

ANNUAL REPORT

January 7

2013

A Report to the Governor regarding the status of Mental Health Facilities and Treatment Programs Inspected from November 2011 through December 2012 by the Board

Mental Disabilities Board of
Visitors

January 2013

The Honorable Steve Bullock
Governor of Montana
State Capitol
Helena Montana

Dear Governor Bullock:

The Mental Disabilities Board of Visitors (BOV or the Board) was created in 1975 with statutory authority and duty to provide independent oversight of publicly-funded mental health services and residential facilities serving those who have developmental/intellectual disabilities. The Board is an independent board of inquiry and review that is responsible to ensure that the treatment of all persons either voluntarily or involuntarily admitted to a mental health facility in Montana or the Montana Developmental Center (MDC) is humane, is consistent with established clinical and other professional standards, and meets the requirements set forth in state law. The Board conducts consumer-oriented reviews of mental health facilities and the Montana Developmental Center; assists consumers in resolving complaints about public mental health services and services at the Montana Developmental Center; and, provides legal representation and advocacy to patients at Montana State Hospital.

Members of the Board are appointed by the Governor. These individuals serve as respected advocates who bring perspective and wisdom to the work of the Board based on personal and professional experience. Candidates must meet qualifications established in statute and essentially volunteer their time.

The Board is pleased to submit this report of the status of services provided at mental health facilities and treatment programs the Board has reviewed the past year. This report includes findings from site reviews conducted, services and programs reviewed, and advocacy the Board provided to individuals and families who received services from those programs.

During this reporting period the Board completed site reviews of mental health treatment and services facilities and MDC. Reports of those 10 reviews are attached; site review reports are also posted on the Board's web page at: <http://boardofvisitors.mt.gov/default.mcp>. Recommendations offered in site review reports are based on the Standards for Site Reviews adopted by the Board as established by universally accepted treatment and support best practices. The Board reviews and updates the Standards as needed to reflect current best practice principles. Site review teams include Board members, clinical professionals and consumer consultants who have knowledge and experience with mental health services and treatment services at MDC for individuals who have developmental/ intellectual disabilities.

The Legislature established the Board as an independent body so it could have the ability to review state facilities, private and public non-profit public mental health providers, hospital inpatient and outpatient programs and residential treatment facilities for children and adolescents without bias. Site review reports are published and provided to the Office of the Governor, the Montana Legislature and the public.

Respectfully submitted,

Alicia Pichette
Executive Director

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MENTAL DISABILITIES BOARD OF VISITORS CURRENT BOARD MEMBERS

Gravdon "Brodie" Moll

Ronan, MT 59864
June 2014

- Skills, knowledge and experience relative to the treatment and welfare of adults with developmental disabilities.
- A professional in the field of developmental disabilities treatment

Nancy Morton

Missoula MT 59801
June 2014

- * Primary or secondary consumer of mental health services for adults who has knowledge and experience relative to the Montana Public Mental Health System

Lin Olson

Clancy, MT 59634
June 2013

- * Primary or secondary consumer of developmental disabilities services who has knowledge and experience relative to the Montana public developmental disabilities system

Patricia Harant

Helena, MT 59601
June 2013

- * Primary or secondary consumer of mental health services who has knowledge and experience relative to the Montana public mental health system.

Connie Frank

Billings, MT 59101
June 2014

- * Skills, knowledge and experience relative to the treatment and welfare of children with serious emotional disturbance

Tracy Perez

Ronan, MT 59864
June 2013

- * Skills knowledge and experience relative to the treatment and welfare of adults with serious disabling mental illnesses
- * A professional in the field of mental health treatment

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SITE REVIEW SCHEDULE 2011-2013

