 1 FY 2014

□ Removed by CYFD:

- 0 FY 2012
- 0 FY 2013
- 0 FY 2014

□ To the Texas Neuropsych Program:

- 2 FY 2012
- 2 FY 2013
- 2 FY 2014

□ Removed by Police and Discharged:

- 3 FY 2012
- 4 FY 2013
- 4 FY 2014

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AVERAGE RESIDENT DAILY CENSUS PROJECTION

- ❑ On September 17, 2014 the resident census is 22.
- ❑ Five planned admissions in next 30 days, bringing census to 28.
- ❑ Weekly meeting with referral and payor sources to expedite admission approval process.
- ❑ Long term goal is to reach a census of 36 boys by the end of this fiscal year.

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SATC STAFF VACANCIES

- ❑ Current number of staff vacancies is 18 or 15% of 120 authorized Full Time Employees.
- ❑ Current vacancies include: mental health technicians, mental health supervisors, the director of nursing and nurses.
- ❑ Recruiting efforts include: ongoing advertisement of positions in multiple locations, participation in job fairs, and assisting individuals to complete the application process.

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AVERAGE STAFF VACANCIES BY YEAR

FISCAL YEAR	AVERAGE NUMBER (%) OF STAFF VACANCIES
2012	20 (15%)
2013	20 (16%)
2014	24 (20%)
Current	18 (15%)

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5/6/18

CONTRACTED SERVICES BY YEAR

Vendor	Description	FY12	FY13	FY14
CM Farina (ended in 2014)	Nutritionist	\$ 9,832.67	\$ 12,960.92	\$ 6,490.60
Global Nutrition Services (new 2014)	Nutritionist			\$ 4,763.24
Global Medical Services	Psychiatric Services	\$ 93,400.00		
NM Psychiatric Services	Psychiatric Services	\$ 166,920.00		
Healing Gardens	Psychiatric Services		\$ 674,100.00	
Dr. Parvaneh Bakhtiar	Psychiatric Services			\$ 252,744.70
New Hope Psychiatric Clinic				
Dr. Shala Z. Sobhani	Psychiatric Services			\$ 123,526.15
Dr. Babak Mirin	Psychiatric Services			\$ 126,372.35
Central Region Educational Coop	Psych/Educational Testing	\$ 7,962.30	\$ 58,579.29	\$ 93,269.77
Rapid Temps	Temporary Nursing Services		\$ 17,703.63	\$ 228,914.10
ACC Consulting (ended in 2014)	Dental Services	\$ 14,574.94	\$ 46,854.75	
Mira Consulting	Dental Services			\$ 5,000.00
UNM	Pediatric Medical Services	\$ 95,001.66	\$ 85,439.81	\$ 97,670.24
Summit	Food Services	\$ 167,000.00	\$ 221,461.48	\$ 205,160.48
Total		\$ 554,691.57*	\$ 1,117,099.88	\$1,143,911.63

* FY12 does not include the salary of an employed psychiatrist.

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CONTRACTED SERVICES

- ❑ SATC went from 1 employed child psychiatrist in FY2012 to a team of 4 contracted psychiatrists providing 24/7/365 resident services.
- ❑ Current provider coverage includes 4 psychiatrists and 2 psychologists.
- ❑ Medical care provided by private physicians, urgent care, and emergency room services as needed.

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CLINICAL STAFF CREDENTIALS

- ❑ All clinical personnel, licensed to practice independently in New Mexico, are subjected to a rigorous Joint Commission and CYFD credentialing and licensing review process.
- ❑ Non-independent staff, upon hire, complete a CYFD-required behavioral health training program, including training relevant to the appropriate use of seclusion and restraint.

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Dr. Dorman bullet 1

Shauna bullet 2

LICENSED CLINICAL STAFF

Dr. Jenifer Schutte, Psychologist
Dr. Cheryl Jensen-DeLoia, Psychologist
Dr. Zinat Sobhani, Psychiatrist
Dr. Babak Mirin, Psychiatrist
Dr. Susan Danto, Child Psychiatrist
Dr. Parvaneh Bakhtiar, Psychiatrist

Holly Bauer, Therapist
Rachel Mondragon, Therapist
Traci Medrano, Therapist
David Boston, Therapist
Cheryl Aiken, Therapist
Karola Loos, Therapist
Kirstie Newman, Art Therapist
Mabel Jess, RN
Donna Mascareñas, RN
Jody Lucero, RN
Kathy Snow, RN

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Shauna

Dr. Dorian Butler
Shauna Butler

RESIDENT TO STAFF RATIO

- ❑ Current caregiver to resident ratio at Sequoyah is 1 direct care giver for every 3 boys, CYFD requires a minimum of 1 caregiver to every 5 boys.
- ❑ As census increases, the ratio of boys to direct care staff will never fall below 1 caregiver to every 5 boys.

