

Mental Disabilities Board of Visitors

SITE REVIEW REPORT

A.W.A.R.E., Inc.
Mental Health Services
Butte, Montana

January 28-29, 2010

Gene Haire

Gene Haire, Executive Director

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OVERVIEW

Mental Health Facility reviewed :

AWARE, Inc. – Mental Health Services, (AWARE-B)
Butte, Montana
Larry Noonan, CEO

Authority for review :

Montana Code Annotated, 53-21-104

Purpose of review :

- 1) To learn about AWARE-B services.
- 2) To assess the degree to which the services provided by AWARE-B are humane, consistent with professional standards, and incorporate BOV standards for mental health services.
- 3) To recognize excellent services.
- 4) To make recommendations to AWARE-B for improvement of services.
- 5) To report to the Governor regarding the status of services provided by AWARE-B.

BOV review team :

Staff:

Gene Haire, Executive Director
Alicia Pichette, Mental Health Ombudsman

Board:

Joan Nell Macfadden

Consultants:

Jacki Ulishney, PharmD
Pat Frawley, LCSW
Glenn Porte

Review process :

- Interviews with AWARE-B staff
- Observation of treatment activities
- Review of written descriptions of treatment programs
- Informal discussions with clients
- Inspection of physical plant
- Review of treatment records

ASSESSMENT OF SERVICES

Adult Case Management

Overall impressions about the quality of Adult Case Management services.

Service Description (from AWARE website):

“AWARE’s Adult Mental Health Case Management program helps clients and their families build upon their strengths, while cutting through the red tape that may have been preventing them excelling in the community. AWARE reaches out to adults and families affected by serious disabling mental illness, connecting them with the community agencies and resources to ensure that all the needed services are in place such as assessments, case planning and coordination, assistance in daily living, referrals, and advocacy. Every effort is made to help clients live successfully as full and productive members of the community.”

Strengths:

- AWARE-B provides adult case management to eight clients who live in the Mercury Street Group Home and about eight other adult clients living in the Butte-Anaconda area. These services appear to be of good quality.

Intensive Community-Based Rehabilitation (Mercury Street Group Home)

Overall impressions about the quality of Intensive Community-Based Rehabilitation (Mercury Street Group Home) services.

Service Description (from AWARE website):

“Clients enter AWARE’s Intensive Community Based Rehabilitation program from either the Montana State Hospital at Warm Springs or the Montana Nursing Care Center in Lewistown. If the client decides they wish to remain for an indefinite amount of time, they may do so. Residents of ICBR are immersed in the community through organizations, activities, projects, or even school if they so desire. AWARE also assists if a client needs help finding a local job.”

Strengths:

- AWARE-B deserves credit for responding the RFP and creating homes for the targeted individuals residing at MMHNCC. AWARE-B has shown that it is possible for people who have significant challenges related to mental illness / medical needs / physical disabilities to live satisfying lives in the community.
- The Mercury Street Group Home is attractive, well-designed, and clean and well-organized.
- Residents are encouraged and do individualize their rooms by choosing paint color, personal decorations, and furnishings.

- Residents are encouraged and supported in exercising maximum freedom in choosing and engaging in community and personal activities.
- Residents represent themselves and the group home at the AWARE-B Corporate Congress (see Organizational Planning and Quality Improvement, p. 9)
- Staff work with residents to select and attend a variety of group activities including rodeos, picnics, and camping.
- The Mercury Street Group Home staff are a particular strength. They work patiently and respectfully with the residents - some of whom present very challenging behaviors - balancing independence with responsibility and safety.

Therapeutic Family Care

Overall impressions about the quality of Therapeutic Family Care services.

Service Description (from AWARE website):

"AWARE's Therapeutic Family Care is a family centered program designed to keep kids who have been identified as "high-risk" with their families. Our staff ... provide up to 20 hours per week of direct in-home services. Depending on the needs of (the) family, the focus (is) on parenting skills, family dynamics, and improved functioning in other targeted areas such as coping skills, social skills, and other areas related to self-care and independent living."

Strengths:

- Families are assisted in developing 30-day crisis plans that identify natural supports, define steps parents can take to deescalate volatile situations, identify resources in the community that can help in crises, and provide immediate access to AWARE's 24-hour crisis line.
- AWARE-B staff supports families during meetings with school, Juvenile Probation, Department of Family Services, and primary care physicians and other medical care providers.
- AWARE-B has developed an innovative internal process called "OOPS" ('Out of State Placement Staffing') to identify and intervene in situations that could result in children and adolescents being placed in out of state services.
- When a youth is 16 years old, AWARE assists families and youth to begin transition planning for the move to adult services.
- AWARE has developed a tool called 'Strengthening Family Skills' that is used to establish measurable interventions, develop strength based service plans, and track outcomes.

Observations:

- AWARE-B works with families to identify people to provide respite, but is reevaluating this approach in favor of a more rigorous process of training and licensing respite care workers.

Suggestion:

- BOV suggests that AWARE-B does pursue the idea of developing a pool of qualified respite providers who are licensed by the state Quality Assurance Division and trained, supervised, and made available to families by AWARE.

Outpatient Clinical

Overall impression of Outpatient Clinical Services.

Service Description (from AWARE website):

"AWARE promotes a "wraparound" philosophy so that services are strength-based, family focused, individualized, and comprehensive. Outpatient therapy is provided to youth, adults, and their families. Qualified professionals develop treatment plans suited to the individual or family, depending on their needs. Services are provided in a center (such as a clinic), at an AWARE office, or at an appropriate and confidential community site of the client's choice."

