

Mental Disabilities Board of Visitors

SITE REVIEW REPORT

AWARE, Inc. – Adult Services

Missoula, Montana

AUGUST 26, 27, 2004

Gene Haire

Gene Haire, Executive Director

December 3, 2004

Date

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**Mental Disabilities Board of Visitors
Site Review Report
A.W.A.R.E., Inc. – Adult Services - Missoula
August 26 - 27, 2004**

INTRODUCTION

● **Mental Health Facility reviewed :**

A.W.A.R.E., Inc.- Adult Services - Missoula

Larry Noonan - CEO

Don Goeke, PhD, LCSW – Program Director

● **Reviewed by :**

Mental Disabilities Board of Visitors (BOV)

● **Date of review:**

8 / 26 – 27 / 04

● **Authority for review:**

53-21-104, Montana Code Annotated, 2003

● **Purpose of review :**

- 1) To assess the degree to which the services provided by A.W.A.R.E., Inc. - Adult Mental Health Services – Missoula are humane, are consistent with established clinical and other professional standards, and meet the requirements in state law.
- 2) To recognize excellent services.
- 3) To make recommendations to A.W.A.R.E., Inc. - Adult Mental Health Services – Missoula for improvement of services.
- 4) To report to the Governor regarding the status of services provided by A.W.A.R.E., Inc. - Adult Mental Health Services – Missoula.

● **BOV review team :**

Board members: Kathleen Driscoll, Vice Chair

Consultant: Bill Docktor, Pharm.D., B.C.P.S. (pharmacology consultant)

Staff: Gene Haire, Executive Director
Mary Fitzpatrick, Paralegal / Advocate

OVERVIEW

- **Service type :**

Mental Health Center

- **Review process :**

- 1) interviews with A.W.A.R.E., Inc. - Adult Mental Health Services – Missoula staff
- 2) interviews with consumers and representatives of community agencies
- 3) review of treatment records and written descriptions of treatment services
- 4) tour of facilities

- **Areas reviewed :**

- I. **Services:**

- Case Management
- Outpatient Therapy
- Emergency Services
- Group Home (Skyla House)
- Intensive Group Home (Franklin House)
- Psychiatric Evaluation, Medication Management / Monitoring

- II. **Other Areas:**

- Clinical / Administrative Management
- Staff Training
- Integration of Treatment for Co-Occurring Mental Illness and Substance Use Disorders
- Consumer Employment Placement and Support
- Treatment Planning

ASSESSMENT OF SERVICES

I. SERVICES

Case Management

Brief overview of services (from A.W.A.R.E., Inc. literature) :

- Offers adults with Serious Disabling Mental Illness (SDMI) support in order to maximize functioning in the community.
- Connects the adult to community resources.
- Develops a service plan identifying necessary services and supports for the adult to live independently in the community.
- Two Intensive Case Managers with case loads of 15 - 18
- One Case Manager assigned exclusively to Franklin House consumers

Strengths :

- Case loads the lowest in Montana (15 - 18 per case manager).
- Excellent commitment to providing a dedicated case manager to the Franklin House program.
- Report by consumers that they receive very good services from their case managers.

Outpatient Therapy

Brief overview of services (from A.W.A.R.E., Inc. literature) :

- Individual, family, and group counseling.
- Assist with problem behavior or emotional management.
- Therapist works with Skyla House and case management consumers who live in the community.

Strengths :

- Therapist with good hands on experience prior to becoming master's level licensed therapist.
- Clinical / Administrative Director with career-long experience working with SDMI adults; prior adult case management director for Western Montana Mental Health Center – Missoula (WMMHC).
- Good coordination with WMMHC – director, other clinicians, and case managers attend WMMHC treatment team meetings as needed.
- Good coordination with Turning Point (WMMHC chemical dependency program)
- Since program is still relatively small, case load is small.
- Good access to therapist.

Emergency Services

Brief overview of services :

- A.W.A.R.E., Inc. operates a statewide hotline telephone service for its consumers.
- A.W.A.R.E., Inc. consumer adult crisis calls between 8 am and 5 pm Monday – Friday are referred to the Missoula A.W.A.R.E., Inc. main office.

- A.W.A.R.E., Inc. consumer adult crisis calls after hours are answered by A.W.A.R.E., Inc. Hotline staff, who assess the situation and refer to the Emergency On-Call Adult Clinician if necessary.
- A.W.A.R.E., Inc. Missoula adult consumers are given an emergency card with the Hotline number on it.