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Shauna

FAMILY INVOLVEMENT

- ❑ Family therapy is offered to all SATC residents.
- ❑ Family therapy is primarily provided by therapists and the child psychiatrist, as need is identified.
- ❑ Access to family therapy will increase through telecommunication capability for families over 100 miles distance from SATC.
- ❑ Increased efforts to engage residents in family therapy.
- ❑ Family involvement begins at the pre-screening process, during admission, continues throughout the resident's stay, and during discharge from SATC.

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38/01/2012

CLINICAL DATA

□ Seclusions* by Fiscal Year:

- FY 2012 - 20
- FY 2013 - 12
- FY 2014 - 3

Seclusion defined: restricting resident to a dedicated locked room for safety reasons

□ Mechanical Restraint* by Fiscal Year:

- FY 2012 - 97
- FY 2013 - 15
- FY 2014 - 0

Mechanical restraint defined: restricting resident by using leather straps fixing arms and legs to a bed.

SATC is committed to zero restraint use! 39

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CLINICAL DATA

□ Physical restraint by Fiscal Year:

- FY 2012 – 222 (underreported)
- FY 2013 – 282
- FY 2014 – 197
- FY 2015 to date – 3
- FY 2015 projected – 12

Physical restraint defined: staff member physically restricts the movement of a resident. The SATC goal is to establish a restraint-free environment.

□ Serious staff injuries by Fiscal Year:

- FY 2012 – 3
- FY 2013 – 3
- FY 2014 – 3

Serious staff injury defined: injury from interaction with residents that resulted in lost work time. SATC anticipates that the new treatment model

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PROPERTY CAPITAL IMPROVEMENTS

- ❑ Improvements intended to transform SATC from a correctional to a therapeutic treatment environment.
- ❑ Improvements include:
 - Painted all residential areas.
 - New furniture purchased for residential areas.
 - Installed new windows with polycarbonate panes, replacing glass in all lodges.
 - Transformed the seclusion area to calming area for boys to take self-directed timeouts.
- ❑ Future improvement plan:
 - Create a new courtyard.
 - Replace all metal doors with wooden doors to create a more therapeutic and homelike living environment in resident rooms.
- ❑ Complete the security camera project on campus.

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PROPERTY CAPITAL IMPROVEMENTS BY YEAR

FY 2012	FY 2013	FY 2014
Administration Re-Roof \$102,689	Pharmacy Mini-Split HVAC project \$9,745	Electronic Door Access System \$74,744
Boiler Replacement/ Heating \$62,325	Building 3 Re-Roof \$18,933	Window/polycarbonate Replacement \$25,000
Area 5 Fire Riser Replacement \$27,000	Security Camera Upgrade \$262,899	Resident Lodge HVAC Replacement \$64,000
A/B/SMU lodge Re-Roof \$150,000	Break room Flooring Replacement. \$3,200	HVAC Automated Controls Project \$59,000
Multipurpose Room Renovation \$3,500		
Total: \$ 345,514	Total: \$ 294,077	Total: \$ 222,744

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FINANCIAL INFORMATION

Sequoyah Total Budget

FY12: \$ 7,754,057
 (GF \$ 4,115,715)
 FY13: \$ 7,758,700
 (GF \$ 4,283,111)
 FY14: \$ 7,317,979
 (GF \$ 4,758,700)
 FY15: \$ 7,600,700
 (GF \$ 4,762,200)

	SATC Total Revenue	SATC Expenditures	Difference
FY12	\$ 7,636,852	\$ 7,201,984	\$ 434,868
FY13	\$ 7,222,508	\$ 7,492,081	\$ (269,573)
FY14	\$ 6,239,654	\$ 7,219,678	\$ (980,024)
FY15 Projection	\$ 6,796,200	\$ 7,236,397	\$ (440,197)

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THANK YOU!

Questions?



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