Strengths:

- Clinicians appear to be well trained, broadly experienced, and familiar with a variety of treatment modalities.

Youth Case Management

Overall impressions about the quality of Youth Case Management services/ Community-Based Psychiatric Rehabilitation and Support Services.

Service Description (from AWARE website):

"The primary functions of Youth Case Management include walking families through various application processes, helping coordinate services, and advocating for the needs of children and their families. Youth Case Management ... offers families and youth the help they need to coordinate community resources and services that will enhance the child's ability to remain with his or her family. Some of the most common services facilitated by an AWARE Youth Case Manager are medication management, therapy, respite, and Individualized Education Plans."

Strengths:

- The staff interviewed all spoke about valuing family strengths, meeting families "where they are", and working toward family self reliance.
- Case managers interviewed spoke of attending Individual Education Plan meetings, establishing family roles and parenting techniques, and providing role modeling and social skills support.
- Children/youth who are able to play significant role in the creation of their service plans.

Youth Residential Services

Overall impressions about the quality of Youth Residential services.

Service Description (from AWARE website):

"Intensive Therapeutic Residential Services offer daily care and residential services for youth in a comfortable, home-like environment. Four boys and girls are served in each home. Close supervision, needed structure, and individualized supports are provided by trained care-giving staff who implement each youth's strength-based treatment plan daily. In addition, youth participate in skill-building activities, individual sessions and therapeutic groups, and community-based activities. Family involvement is strongly encouraged."

NOTE: AWARE-B operates three therapeutic youth group homes in Butte: Ottawa Group Home and Whiteway Group Home for boys and Renz Group Home for girls. BOV reviewed only the Renz Group Home.

Strengths:

- The Renz Group Home is in a very nice residential area; the inside is clean and comfortable.
- The home uses a simple and effective level system of responsibilities and privileges.
- The girls seem to be happy and engaged; all could identify multiple things they liked about the program, and talked about plans for transitioning home.
- Relationships with the neighbors are reported to be very positive.
- There are strong connections with the local school district.
- The staff appeared calm and in control of the home environment. They spoke about liking the girls and their work. The calmness of the staff is effectively communicated to the girls, creating the sense that this was a safe environment that supports the girls in engaging in therapy and life changes.

Psychiatric Services

Overall impressions about the quality of Psychiatric services.

Service Description (from AWARE website):

"Psychiatric Services are embedded within a broader therapeutic approach of principles that emphasize strengths, family, community, and the individual. Psychiatrists (are) available for assessments, ongoing treatment, medication management and support."

Strengths:

- Psychiatrists place great value on the opinions of therapists and case managers who are encouraged to be present at clients' psychiatric appointments.
- AWARE employs three full time and eight part time psychiatrists statewide.
- The medical director is an energetic, dynamic leader.

Early Head Start

Overall impressions about the quality of Early Head Start services.

Service Description (from AWARE website):
AWARE's Early Head Start¹, based in Butte, is the only nationally accredited infant/toddler training site in Montana.

From Early Head Start website:

Early Head Start is a federally funded community-based program for low-income families with infants and toddlers (through age three) and pregnant women. Its mission is:

- to promote healthy prenatal outcomes for pregnant women,
- to enhance the development of very young children, and
- to promote healthy family functioning.

Early Head Start is free to families who meet income guidelines set by the U.S. Department of Health and Human Services.

Strengths:

- Strong, quality program. AWARE deserves much credit for pursuing and establishing this accredited program for the Butte community.

Emergency Services (Crisis Line, Mental Health Professionals)

Overall impressions about the quality of Emergency services.

The 24 hour crisis line for AWARE clients is answered by staff at the Mercury Street Group Home.

Observations:

- Clinicians are accessible to Mercury Group Home staff via a list that staff work through until an available clinician is reached. The Clinical Supervisor is the default clinician who is available if no one else is. Though this system appears to work for AWARE and is a testament to the dedication of AWARE clinical staff, it could present problems if the group home staff has to make a number of calls - while the crisis line caller is waiting - until an available clinician is located.

Suggestions:

- Consider establishing a rotating on-call schedule.

MENTAL DISABILITIES BOARD of VISITORS STANDARDS

Organizational Planning and Quality Improvement

Planning:

Does AWARE-B produce and regularly review a strategic plan?	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ AWARE has developed a very innovative approach - the Corporate Congress - to developing its strategic plan. Based on a legislative model, AWARE brings staff and client representatives together annually to discuss and establish organizational objectives and strategies.
<p>Is the strategic plan of AWARE-B developed and reviewed through a process of consultation with staff, clients, family members, other appropriate service providers, and community stakeholders?</p> <p>Does the plan include:</p> <ul style="list-style-type: none"> ▪ client and community needs analysis? ▪ strategy for increasing the use of evidence-based practices? ▪ strategy for the measurement of health and functional outcomes for individual clients? ▪ strategy for maximizing client and family member / carer participation in AWARE-B? ▪ strategy for improving the skills of staff? ▪ time frames and responsibilities implementation of objectives? 	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ AWARE uses it vigorous, comprehensive Corporate Congress process to bring staff and client ideas into organizational planning. ▪ In the most recent Congress, a parent delegate was selected. <p><u>Suggestion:</u></p> <ul style="list-style-type: none"> ▪ Consider ways to bring input from key community stakeholders into the planning process.
<i>Quality Improvement:</i>	
Does AWARE-B have and use a plan of continuous quality improvement to evaluate and improve all of its activities related to services to clients and families?	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ The director of Quality Assurance identifies areas for improvement within the organization. ▪ AWARE collects and analyzes a variety of data on services provided and outcomes of services; it uses this data to identify areas for improvement.
Are designated staff of AWARE-B accountable and responsible for the continuous quality improvement process?	Yes
Is AWARE-B able to demonstrate a process of continuous quality improvement that directly affects health and functional outcomes for individual clients?	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ Treatment teams frequently assess plans, services, and progress from the strengths perspective. ▪ AWARE has begun to experiment with a software-based system for tracking results of services.