Date of Review	Facility	Team Members
October 2011	Eastern Montana Community Mental Health Center - Glendive and Sidney http://boardofvisitors.mt.gov/content/Docs/emcmhcfinal2011	Betty Cooper, Board Member Mary Chronister, PhD, BOV Staff
October 2011	Youth Dynamics, Inc. Wolf Point http://boardofvisitors.mt.gov/content/Docs/ydi2012	Betty Cooper, Board member Mary Chronister, PhD, BOV Staff
January 2012	Intermountain Children's Services Helena http://boardofvisitors.mt.gov/content/Docs/2012intermountainreport	Lin Olson, Board Member Dr. E. Lee Simes, MD, Irene Walters, RN Jennifer Hensley, Ombudsman BOV Staff
February 2012	Acadia Montana Butte http://boardofvisitors.mt.gov/content/Docs/acadia2012.pdf	Joan-Nell Macfadden, Board Chair Brodie Moll, Board Member Dr. Jack Hornby, MD, Pat Frawley, MSW, LCSW Rosemary Miller, RN BOV Staff
March 2012	Yellowstone Boys and Girls Ranch Billings http://boardofvisitors.mt.gov/content/Docs/ybgrreport2012.pdf	Joan-Nell Macfadden, Board Chair Jennifer Elison, Ed.D., APRN, LCPC Pat Frawley, MSW, LCSW Adele Furby, LCPC BOV Staff
May 2012	New Day, Inc. Services Billings http://boardofvisitors.mt.gov/content/Docs/New_Day_Inc_2012	Patricia Harant, Board Member Mary Chronister, Ph.D., Jennifer Elison, Ed.D., APRN, LCPC Jennifer Hensley, Ombudsman BOV Staff
June 2012	Sunburst Mental Health Services Polson and Kalispell http://boardofvisitors.mt.gov/content/Docs/sunburst2012.pdf	Brodie Moll, Board Chair Adele Furby, LCPC BOV Staff
September 2012	3 Rivers Mental Health Solutions Missoula http://boardofvisitors.mt.gov/content/Docs/2012threerivers	Nancy Morton, Board Member Rosemary Miller, RN Patrick Wayne BOV Staff
October 2012	Benefis Behavioral Health Unit-Benefis Hospital Great Falls http://boardofvisitors.mt.gov/content/Docs/2012benefis	Lin Olson, Board Member William Docktor, PharmD, BCPP Eve Franklin, RN Mary Chronister, Ph.D. BOV Staff
November 2012	Montana Developmental Center Boulder http://boardofvisitors.mt.gov/content/Docs/2012mdc	Brodie Moll, Board Chair Lin Olson, Board Member Jennifer Elison, Ed.D., APRN, LCPC Adele Furby, LCPC Irene Walter, APRN BOV Staff

March 2013	Shodair Children's Hospital Helena – Scheduled	Patricia Harant, Board Member Nancy Morton, Board Member Dr. Jack Hornby, MD Pat Frawley, MSW, LCSW BOV Staff
Site Reviews Tentatively Scheduled for 2013		
April 2013	South Central Regional Mental Health Center Billings	
May 2013	Montana Mental Health Nursing Care Center Lewistown	
June 2013	Montana Developmental Center Annual Inspection	

Types of Review

The Board may conduct reviews at any time, but reviews are primarily:

- (1) routine, scheduled reviews
- (2) special reviews prompted by specific issues that come to the Board's attention

Other Functions and Duties of the Board

- (1) review and approve all plans for experimental research or hazardous treatment procedures involving people admitted to Montana Development Center or any mental health facility
- (2) annually complete an inspection of the Montana Developmental Center
- (3) review, and if necessary, conduct investigations of allegations of abuse or neglect of people admitted to Montana Development Center or any mental health facility
- (4) review and ensure the existence and implementation of treatment plans
- (5) inquire concerning all use of restraints, isolation, or other behavioral controls
- (6) assist persons admitted to Montana Development Center or any mental health facility to resolve grievances
- (7) report to the director of the Department of Public Health and Human Services if the Montana Development Center or any mental health facility is failing to comply with the provisions of state law

MENTAL DISABILITIES BOARD OF VISITORS
ANNUAL INSPECTION OF THE MONTANA DEVELOPMENTAL CENTER
June 21, 2012

The annual inspection of the Montana Developmental Center was completed in June 2012 and included an inspection of all living areas, recreation areas, habilitation/treatment areas and classrooms, dining and sanitary areas (in living units), vocational areas, and the medical clinic building as required under 53-20-104(4), MCA.

Recreation Area

The Recreation Department is housed in one of the older buildings on the MDC campus. The area is clean and the physical plant is in good condition. Indoor recreation areas consist of a multipurpose room, an exercise room (shared with the OT/PT department) a gym, a crafts room, a ceramics room, and an indoor heated aquatic therapy center. Additionally, there is a large grassy area in the front of the building and a baseball diamond in the back of the facility. In the summer, individuals are scheduled to swim at the City Pool. An extensive recreation schedule was provided to the BOV and reports by individuals served at treatment meetings reflect attendance and participation in a wide variety of activities – indoor and outdoor. Individuals served are encouraged to step outside their comfort zone and try new experiences while they are at MDC.

Habilitation/treatment Areas and Classrooms

There are a number of classes and activities that take place in the classrooms in the Treatment Services Building. These include: communications groups, reactive therapy groups, special education classes, cooking, nutrition and sanitation training, money management, health and medication training. The Occupational Therapy and Physical Therapy (OT/PT) department provides treatment individually, for small groups of individuals. The Behavioral Health Department provides 1:1 and group therapy as well as anger management training and Sex Offender Treatment. Classes and groups appear to be sufficiently staffed and staff appears to be engaged with individuals during interactions and are knowledgeable about subject matter. Individuals served discuss their progress with pride during treatment planning meetings and rarely indicate that they want to discontinue a program.