Strengths :

- Use of the emergency card given to consumers.
- Good message to hotline staff in policy: "...ALWAYS [assure] the caller that they will receive the assistance needed."

Areas of concern :

- AWARE's Emergency On-Call System policy states: "If none of the above Missoula Adult On-Call AWARE Clinicians can be located and it is deemed a (non life threatening) psychiatric emergency, AWARE Hotline staff should refer the caller to the Missoula County on-call MHP [Mental Health Professional]..." It appears that availability of on call clinicians is not specifically determined by an on-call schedule, but by a list for Hotline staff to call going from the top to the bottom of the list and talking to whoever they reach first.

Recommendations :

1. Make adjustments in the Emergency On-Call System to ensure that – for AWARE's consumers – a Missoula Adult On-Call AWARE Clinician is always readily available.

Group Home (Skyla House)

Brief overview of services (from A.W.A.R.E., Inc. literature) :

- Transitional living facility for adults needing support upon discharge from Montana State Hospital or to avoid hospitalization.

Strengths :

- Good integration into nice residential neighborhood.
- Very experienced and knowledgeable program managers.
- Good integration of services - group home / case management / therapy.

Areas of concern :

- Group home is actually two side-by-side units that are not physically connected. With only one staff person working at a time, it could be challenging to stay on top of consumer needs in each unit.

Intensive Group Home (Franklin House)

Brief overview of services (from A.W.A.R.E., Inc. literature) :

- Intensive group home for individuals who have been placed in the State Nursing Home¹ or

¹ Montana Mental Health Nursing Care Center – Lewistown, Montana

who have not succeeded in multiple community placements.

Strengths :

- Excellent treatment model with intensive staffing levels.
- Good leadership from two program managers.
- Staff has built a safe, supportive atmosphere that infuses consumers with optimism.
- Comfortable, well-maintained home with very large, personalized individual consumer bedrooms.
- Monthly treatment plan reviews.

Medical Care, Psychiatric Evaluation, Medication Management / Monitoring

Brief overview of services :

Medical Care, Psychiatric Evaluation Psychiatric:

- Initial medical evaluation and general medical care is provided by a doctor at the Blue Mountain Clinic in Missoula.
- A contract psychiatrist sees AWARE adult consumers once each month for psychotropic medication prescription (current psychiatrist has been working with AWARE adult consumers for three months – i.e., as of the date of this review, he was conducting his third medication clinic).

Medical Care Coordination, Medication Management:

- A 25 hour / week LPN coordinates medical, dental, and psychiatric appointments, fills prescriptions and manages medication distribution to group home consumers.

Medication Administration and Monitoring:

- AWARE uses an “employee supervised self administration” protocol for administration of medications in the group homes.
- Medications come from the pharmacy in ‘blister packs’, consumers take the medications themselves, consumer and staff sign off on dosages taken.

Strengths :

- LPN has done a good job designing a safe and efficient computerized medication system.
- Good physical security of medications in group homes.
- Good staff training and implementation of self administration protocol.
- LPN plans to initiate a ‘hands on’ component to the staff medication certification program soon.

Areas of concern :

- There is a paucity of medical information in the charts; most medical history and other information is contained only in historical documents from other facilities/programs. This lack of current, comprehensive medical information complicates the process of evaluating and prescribing psychotropic medications.
- Initial medical appointments with the contract physician do not result in notes detailing the medical work up or a ‘history and physical’; contract physician’s charting notes tend to be

- sketchy and brief.
- When patients are hospitalized locally, the AWARE record does not include a discharge summary.
- Contract psychiatrist contact with consumers is not documented as a formal psychiatric consultation.
- The computer generated medication administration record system is kept on the LPN's home computer.

Recommendations :

2. Incorporate a thorough medical evaluation into each record on admission.
3. Move the computer generated medication administration record system from the LPN's home computer to a company computer in the office.
4. When a consumer is hospitalized, obtain a discharge summary to include in the AWARE record.