Rights, Responsibilities, and Safety

Rights, Responsibilities:

<p>Does AWARE-B define the rights and responsibilities of and provide verbal and written information about rights and responsibilities to clients and family members?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ Clients interviewed by BOV expressed awareness of their rights. ▪ Intake information and packet contains information about rights and responsibilities including a Bill of Rights, Grievance process and consent forms.
<p>Does AWARE-B actively promote client access to independent advocacy services by:</p> <ul style="list-style-type: none"> ▪ providing verbal and written information? ▪ prominently displaying in all of its facilities posters and brochures that promote independent advocacy services including the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and Disability Rights Montana? 	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ Verbal and written information are provided to clients and families at the time of intake and throughout the treatment process. ▪ Posters/brochures for Disability Rights Montana and the Mental Disabilities Board of Visitors are in all buildings and service areas. <p><u>Observations:</u></p> <ul style="list-style-type: none"> ▪ Information about the Mental Health Ombudsman is not included in provided or posted information. <p><u>Recommendation 1:</u> Include information about the Mental Health Ombudsman in all provided or posted information about independent advocacy services.</p>
<p>Does AWARE-B have an easily accessed, responsive, and fair complaint / grievance procedure for clients and their family members to follow?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ The grievance process information is easy to understand, the process is easy to initiate, and the timelines for responding, investigating, and resolving complaints are reasonable. ▪ As a testament to AWARE's culture and the way in which families are involved in the entire process, BOV could not find an example of a serious complaint/grievance having been filed against AWARE-B. It appears that AWARE moves quickly to respond to concerns preventing situations from deteriorating to the point where someone feels that the only option he/she has left is to file a grievance.
<p>Does AWARE-B provide to clients 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?</p>	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ The BOV poster explaining assistance with grievances was posted in the Mercury Street Group Home. ▪ Staff confirmed that they give this information to clients and families at the time of intake. <p><u>Observations:</u></p> <ul style="list-style-type: none"> ▪ The grievance procedure form indicates that "other information will be offered" to the client, but BOV did not see reference in printed material to assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances.

	<p><u>Suggestions:</u></p> <ul style="list-style-type: none"> ▪ Ensure that written and verbal information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances is provided to clients and their family members at the time of entering services.
Safety:	
Does AWARE-B protect clients from abuse, neglect, and exploitation by its staff or agents?	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ Staff at all levels are well-trained to recognize signs of abuse, neglect and exploitation; and all said that they would not hesitate to bring these types of concerns to their supervisors.
Has AWARE-B fully implemented the requirements of §53-21-107, Montana Code Annotated (2009) with regard to reporting on and investigating allegations of abuse and neglect?	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ The reporting requirements of §53-21-107, MCA are stated in policy for adult mental health clients. . ▪ Supervisors and staff members expressed an understanding of these requirements. <p><u>Observations:</u></p> <ul style="list-style-type: none"> ▪ Abuse and neglect reporting requirements for child/youth mental health clients are not consistent with §53-21-107, MCA. ▪ During the site review, BOV was provided with a list of incidents involving clients from October 2008 through October 2009. This list included three instances that appear to meet the statutory criteria for allegations of abuse of clients and four instances that appear to meet the statutory criteria for allegations of neglect of clients. <i>Though it appears from the document provided to BOV that AWARE-B took appropriate action</i>, none of these incidents were reported to BOV as required by §53-21-107, MCA. ▪ Subsequent to the site review, an AWARE manager called BOV to describe an allegation of abuse of an AWARE client that had come forward. Though there was complete openness and a desire to report correctly, the manager was not familiar with the requirements of §53-21-107, MCA with regard to reporting on and investigating allegations of abuse and neglect to BOV. <p><u>Recommendation 2:</u></p> <ol style="list-style-type: none"> a) Revise abuse and neglect policies and procedures so that they are in full compliance with §53-21-107, MCA. b) Ensure that all staff are familiar with the requirements of §53-21-107, Montana Code Annotated (2009) with regard to reporting on and investigating allegations of abuse and neglect.
In investigations of allegations of abuse, neglect, or exploitation of clients by its staff or agents, does AWARE-B thoroughly analyze the events and actions that preceded the alleged event – including actions and/or non-actions of its staff or agents?	see comments above