Vocational Area

The Vocational Department provides work opportunities for individuals served at MDC. Some of the vocational opportunities offered include: laundry tasks, housekeeping duties, paper shredding, cardboard and aluminum recycling, watering plants, lawn care and clerical work. Individuals served are encouraged to work as part of a comprehensive treatment strategy. With the recent hiring of a new vocational supervisor, the department has expanded and formalized the role of vocational training in treatment. Vending machines have been removed from the area and the department has plans to open a canteen and small store.

Units 1-6

Units 1-6 are living environments that resemble group homes. The units range in capacity from 6-12 beds, in the near future, the administration plans to eliminate the use of double rooms, limiting the capacity in each unit. The units are clean and well kept. Several of the units require repairs from damage caused by individuals served. The interior of at least one of the units was recently painted. Staff to client interaction in each of the units varies. Interactions observed were respectful and staff appeared to be engaged in activity with clients in some areas. It appears that treatment is a focus in the units and individuals served are encouraged to be as independent as possible. Meals are prepared in a central kitchen and served in dining areas in each of the units.

Assessment and Stabilization Unit (ASU) – Treatment areas and living units

Individuals who reside in the ASU area of MDC are on a levels program. Under this program, some individuals are restricted to the secure area of MDC and receive treatment inside the locked areas. Staff from the treatment disciplines – communication, OT/PT, recreation, special education, vocational services bring treatment to the individuals served inside the Unit. During this inspection a game of kickball was observed inside the fenced area of ASU and staff from multiple disciplines were involved. Arts and crafts projects are displayed throughout the ASU treatment building. ASU has three living units, each with a 4-bed capacity. The units are clean and well-kept. Kitchens in each of the units are being removed and remodeled to address safety concerns. Renovations in each unit will modify the laundry and staff

offices areas. Staff in the ASU units appear to be more vigilant and less relaxed, likely due to the acuity of the need of the individuals served in this area of the campus. Interactions between staff and individuals served are more formal and personal boundaries are enforced.

Medical Area

Medical, psychiatric and dental care is provided at MDC. The primary care provider recently renewed her contract for the coming 2 years. A psychiatrist has been hired and will have office hours on campus 20 hours per week and will answer on-call needs. A dental hygienist is on staff part-time and a contract dentist holds clinic hours on campus regularly. Renovations are underway in the medial building that will be completed later this year to assure greater security for medications storage. The medical department, including medical records will move into the newly configured space before the end of the 2012.

Treatment/Habilitation Plan Review

The Advocacy Specialist for the Board of Visitors reviews treatment/habilitation plans and the MDC process for creating those plans on an ongoing basis throughout the year. This review is accomplished by reviewing treatment/habilitation plans in individual records and by attending treatment planning meetings with individuals served.

***MDC Site Review**

A facility site review was completed in November 2012.

MONTANA MENTAL HEALTH SYSTEM – SUCCESSES & INITIATIVES

2011-2013

Recommendations

The transformation of mental health care continues to move to a more recovery oriented, evidence based and outcome oriented philosophy across service providers statewide. Initiatives that advance transformation of the mental health system include:

- * Continuing support for a statewide suicide prevention program
 - Montana ranks in the top three states per capita for deaths by suicide
 - 65% of those deaths involved a firearm
 - 22% of deaths in Montana are from suicide
- * Continuing support for the Section 1115 Medicaid Waiver
 - In SFY 2011 the waiver served a total of 17,848 individuals - 336 individuals with schizophrenia or bipolar disorder
 - In SFY 2012 the waiver served 16,815 individuals - 885 were individuals with schizophrenia or bipolar disorder
- * Standards continue to be formalized by mental health services providers to expand the development of ‘co-occurring capable’ programs to individuals receiving publicly funded mental health and/or chemical dependency treatment
- * Expanded focus on providing children who have mental health needs with in-state programs to reduce the number of out-of-state placements for those services
- * Creating a standardized advance directive process to provide individuals who have mental illness to create a directive for care during times of wellness to be used during periods of mental incapacity
- * Funding a program to assist individuals who need special financial support to be successful as they transition from the Montana State Hospital into community based mental health services
- * Continuing the collaboration between the Department of Public Health and the Department of Corrections to better serve individuals with mental illness who may be incarcerated
- * Expanding the number of Courts across the state that address Mental Health/Chemical Dependency issues
- * Adopting an Administrative Rule (ARM) that will be published in March 2013 to provide a uniform procedure for all professional persons to contact MSH and provide requested physical and psychiatric medical information sufficient to enable MSH to evaluate the patient's needs, before they initiate a voluntary admission, emergency detention, inter-institutional transfer, or civil involuntary commitment.