II. OTHER AREAS

Clinical / Administrative Management

The AWARE Adult Services program began operation in December 2003, with the opening of Skyla House. Franklin House started in January 2004. The Program Director has extensive experience over many years including a number of years as the director of the adult case management program at Western Montana Mental Health Center (WMMHC). The senior manager of Skyla House also has years of experience, also including a number of years with Western Montana Mental Health Center. The Program Director has put a solid team and program together in a very short time. The program is in the process of firming up collaborative working relationships with other mental health providers in the Missoula community (primarily St. Patrick Hospital Mental Health Unit and Western Montana Mental Health Center). Though there are ongoing kinks to be worked out, AWARE's adult services in Missoula are established, are working effectively with a variety of consumers – some of whom (at Franklin House) are very ill and have significant challenges living in the community. AWARE deserves credit for creating a good program from scratch in a short time, and in particular, for its willingness and initiative in working with some consumers whom others had relegated to long term institutional care.

Strengths :

- Excellent program leadership.
- Very good coordination with WMMHC (AWARE staff attend WMMHC treatment team meetings as needed, about ½ of AWARE's **Skyla House** referrals come from WMMHC).
- Energetic, optimistic staff team.

Areas of concern:

- An ongoing working relationship and protocol for working together has not been established with the St. Patrick Hospital Mental Health Unit.
- Staff do not routinely and proactively inform consumers who are referred to or currently involved with AWARE of other mental health services offered by other providers in the Missoula area.

Recommendations :

5. Initiate and develop an ongoing working relationship with the St. Patrick Hospital Mental Health Unit.

6. Establish a procedure for AWARE staff to routinely and proactively inform consumers who are referred to or currently involved with AWARE of other mental health services offered by other providers in the Missoula area.

Staff Training

In addition to providing new staff with basic general training (blood borne pathogens, fire safety, first aid / CPR, driver training) and [Mandt](#)® training, the AWARE Adult Services program provides good introductory training on topics relevant to working with adults with serious mental illness ([Working with Adults with Serious and Disabling Mental Illness](#)). Staff who work in group homes also are trained in AWARE's Medication Certification protocol, which prepares staff to supervise consumers' self administration of medications.

Strengths :

- The Medication Certification program, as noted in several previous BOV reviews of AWARE services, is a very good approach to preparing non-licensed staff to supervise consumer medication self administration – and should be replicated by other service providers where non-licensed staff assist consumers with medications.

Questions :

- Does the program use written training materials referenced to the training outline?
Response: Yes, I have copious handouts provided to staff so that they may read before the clinical and intervention training.
- Do staff receive the [Working with Adults with Serious and Disabling Mental Illness](#) training prior to working alone with consumers?
Response: All staff receive on-the-job training (via Program Manager, Clinician, weekly staffings, and individual supervision). They have to wait a while (usually 2 to 4 weeks) before receiving the more in-depth training but are not assigned solo shifts until adequately trained.
- If staff receive the above training after being assigned to work with consumers, do they work directly with trained staff until receiving training themselves?
Response: Yes and in addition, all group home staff have the Director and Group Home Managers available 24 hours for consultation.
- Are staff skill, competency, and knowledge expectations defined for each staff position?
Response: Yes
- How are skill, competency, and knowledge attainment assessed?
Response: Via a combination of individual and group supervision, weekly clinical staffings, and Competency Based Checklists.
- Are staff required to demonstrate skill, competency, and knowledge periodically throughout their employment with AWARE?
Response: Yes as noted above.
- What additional levels of skill, competency, and knowledge are required for supervisory staff?
Response: Program Managers receive ongoing and formal management training, Clinicians, of course, must be licensed by the state or supervised by licensed clinician until fully licensed.
- Are staff required and given the opportunity and resources to participate in ongoing training to strengthen their skills, competency, and knowledge throughout their employment with AWARE?
Response: Yes, advanced competency based training and community

workshops/in-services are available and encouraged.

Integration of Treatment for Co-Occurring Mental Illness and Substance Use Disorders

The Program Director estimates that ~40% of the program's consumers have a co-occurring substance use disorder and mental illness. AWARE Adult Services addresses some aspects of the existence of substance use disorders co-occurring with mental illnesses in clinical assessments, mostly by history and cursory consumer self report. Consumers who are in need of substance abuse treatment are referred to Turning Point (WMMHC). The Program Director reports that AWARE and Turning Point communicate regularly.