<p>After an allegation of abuse, neglect, or exploitation of a client by its staff or agents is determined to be substantiated, does AWARE-B debrief all related circumstances – including all staff and supervisory actions or non-actions that could have contributed to the abuse, neglect, or exploitation – in order to decrease the potential for future recurrence?</p>	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ As a matter of routine, debriefing for individual employees and the treatment team is carried out for each event that is considered to be outside the usual treatment process. ▪ It is to be noted that this process is not carried out in a way that is punitive, so that the process focuses on improvement.
<p>Are staff of AWARE-B trained to understand and to skillfully and safely respond to aggressive and other difficult client behaviors?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ All staff are trained in a system for intervening with challenging client behaviors called 'Healthy Employees Leading People' (H.E.L.P.) which staff reported is based on the Mandt System®². <p><u>Observations:</u></p> <ul style="list-style-type: none"> ▪ Both staff and residents at the Mercury Street Group Home spoke of a recent violent altercation between two residents. Other incidents were described that involved throwing of furniture. Staff are certified in the use of H.E.L.P. techniques to respond to escalating resident behavior and to defuse confrontations between residents or resident aggression toward staff, and call law enforcement when physical intervention is necessary.
<p>Are clients of AWARE-B given access to staff of their own gender?</p>	<p>Yes</p>
<p>Does AWARE-B use special treatment procedures that involve behavior control, mechanical restraints, locked and unlocked seclusion or isolation, time out, etc. in a manner that is :</p> <ul style="list-style-type: none"> ▪ clinically justified? ▪ properly monitored? ▪ implemented only when other less restrictive measures have failed? <p>implemented only to the least extent necessary to protect the safety and health of the affected individual or others in the immediate environment?</p>	<p>Special treatment procedures are not used.</p>
<p>Does AWARE-B debrief events involving special treatment procedures, emergency medications, aggression by clients against other clients or staff, and client self-harm; retrospectively analyze how such events could have been prevented; and support staff and clients during and after such events?</p>	<p>see comment above</p>

Client / Family Member Participation

NOTE: AWARE-B serves approximately 16 adult mental health clients - eight of whom are residents of the Mercury Street Group Home. Comments in this section address primarily mental health clients under age 18 and their families.

<p>Does AWARE-B identify in the service record clients' family members and describe the parameters for communication with them regarding clients' treatment and for their involvement in treatment and support?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ The intake/assessment forms include information provided by the family and the individual served. ▪ If parents/guardians are not included in the planning for services for a child, a statement is required on the planning document to explain why they are not involved. ▪ AWARE-B staff gives families as much specific feedback as possible on what they see that the child needs from the family.
<p>Do AWARE-B assessments, treatment planning sessions, and treatment reviews proactively include the participation of clients and – with consent - family members?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ The information gathered and reported on the strength-based service plan forms include family sign off defined roles. ▪ There is a very thorough 'Quarterly Family Team Meeting Preparation Form' which is given to the family to fill out. Families use this form to identify people the family would like to include as part of the 'Family Team Meeting', such as extended family members, friends, and other professionals. ▪ Another form - 'My Strengths' - is given to families which is divided into 4 areas: Sports and Activities, Characteristics, Games and Hobbies, and At Home. In each of the 4 areas there are 17 potential boxes to check off strengths of their child.
<p>When a diagnosis is made, does AWARE-B provide the client and – with consent - family members with information on the diagnosis, options for treatment and possible prognoses?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ The psychiatrist is usually the one who informs the family of the diagnosis, explains about potential medication and options for treatment, and asks what their questions are. ▪ Case managers provide education to families on diagnosis, the behaviors of the child, what families can expect, and what wrap-around services entail.
<p>Does AWARE-B proactively provide clients, and – with consent - family members a copy of the treatment plan?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ The family is offered the child's strength-based service plan which includes interventions the family can use in the home, a list of the child's coping skills, and a step-by-step crisis plan.

<p>Does AWARE-B promote, encourage, and provide opportunities for client and family member/carer participation in the operation of the following components of AWARE-B:</p> <ul style="list-style-type: none"> ▪ participation in developing the strategic plan and plan for continuous quality improvement? ▪ advisory groups? ▪ participation in public meetings? ▪ interviews and selection of prospective staff? ▪ peer and staff education and training? ▪ family and client peer support? <p>Does the service have written descriptions of these activities?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ The Corporate Congress involves, staff and clients to create an annual strategic work plan for the organization. ▪ A “bill” just passed the 2009 Corporate Congress to create a parent advisory board with yearly educational meetings in order to empower parents. ▪ A family member representative has been added to the Corporate Congress.
<p>AWARE-B promotes, encourages, and provides opportunities for client and family member/carer participation in the evaluation of the following components of AWARE-B:</p> <ul style="list-style-type: none"> ▪ ‘customer service’ ▪ effectiveness of communication with clients and family members ▪ measurement of health and functional outcomes of clients <p>Does AWARE-B have written descriptions of these activities?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ The intake packet indicates that individuals who are being served may be randomly selected to be surveyed about satisfaction with services. ▪ The survey referenced in the AWARE-B 2009 annual report indicates that there is input from clients, stakeholders and employees. ▪ The family completes quarterly reports reviewed with therapist addressing outcomes and how the family is doing; this is documented on the form ‘Initial and Quarterly Youth Services Outcomes - Strengthening Family Skills’.

