LEGISLATIVE AUDIT DIVISION

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MEMORANDUM

TO: Legislative Audit Committee Members

FROM: Jenn Bergner, Management & Program Analyst

CC: Department of Public Health and Human Services
Charles Brereton, Director
Rebecca de Camara, Administrator, Behavioral Health and Developmental Disabilities Division
William Evo, Chief Healthcare Facilities Officer, Healthcare Facilities Division
Lindsey Carter, Bureau Chief, Developmental Disabilities Program

DATE: November 2022

RE: Performance Audit Follow-Up (22SP-15): *Montana Developmental Center Closure and Client Transition* (orig. 19P-02)

ATTACHMENTS: Original Performance Audit Summary

Introduction

The *Montana Developmental Center Closure and Client Transition* (19P-02) report was issued to the Legislative Audit Committee in June 2021. The audit included five recommendations to the Department of Public Health and Human Services (DPHHS). We conducted follow-up work to assess implementation of the report recommendations. This memorandum summarizes the results of our follow-up work.

Overview

Our audit of the Montana Developmental Center (MDC) recommended adhering to state law requiring the department report client monitoring results to authorized guardians and family members and developing a repurposing plan for the vacant MDC facility. It also recommended DPHHS create a memorandum of understanding (MOU) with the Department of Justice (DOJ) to clarify facility incident reporting processes. Two other recommendations included improving client plan of care processes and developing a data management plan for collecting and analyzing client data. We found the department has implemented two of the audit recommendations and three recommendations are being implemented. The division continues to report client monitoring results to authorized persons and has successfully transferred vacant MDC facilities to the DOJ. The agency is in the final stages of developing an incident reporting MOU with the DOJ. The division has also made meaningful progress in updating plan of care rules and policies and adopted a new data management system to centralize and increase access to client information.

Background

Operated by DPHHS, the former Montana Developmental Center (MDC) was the only intermediate care facility for adults with intellectual disabilities in Montana. Due to concerns regarding the safety of MDC

clients, the 2015 Montana Legislature mandated MDC's closure with the passage of SB 411 and created a closure transition planning committee to advise and assist the department in developing a closure plan.

In 2017, the legislature extended MDC's closure deadline, established the Intensive Behavior Center (IBC), and required the department to engage in post-closure client monitoring. The facility closed in October 2018, with many former MDC clients transitioning into community-based placements. The IBC, a secure 12-bed facility, continues to operate on the former MDC grounds and is a placement of last resort for individuals with serious developmental disabilities who are not able to be safely served in the community.

In October 2021, a DPHHS reorganization led to the creation of a new division, the Healthcare Facilities Division, which now oversees all seven healthcare facilities operated by the state, including the IBC. The former Developmental Services Division, now the Behavioral Health and Developmental Disabilities Division, continues to satisfy statutory reporting requirements for applicable former MDC clients.

Audit Follow-Up Results

The following sections summarize the progress toward implementation of the report recommendations. To complete our follow-up work, we interviewed DPHHS staff, observed updated reporting processes, and reviewed updated policy and administrative rule drafts. We also observed the new data management software. DPHHS has implemented two of the audit recommendations and three are being implemented.

RECOMMENDATION #1

We recommend the Department of Public Health and Human Services continue to adhere to state law by maintaining a process to report clients' monitoring results to guardians and family members authorized to receive the information.

Implementation Status – *Implemented*

During audit work, we determined the department did not consistently meet the client statutory reporting requirements for all clients residing at MDC and for those who transitioned to community homes for two years following the transition. At the time of the audit, the department implemented procedures to notify eligible families and guardians of clients' monitoring data to meet their statutory reporting requirements and retroactively submitted missing information. Through follow-up work, we verified the department continues to adhere to state law by maintaining the client monitoring reporting process and communicating reports to eligible guardians and families.

RECOMMENDATION #2

We recommend the Department of Public Health and Human Services develop a repurposing plan for the MDC facility that identifies key information, such as action steps, timelines, benchmarks to measure completion, and parties responsible for each step.

Implementation Status – *Implemented*

As part of closure efforts, the legislature directed the department and advisory council to identify repurposing options for the MDC campus. At the time of the audit, however, MDC facilities had not yet been repurposed and were sitting vacant. Our original work determined best practices included developing a formal plan to achieve facility repurposing goals. However, in April of 2021, Governor Gianforte signed Executive Order No. 6-2021 transferring administrative and management responsibility of the former Montana Developmental Center campus from DPHHS to the DOJ. The DOJ was directed to use the facility as the Montana Highway Patrol headquarters and training facility. This transfer directed DOJ to assume responsibility for all maintenance and repair of the property and the entire former MDC campus, including the IBC grounds. The transfer agreement was signed by the DOJ in April 2021, during

the final stages of the audit. In response to the audit, the department partially concurred with this recommendation as a repurposing plan was no longer necessary. We consider this recommendation implemented as the transfer of the facility was achieved.