Observations :

- The importance of addressing the phenomenon of co-occurring mental illness and substance use disorders has been described thoroughly in mental health literature, and identified nationally and in Montana as a critical area needing development.
- Montana providers report that approximately 60% of adults with serious mental illness also have co-occurring substance use disorders.
- Montana State Hospital has identified untreated substance use disorders in people with co-occurring mental illness and substance use disorders as a primary cause of rehospitalization.
- "Integrated Dual Disorders Treatment" has been established as a core evidence-based mental health practice by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS).²

Strengths :

- Referral and access to Turning Point is a good resource for consumers and AWARE staff.

Areas of concern :

- It appears that the assessment for co-occurring substance use disorders needs to be more thorough. In two charts BOV thoroughly reviewed, there appeared to be significant problems in these areas, but these areas are not adequately addressed in treatment plans.
- There appears to be too much reliance on history and consumer self report in determining the presence or absence of a co-occurring substance use disorder.

Recommendations :

7. To the greatest degree possible pending implementation of a fully integrated "co-occurring disorders" continuum of care per guidelines being developed by the Addictive and Mental Disorders Division (AMDD):
 - a) proactively identify in initial assessments each consumer who has a co-occurring mental illness and substance use disorder;
 - b) develop treatment plans for these consumers that thoroughly integrate treatment for the co-occurring disorders;
 - c) conduct all counseling and treatment activities within the structure of an integrated

² United States Department of Health and Human Services. Evidence-Based Practices: Shaping Mental Health Services Toward Recovery. Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, <http://www.mentalhealthpractices.org/index.html> , 2004.

- treatment plan;
- d) when referrals are made for substance use disorder counseling outside of AWARE, ensure that AWARE initiates and maintains ongoing communication and treatment coordination with that counselor.

Consumer Employment Placement and Support

The AWARE Adult Services program Community Based Rehabilitation Technicians conduct informal vocational assessments with consumers. Some consumers are then referred to Vocational Rehabilitation (VR) and then to a private Supported Employment (SE) vendor.

Areas of concern :

- Consumers' desires, needs, experiences, and preferences relative to employment are not incorporated into treatment plans.
- There is too much separation – via the VR / SE approach - between consumers' primary service provider (AWARE) and employers.

Recommendations :

8. Include a comprehensive assessment of desires, needs, experiences, and preferences relative to employment in the intake assessment.
9. Establish an 'employment / meaningful activity' objective in each consumer's treatment plan.

Assessment / Treatment Planning / Treatment Review / Documentation

Strengths :

- Clinical assessments are excellent ³.
- Case management assessments are excellent; 'priority scale' is a good enhancement.
- Treatment plans include a 'de-escalation plan'.
- Intakes include review of 'Bill of Rights' and 'Grievance Process'.
- Documentation in general is very detailed and thorough.

Areas of concern :

- Consumer signatures on case management plans were absent on the charts reviewed.
- Progress notes need to more clearly address progress / lack of progress relative to treatment objectives.
- The connection between 'Goals / Interventions' and 'Action Plan' needs to be more clear.
- Each service component (group home, outpatient, case management, rehabilitation) has a separate treatment plan, which appears to compromise the program's ability to coordinate the plans and the interventions described in each plan.

Recommendations :

10. Develop one comprehensive treatment plan and review process that incorporates all treatment components.

³ See comments under **Treatment for Co-Occurring Mental Illness and Substance Use Disorders.**

RECOMMENDATIONS

1. Make adjustments in the Emergency On-Call System to ensure that – for AWARE’s consumers – a Missoula Adult On-Call AWARE Clinician is always readily available.
2. Incorporate a thorough medical evaluation into each record on admission.
3. Move the computer generated medication administration record system from the LPN’s home computer to a company computer in the office.
4. When a consumer is hospitalized, obtain a discharge summary to include in the AWARE record.
5. Initiate and develop an ongoing working relationship with the St. Patrick Hospital Mental Health Unit.
6. Establish a procedure for AWARE staff to routinely and proactively inform consumers who are referred to or currently involved with AWARE of other mental health services offered by other providers in the Missoula area.
7. To the greatest degree possible pending implementation of a fully integrated “co-occurring disorders” continuum of care per guidelines being developed by the Addictive and Mental Disorders Division (AMDD):
 - a) proactively identify in initial assessments each consumer who has a co-occurring mental illness and substance use disorder;
 - b) develop treatment plans for these consumers that thoroughly integrate treatment for the co-occurring disorders;
 - c) conduct all counseling and treatment activities within the structure of an integrated treatment plan;
 - d) when referrals are made for substance use disorder counseling outside of AWARE, ensure that AWARE initiates and maintains ongoing communication and treatment coordination with that counselor.
8. Include a comprehensive assessment of desires, needs, experiences, and preferences relative to employment in the intake assessment.
9. Establish an ‘employment / meaningful activity’ objective in each consumer’s treatment plan.
10. Develop one comprehensive treatment plan and review process that incorporates all treatment components.