Staff Competence, Training, Supervision, and Relationships with Clients

Competence and Training:

<p>Does AWARE-B define optimum knowledge and competence expectations for each staff position providing services to clients?</p>	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ The underpinning of expectations for staff knowledge and competence is articulated in the AWARE document <u>Principles of Unconditional Care</u>. ▪ The high expectations for overall staff diligence, commitment, and competence came through in every BOV interview. ▪ AWARE-B has strong, talented, and committed staff who appear zealous in their commitment to the ten principles of the AWARE organization. ▪ AWARE-B staff appear to be highly committed to personal and professional development. <p><u>Observations:</u></p> <ul style="list-style-type: none"> ▪ Knowledge and competence expectations are described in position descriptions in very general terms. ▪ As with other organizations, there appears to be the assumption that a level of competence exists with new staff based on their education and experience that may not actually exist to the degree that AWARE expects. <p><u>Suggestion:</u></p> <ul style="list-style-type: none"> ▪ Consider ways to more specifically describe in position descriptions optimum knowledge and competence expectations – especially relating to information about mental illnesses and serious emotional disturbance - for each staff position providing services to clients.
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<p>Does AWARE-B have written training curricula for new staff focused on achieving optimum knowledge and competence levels defined for each position providing services to clients?</p> <p>Does AWARE-B train new staff in job-specific knowledge and competence OR require new staff to demonstrate defined optimum knowledge and competence prior to working with clients?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ Staff interviewed reported that some of AWARE-B's strengths are training, access to clinical staff for incidental consultation, and strong staff support from supervisors. ▪ AWARE-B has a training curriculum for new staff, with specific areas to be covered and tasks to be completed within day one, day ten, and one month of hire. Some materials require follow up testing to verify lessons are learned. ▪ One training section, to be completed within 10 days of hire, called 'Professional Care Giving', covers ethics, supervision, and self reflection exercises. ▪ New staff members complete their orientations by 'shadowing' veteran staff for a period of time before taking on independent responsibilities. ▪ Staff trainers circulate among AWARE's communities providing staff training; letters go out regularly to staff notifying them of upcoming training requirements. <p><u>Suggestion:</u></p> <ul style="list-style-type: none"> ▪ Consider developing training materials that give staff specific information about mental illnesses and serious emotional disturbance necessary to achieve defined optimum knowledge and competence expectations.
<p>Does AWARE-B proactively 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?</p>	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ AWARE brings in respected professionals from outside the organization to assist with training and program development. <p><u>Suggestion:</u></p> <ul style="list-style-type: none"> ▪ Consider arranging with NAMI-MT for <u>Provider Training</u> for AWARE-B staff.
<p>Does AWARE-B periodically assess current staff and identify and address knowledge and competence deficiencies?</p>	<p>Yes</p>
<p>Supervision:</p>	
<p>Does AWARE-B provide active formal and informal supervision to staff?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ AWARE-B is well-staffed with enthusiastic employees who appear to be well and closely supervised. ▪ Relationships between line and supervisory staff appear to be healthy; staff expressed appreciation for the leadership and contributions made by their psychiatric staff. ▪ Staff interviewed all reported that they are well-supported by the AWARE-B leadership.
<p>Does AWARE-B train supervisors and hold them accountable for appropriately monitoring and overseeing the way clients are treated by line staff?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ AWARE appears to expect a lot of their managers and supervisors - giving them significant responsibilities and autonomy and expectations for accountability which appears to fuel their sense of ownership for the quality of services they provide. ▪ Feedback about how people are treated comes from a number of sources, staff, clients and direct observation.

Does AWARE-B train supervisors and hold them accountable for appropriately monitoring, overseeing, and ensuring that treatment and support is provided effectively to clients by line staff according to their responsibilities as defined in treatment plans?	Yes <u>Strengths:</u> <ul style="list-style-type: none"> ▪ Staff at every level were able to clearly describe what they were doing in relation to treatment plans and what they hoped to see achieved.
Relationships with Clients:	
Do mental health service staff demonstrate respect for clients by incorporating the following qualities into the relationship with clients: <ul style="list-style-type: none"> ▪ active engagement? ▪ positive demeanor? ▪ empathy? ▪ calmness? ▪ validation of the desires of clients? 	Yes <u>Strengths:</u> <ul style="list-style-type: none"> ▪ Clients report that they are well and respectfully treated, and that they are listened to and involved throughout the process. ▪ Staff appear passionate about their work and for the families served. ▪ Clients that BOV spoke with were universally positive in talking about their experiences with AWARE-B.
Active Engagement with Clients:	
Do AWARE-B direct care staff demonstrate proactive, assertive, supportive, engagement with clients in every applicable environment?	Yes
Are AWARE-B professional staff consistently present in all treatment environments interacting with direct care staff and clients teaching, modeling, and reinforcing healthy, constructive, respectful interactions?	Yes
Do AWARE-B supervisors ensure that direct care staff spend their time with clients engaged in consistently positive, recovery-oriented incidental interactions?	Yes

Treatment and Support	
<u>Overall Strengths:</u> <ul style="list-style-type: none"> ▪ The culture of the AWARE organization is based on the belief that services should be integrated with the community where families live. ▪ Out of this philosophy, AWARE employs the concept of wrap-around services to an impressive degree. ▪ AWARE-B has developed a state-of-the-art telepsychiatry system that it uses for a number of organizational communication purposes, with emphasis on treatment planning and psychiatric consultation. 	
General:	
Is a written treatment plan in place and being implemented for every client receiving services from AWARE-B?	Yes <u>Strengths:</u> <ul style="list-style-type: none"> ▪ AWARE-B's attention to establishing baseline data and then to measure progress and outcomes is excellent. ▪ For its work with children and adolescents, AWARE-B uses the Achenbach System of Empirically Based Assessment (ASEBA)³ and the Adaptive Behavior Assessment Scale, Second Edition⁴ (ABAS-II) which are clinically solid tools.