RECOMMENDATION #3

We recommend that the Department of Public Health and Human Services work with the Department of Justice to develop and maintain a memorandum of understanding that defines agency and staff roles, expectations, and processes for IBC incident reporting.

Implementation Status – *Being Implemented*

As part of our original audit work, we noted there was a lack of coordination between DOJ and DPHHS in maintaining a formal, shared understanding of incident reporting processes and changes. This may have led to stakeholders' inability to accurately interpret incident data over time and impacted the accuracy of assessing client safety. During follow-up work, department staff indicated that, following the audit, there was no progress in the development of a MOU between DPHHS and DOJ due to busy schedules and prioritizing other work. In October 2021, the DPHHS reorganization transferred oversight of the IBC to the new Healthcare Facilities Division. The following spring, the Healthcare Facilities Division hired a third-party consulting company to assess the seven state operated healthcare facilities and establish long-term sustainable operation plans for them. During our follow-up work, department staff stated the IBC's incident reporting process was under review as a part of this facility's evaluation and that they were in the process of developing an MOU with the DOJ. A near-final draft of the MOU was shared with our team in late October 2022. The proposed MOU satisfies the recommendations by clearly defining agency and staff roles, expectations, and establishing a process for IBC incident reporting. We consider this recommendation as being implemented as DPHHS has demonstrated they are in the final stages of enacting the MOU.

RECOMMENDATION #4

We recommend the Department of Public Health and Human Services:

- **A. Update and centralize policies, procedures, and/or administrative rules for Personal Support Plans to increase administrative efficiencies, ensure greater consistency, and reflect person-centered planning,**
- **B. Provide ongoing, statewide training for case managers and providers regarding policies, procedures, and administrative rules, and**
- **C. Monitor Personal Support Plans for adherence to requirements to help ensure ongoing person-centered planning across regions and providers.**

Implementation Status – *Being Implemented*

At the time of the original audit, we identified the need to improve Personal Support Plans by ensuring they were developed using person-centered planning. During follow-up work, department staff demonstrated progress toward implementation of the recommendation by sharing draft updates of PSP policies, procedures, and administrative rules. Policy and administrative rule revisions we reviewed were made with person-centered planning and administrative efficiency in mind. For example, they plan to replace quarterly PSP progress reports which, during audit work, community providers reported were not meaningful and administratively burdensome. Instead, an in-person, mid-year meeting and plan review will take place and involve the client and their PSP team. The department intends to train regional staff, case managers, and providers on the changes once complete. The department is currently hiring new staff to monitor client plan of care quality and identify timely and address any quality concerns or deficiencies. These efforts were collaborative, born out of a workgroup of department staff and stakeholders

established to achieve a statutorily required review of rules, policies, and procedures. It is anticipated to see formalized policy changes, training delivered, and monitoring efforts implemented in 2023.

RECOMMENDATION #5

We recommend the Department of Public Health and Human Services Developmental Services Division develop a data management plan and processes to:

- **A. Identify data needs for measuring and aggregating client outcomes,**
- **B. Develop protocols for collecting reliable and accurate data,**
- **C. Ensure more consistent and centralized data storage, and**
- **D. Establish analysis procedures and reports to make informed management decisions and inform stakeholders on client outcomes.**

Implementation Status – *Being Implemented*

The original audit identified the need for the department to enhance its management information availability to assess how former MDC clients are doing as client information existed in multiple formats in multiple locations, increasing the complexity to aggregate and share client data. During follow-up work, the department demonstrated progress toward implementing the recommendation. At the time of the audit, the department began implementing a new electronic care management system. As part of our follow-up review, department staff demonstrated the new system's ability to gather, summarize, and organize large volumes of client care data. Department staff stated their collective work with various stakeholders has led to the development of protocols for data collection and aggregation, ensuring the receipt of consistent and reliable data. For example, PSP manual updates we reviewed include defining client data needs, identifies parties responsible for data collection and entry, and establishes timelines for completion of defined tasks. These processes are centralized in the data management system. With client care services often geographically separated, the implementation of the new data management system streamlines the delivery, sharing, and monitoring of client services and data for various users. The centralization of data has enabled the department to start analyzing data on multiple scales ranging from the individual to across the state. To date, these statewide trends have assisted the department in making management decisions to improve client outcomes. For example, the division identified an increase in statewide choking incidents, driving the decision to invest in choking training for staff and case managers to improve client safety. Additionally, the system can run customized reports to further assist in management decisions as the department continues to build and refine desired client outcomes.