Montana State Hospital (MSH):

Under 53-21-104(6) MCA, the Board of Visitors (BOV) has a specific duty to ‘ensure that ...legal staff...periodically interview every patient and examine the patient’s files and records.’ The Board’s attorney represents patients at MSH during recommitment, guardianship, and transfer to MMHNCC hearings - 162 patients in FY2011. Patients are also represented during administrative hearings - Involuntary Medication Review Board (99 patients) and Forensic Review Board (21 patients). BOV staff interviews patients daily and attends grievance committee meetings when a patient files a grievance (380 grievances in FY2011). During the fiscal year, MSH will admit 750-800 individuals for treatment and will coordinate discharge from the facility for more than 700 patients. Average daily census is 160 patients, for an average length of stay of 72 days. The Forensic Unit at MSH serves 30-40 individuals for extended admission/sentence, and 20-30 individuals each year for court ordered evaluations and/or pre-sentence evaluations. BOV meets regularly with the Administrator of the hospital to present concerns and discuss issues related to advocacy of the patients served at the facility.

Recommendations:

- * Create a licensure/training/certification process to formalize the peer-support specialist role in the public mental health system
- * Expand 72-hour presumptive eligibility to reimburse service providers when additional assessments are needed
- * Increase reimbursement rates for providers of :
 - Children’s mental health services – inpatient and outpatient
 - Community-based services for individuals who have intellectual/developmental disabilities
 - Adult mental health services – outpatient
- * Improve transition planning and services for adolescents with mental health needs as they transition into adult public mental health programs
- * Examine the need to integrate VA mental health services and public mental health services to assure military service members who need those services have access to services across the state
- * Inventory existing community based services programs to assure they currently meet existing need (explore the need for forensic programs)
- * Identify individuals who have been diagnosed as experiencing SED/MI/ID to examine future service program needs

MONTANA DEVELOPMENTAL CENTER

2011-2013

Recommendations

Treatment services provided at Montana Developmental Center (MDC) have undergone significant change since mid-2011. In 2010 the Board of Visitors conducted an incident specific site review and investigation into a serious incident of sexual assault. Recommendations from that review have been translated into a work plan/implementation/timeline document and strategic planning process that establishes a 3-5 year implementation for transforming the focus of treatment provided at MDC.

DPHHS began evolving the services at the facility to better address treatment needs of the individuals served there in early 2011. Restructuring the services began with an evaluation of the mission of the facility; reviewing the vision and purpose addresses the evolving needs of the individuals currently receiving treatment services at the facility.

MDC developed an operational plan based on recommendations provided in the 2010 site review report. The recommendations were translated into a strategic/work plan that created the foundation for comprehensive restructuring to focus on treatment services provided at MDC. The framework for change at MDC creates a treatment structure to address the needs of individuals who have Serious Disabling Mental Illness (SDMI)/Intellectual Disabilities (ID)/Chemical Dependency (CD) and may also have experienced significant trauma in early childhood.

In 2010 BOV recommended that MDC develop a continuous quality improvement process designed to analyze data collected from departments on campus; evaluate the data and establish quality improvement strategies to improve services. The foundation for the quality improvement process includes vision and mission statements and a Quality Management Plan. The plan sets goals for educating core staff in each discipline about the quality management process, and expectations for staff to adhere to the quality management plan within their discipline. The plan sets specific assignments for staff and establishes timeframes for achieving goals; some of which appeared to have been met at the time of the site review in 2012.

Recommendations from the 2012 site review supports that quality assurance process and again advocates for a focus on the continuous quality improvement efforts to review incident reports to determine if treatment interventions or staff training would have prevented the incident or changed the outcome of the incident.

Recommendations:

- * Study the complex treatment needs of individuals who are admitted for services at MDC to assure treatment is appropriate and individualized
- * Continue service redesign at MDC to adapt the approach to treatment so it is active, individualized and continual as individuals transition through the facility back into community-based treatment/services programs
- * Assess the need for a secure forensic treatment program at MDC to include infrastructure and staff training needs
- * Establish a strategic transition planning process (including financial considerations) to assure individuals receiving services at MDC experience smooth transitions into community services
- * Pursue NADD (An Association for Persons with Developmental Disabilities and Mental Health Needs) Program Accreditation/Certification for MDC
- * Continue training programs under NADD Competency-based Certification Programs for Clinicians and Direct Support Professionals at MDC
- * Inventory community-based services programs to evaluate whether existing programs meet intellectual disability and mental health treatment needs of individuals currently admitted at MDC
- * Evaluate how community-based developmental disabilities services can integrate with community-based public outpatient mental health services to better serve individuals who transition out of MDC services
 - o Include a discussion about financial considerations for needed services
 - o Address staff training needs in community-based service programs to implement treatment programs for individuals who have ID/SDMI/ Addictions and are victims of trauma during early childhood
- * Identify children/adolescents with ID/Serious Emotional Disturbance (SED) who are currently receiving services through Children's Mental Health Programs to determine if community-based services will be adequate to serve them when they become adults