<p>Is a written discharge plan in place for every client receiving services from AWARE-B?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ AWARE-B begins to address discharge at the time of entry. ▪ AWARE-B's discharge planning is a very fluid process, acknowledging the need for ongoing adjustments relative to work that children/adolescents and their families are doing.
<p>For all new or returning clients, does AWARE-B perform a thorough physical / medical examination or ensure that a thorough physical / medical examination has been performed within one year of the client entering / re-entering the service?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ All admissions to the youth group homes are required to undergo a "Well Child Check" with a pediatrician or family MD within 90 days of admission. There is a similar requirement for adult residential services. <p><u>Observations:</u></p> <ul style="list-style-type: none"> ▪ For AWARE community-based, non-residential services, coordination with primary medical care providers is highly promoted.
<p>Does AWARE-B link all clients to primary health services and ensure that clients have access to needed health care?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ AWARE-B clients are linked to Butte Community Health Center which provides primary health care to adults and children, along with dental and pharmacy services.
<p>Does AWARE-B proactively rule out medical conditions that may be responsible for presenting psychiatric symptoms?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ Staff ensure that clients have regular contact with primary care providers to assess physical symptoms that might mimic psychiatric conditions. ▪ AWARE-B uses the services of a naturopathic physician to consider this approach to treating autism and attention deficit hyperactivity disorder.
<p>Does AWARE-B ensure that clients have access to needed dental care?</p>	<p>Yes - through the Butte Community Health Center.</p>

Evidence-Based Services:

Does AWARE-B provide treatment and support to adults that incorporates the following SAMHSA-identified evidence-based practices: Illness Management and Recovery, Assertive Community Treatment, Family Psychoeducation, Supported Employment, Integrated Treatment for Co-occurring psychiatric and substance use disorders?

AWARE-B serves about 16 adult clients, so does not have a developed approach to these SAMHSA-identified evidence-based practices.

Evidence-based practices for children/adolescents are less well identified and include a long list of acknowledged interventions⁵.

Strengths:

- AWARE-B's services to children and adults appear to be consistent with a number of acknowledged evidence-based practices, including Assertive Community Treatment, and recovery-based services.

Housing:

Does AWARE-B ensure that clients have access to safe, affordable, quality housing in locations that are convenient to community services and amenities?

Yes

Does AWARE-B provide support and advocacy to clients in communicating and problem-solving with landlords?

Yes

Does AWARE-B provide access to and assistance with options for client home ownership?

Yes

Strengths:

- AWARE has developed and coordinates the Montana Home Choice Coalition⁶ which "...create[s] better community housing choices for all people with disabilities by working through a coalition of Montana citizens, advocates, providers, federal state, and local agencies, the housing finance community, realtors, and the home-building industry."

This is an excellent service that AWARE deserves much credit for.

Education:

Does AWARE-B facilitate access to opportunities for continuing education?

Yes

All clients under age 18 are involved in appropriate educational programs and venues.

Adult clients are encouraged to pursue educational options according to their individual interests.

Employment:

Does AWARE-B assist clients to find and keep competitive employment through a supported employment model?

Strengths:

- AWARE operates an agency-run recycling business; two Mercury House clients work full-time and one works part time at this business.
- One AWARE adult client receives supported employment services in a job at a brush and broom business.

Co-Occurring Psychiatric and Substance Use Disorders:

Has AWARE-B fully implemented the protocols established by AMDD for treatment of people who have co-occurring psychiatric and substance use disorders?

AWARE meets state licensure requirements for screening for co-occurring psychiatric and substance use disorders and working collaboratively with and making referrals to the Butte and Silver Bow Chemical Dependency Services. AWARE wasn't involved in the 'Minkoff' effort where AMDD partnered with other providers, so certain specifics that were produced by that effort were not relayed to our program staff.

Observation:

- A former staff adult services manager who had been participating in the AMDD-led effort to implement integrated services for people with co-occurring psychiatric and substance use disorders has left AWARE – her replacement will continue this participation.

Suggestion:

- Consider moving toward implementation of the Comprehensive Continuous Integrated System of Care model¹ or an approach that is consistent with this model.

Crisis Response and Intervention Services:

Does AWARE-B operate a 24 hour / day, 7 day / week crisis telephone line?

Yes - for AWARE clients.

Does AWARE-B list and advertise its crisis telephone number in a manner designed to achieve maximum visibility and ease of location to people in crisis and their families?

Yes - for AWARE clients.

Does AWARE-B respond directly to its own clients, clients of other service providers, and to "unattached" individuals who call its crisis telephone line?

Yes - AWARE clients.

AWARE's crisis telephone service is an internal service - unattached clients are not aware of and do not call it.

¹ <http://www.kenminkoff.com/ccisc.html> ; Minkoff, MD, Kenneth. What Is Integration?. Journal of Dual Diagnosis, Vol. 2(4) 2006. <http://www.kenminkoff.com/articles/dualdx2006-4-whatisintegration.pdf> :
 "...integration is distinct from "parallel" services or functions in which mental health and substance components or services are "co-located" within the organization, or provide care in tandem to the client, but without the interwoven fabric between them and the provision of integrated interface within each component."