FACILITY RESPONSE TO THIS REPORT



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The Right Services ... to the Right People ... at the Right Time!®

11/30/04

Gene Haire, Executive Director
Mental Disabilities Board of Visitors
Governors Office
PO Box 200804
Helena, MT 59620-0804

Re: Missoula AWARE Facility Response to Board of Visitors' Recommendations

Dear Gene:

I appreciate the Board of Visitors input from your recent review of the Missoula AWARE Adult Mental Health Services. Overall, I believe your report is accurate and informative. It always helps to have an outside review providing feedback on one's programs, especially programs still in their developing stages. I have listed below AWARE's response to your 10 recommendations.

Recommendation 1: We have revised our Emergency On-Call System to entail always having a specific Masters Level or above Clinician on-call via a home and/or beeper number to ensure 100 percent access.

Recommendation 2: Our staff nurse has implemented a procedure whereby MD records for both initial medical evaluation and on-going treatments are always procured and maintained in consumers' charts.

Recommendation 3: All Medication Records have been moved to AWARE office computers.

Recommendation 4: Our staff nurse has implemented a procedure requiring we always obtain

a Hospital Discharge Summary to be maintained in the consumer's chart.

Recommendation 5: We have outreached the St. Patrick Hospital Mental Health Unit informing them of our full array of services and have established a referral and communication system. We are also continuing to outreach other community agencies (e.g., DD Services, Housing Authority, Voc Rehab, etc.) in order to enhance interagency communication and service delivery.

Recommendation 6: We shall continue to inform new referrals of other mental health services in Missoula and assist with linkage where appropriate. For example, if I believe a consumer could best benefit from facility based versus community based rehab services, I have always referred them on to the WMMHC Day Treatment program.

Recommendation 7: We will target increased overall awareness and integration of best practice principles for dually diagnosed consumers, e.g., Minkoff's Eight Practice Principles. I have assigned primary responsibility for enhancing our dual diagnosis efforts to a licensed clinician with some direct CD experience. Clinical staff will also attend appropriate CD workshops and additional training as appropriate. More specifically (Rec 7a), we have researched and will pilot at least two different CD Assessment Scales in addition to our current Initial Assessment process whereby we review records and query other agency staff, family members, and consumers for CD issues. Treatment Plans (Rec 7b) and Clinical Staffings and Supervisions (Rec 7c) will specifically address and revisit CD issues even when the consumer verbally denies any CD problem areas. As we have always done, we will coordinate treatment and attend joint treatment team staffings (Rec 7d) when referrals for CD treatment are made to external agencies.

Recommendations 8: We currently review records and query consumers on past and future employment issues in our Initial Assessment Process. There is no doubt that part-time employment, volunteer work, or any meaningful structured activity is a critical component of the rehabilitation process. However, at time of assessment, consumers may be actively psychotic, highly depressed/tearful, or simply have not yet established trust with the clinician. The assessment process itself can be a long, grueling, and guarded process for many consumers. However, we will enhance our vocational rehabilitation efforts by incorporating more formal assessment scales and encouraging all consumers to attend a (to be developed) Vocational/Meaningful Activity Group as soon as it is clinically appropriate. Additionally, we are currently negotiating with Voc Rehab to make Employment Supports more accessible to program participants.

Recommendations 9: We will incorporate a more "comprehensive assessment of desires, needs, experiences, and preferences relative to employment" (and meaningful activity) into the Consumer's Treatment Plan. Enhancing insight and motivation will be targeted where consumers are explicit that they do not want to "work." A greater focus on meaningful structured activity will also be targeted as many times consumers do not possess the prevocational skills necessary for even volunteer work.

Recommendation 10: AWARE has been working on developing one comprehensive treatment plan for all adult services for several months. I totally agree with this recommendation and

Missoula Adult MH Services will be piloting this new form and process in the near future.