Medication:

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

Yes

Strengths:

- A thorough history is established upon initiation of care to determine medications used and their previous effectiveness and adverse effects.
- In the Mercury House Group Home, a pharmacist reviews charts every three months and makes recommendations regarding medications, monitoring, and labs.

Observation:

- In a few cases, children had been through a number of medication regimens in a 1-2 year period of time. Several medications could have been legitimately tried and failed; however, this raises the question whether compliance was an issue.

Suggestion:

- If not already in place, consider setting up a medication compliance monitoring program via case management or family members. Perhaps something as simple as a small calendar card with a daily check mark (med taken) or circle (med missed) to bring to appointments so the psychiatrist can determine if a medication has had a fair trial.

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

Yes

Strengths:

- **Mercury House:** Prescriptions are filled by Hartland Pharmacy in Idaho and delivered via courier. Medications are bubble packed with administration times on each card, similar to a nursing home. K-Mart in Butte is the backup pharmacy for new medications that need to be started immediately. Current month's meds are in individual locked totes in a locked closet. Refrigerated medications are in a locked refrigerator in a locked office. The next month's medications are kept in this office in large totes until it is time for the RN to distribute them appropriately into the individualized totes. Medications are checked in/reviewed by an RN upon arrival from the courier.
- Narcotic medications are counted and documented with each shift. This documentation is in the same book, but on separate sheets from the medication administration record (MAR).
- Medications are taken via the 'monitored self-administration' method. BOV's pharmacist consultant observed this process and it was done appropriately. Adult clients who take insulin draw up and administer their own dose with the exception of one client who cannot see well enough to draw up the dose. In this case, the RN prepares pre-drawn syringes and the client self-administers the doses. Two staff members sign off on the MAR as a check on potential medication errors.

	<ul style="list-style-type: none"> ▪ Children’s Group Homes: Similar process as with the Mercury Street Group Home (per interview with BOV consultant). ▪ Medications are filled by K-Mart Pharmacy in Butte and are not bubble packed, but filled in bottles like regular prescriptions. ▪ The monitored self-administration method is used to give these medications. Every Friday, each child sits down individually with a staff member and fills his/her own weekly medication box out of their prescription bottles and then is also monitored when he/she take each day’s medications out of the boxes. This process encourages the children to be responsible for taking their medications. <p><u>Observations:</u></p> <ul style="list-style-type: none"> ▪ Mercury House: Narcotics are stored along with all other medications rather than separately. ▪ Children’s Group Homes: After speaking with the Directors of the Board of Pharmacy and Health and Human Services, the BOV consultant confirmed that the current process used for medication self-administration does not legally require the staff to be licensed. However, there could be a concern about whether children of this age group have the capacity to be in charge of their own medications and fill weekly boxes. Also, it seems it would be easier to make an error upon medication changes that occur in the middle of the week. <p><u>Suggestions:</u></p> <ul style="list-style-type: none"> ▪ Store narcotic medications separately from all other medications and continue to keep a separate log and count at each shift. ▪ Consider ways to address the issue whether children have the capacity to be in charge of their own medications and fill weekly boxes.
<p>Are clients and – with consent - family members provided with understandable written and verbal information about the potential benefits, adverse effects, and costs related to the use of medication?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ This information is provided verbally by the prescriber. Chart reviews indicated that all involved were provided the knowledge to make informed decisions. ▪ Written information is available upon request, but mostly is obtained from the pharmacy when the prescriptions are filled.
<p>Are medications administered in a manner that protects the resident's dignity and privacy?</p>	<p>No</p> <p><u>Observations:</u></p> <ul style="list-style-type: none"> ▪ Mercury House: Medications are self-administered at the dining table in the middle of the house. There is no private room, but it does not seem to be a concern among the residents at this time. Although there was no privacy, their dignity seems to remain intact.
<p>Does AWARE-B ensure access for clients to the safest, most effective, and most appropriate medication and/or other technology?</p>	<p>Yes</p>

Does the mental health service consider and document the views of clients and, with clients' informed consent, their family members and other relevant service providers prior to administration of new medication?	Yes <u>Strengths:</u> <ul style="list-style-type: none"> ▪ Family, case managers and therapists are all encouraged to attend appointments with the consent/assent of the person served. Everyone appears to play a role in the decision-making process.
Where appropriate, does AWARE-B actively promote adherence to medication through negotiation and education?	Yes <u>Strengths:</u> <ul style="list-style-type: none"> ▪ Staff appear to be well-trained about medications and how to encourage clients to be take medications as prescribed. ▪ Everyone is informed of risks/benefits and the importance of adherence when starting a new medication.
Wherever possible, does AWARE-B not withdraw support or deny access to other treatment and support programs on the basis of clients' decisions not to take medication?	Yes <u>Strengths:</u> <ul style="list-style-type: none"> ▪ It is upon the discretion of the psychiatrist if he/she wants to withdraw care, but the person served would still have other AWARE-B services available. ▪ It was reported to BOV that it would be a very rare and extreme situation if services were withdrawn.
For new clients, is there timely access to a psychiatrist or mid-level practitioner for initial psychiatric assessment and medication prescription within a time period that does not, by its delay, exacerbate illness or prolong absence of necessary medication treatment?	Yes <u>Strengths:</u> <ul style="list-style-type: none"> ▪ Wrap-around care can be set up for a new person served within 2 weeks. ▪ The Medical Director keeps one intake slot open per week. ▪ Access is case dependant.
For current clients, does AWARE-B provide regularly scheduled appointments with a psychiatrist or mid-level practitioner to assess the effectiveness of prescribed medications, to adjust prescriptions, and to address clients' questions / concerns?	Yes <u>Strengths:</u> <ul style="list-style-type: none"> ▪ Of the charts BOV reviewed, follow-up appointments ranged from every 2-8 weeks depending on the person's served needs at that time.
When legitimate concerns or problems arise with prescriptions, do clients have immediate access to a psychiatrist or mid-level practitioner?	Yes <u>Strengths:</u> <ul style="list-style-type: none"> ▪ The person served can call the office Monday-Friday 8 am -5 pm then the crisis line after hours. If the caller believes that he/she must speak with the psychiatrist, that is who they get to speak with. ▪ All of the psychiatrists appear to be good about making themselves available.
Are medication allergies, side effects, adverse medication reactions, and abnormal movement disorders well documented, monitored, and promptly treated?	Yes

Are medication errors documented?	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ Errors are documented via incident report. Management must comment on these reports within 24-hours of the occurrence. All errors are sent to the Anaconda office. Every Friday morning, there is a weekly medication error report.
Is there a quality improvement process in place for assessing ways to decrease medication errors?	<p>Yes</p>
Is the rationale for prescribing and changing prescriptions for medications documented in the clinical record?	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ The psychiatrists' progress notes were very thorough; it is easy to navigate through several years of documentation of medication regimens and to see rationale for prescribing and changing medications.
Are appropriate clients screened for tardive dyskinesia?	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ The Medical Director perform an abnormal involuntary movement scale (AIMS) assessment every 6-12 months on appropriate clients. These assessments are documented in the charts.
Is medication education provided to clients including "adherence" education?	<p>Yes</p>
Is there a clear procedure for the use of medication samples?	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ Samples are kept in a locked cabinet in the psychiatrist's office. With them is a check in/out log with expiration and lot numbers.
Are unused portions/expired medications disposed of appropriately according to the guidelines of SMAR _x T DISPOSAL TM ?	<p><u>Observations:</u></p> <ul style="list-style-type: none"> ▪ The AWARE Medication Manual states that AWARE-B flushes unused portions/expired medications. ▪ The medication disposal process was unclear to the BOV consultant. It appears that AWARE-B used to be able to take unused/expired medications to the pharmacy in Butte for disposal, but the pharmacy will no longer do this. ▪ Unused portions/expired medications are destroyed, taped up, and thrown in the garbage rather than flushed. ▪ Staff documents in the medication log when narcotics are destroyed. ▪ Mercury Street Group Home staff can send unused portions of medications back to Hartland Pharmacy in Idaho for disposal. <p><u>Suggestion:</u></p> <ul style="list-style-type: none"> ▪ Consider the guidelines of SMAR_xT DISPOSALTM in addressing environmental issues.
Is there a clear procedure for using and documenting emergency medication use, including documentation of rationale, efficacy, and side effects?	<p>Emergency medications are not used.</p>

Is there a clear procedure for using and documenting 'involuntary' medication use, including documentation of rationale, efficacy, and side effects?	"Involuntary" medications are not used.
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Access and Entry	
Are mental health services convenient to the community and linked to primary medical care providers?	Yes
Does AWARE-B inform the community of its availability, range of services, and process for establishing contact?	Yes
For new clients, 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?	Yes
Is an appropriately qualified and experienced staff person available at all times - including after regular business hours - to assist clients to enter into mental health care?	Yes
Does AWARE-B ensure that clients and their family members are able to, from the time of their first contact with AWARE-B, identify and contact a single mental health professional responsible for coordinating their care?	Yes
Does AWARE-B have a system for prioritizing referrals according to risk, urgency, distress, dysfunction, and disability, and for commencing initial assessments and services accordingly?	Yes

Continuity of Services through Transitions	
Does AWARE-B ensure smooth transitions of children into adult services if necessary and appropriate?	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ This is a particular strength of AWARE-B services. ▪ AWARE-B incorporates transition planning in the strength-based planning process. ▪ When a youth reaches 16 years, staff begin to look at his/her needs for transitioning to adult services. Youth who have a developmental disability/mental illness diagnosis of and are 16 or older are staffed 2-3 times monthly in order to develop a transition plan. Other clients are reviewed at 17, 17½, and 18.

<p>Does AWARE-B review the outcomes of treatment and support as well as ongoing follow-up arrangements with each client and - with consent - family members prior to their exit from the service?</p> <p>When a client is transitioning to another service provider, does AWARE-B proactively facilitate involvement by that service provider in transition planning?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ Prior to exit from services, families and their therapist review the 'Quarterly Report Forms'. When the family leaves AWARE-B services, they have these forms in hand for use in informing future service providers; with permission AWARE-B provides a copy of the Strength Based Plan to the new provider. ▪ When clients are transitioning from AWARE to other service providers, AWARE-B works to facilitate these transitions by helping set up appointments and providing all the information that is necessary for a quality transition.
<p>Does AWARE-B provide clients and their family members with information on the range of relevant services and supports available in the community when they exit from the service?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ AWARE-B is developing, for each of its offices, written information for families that includes all available community service options.
<p>Does AWARE-B assume primary responsibility for continuity of care between residential treatment and community-based treatment?</p>	<p><u>Observations:</u></p> <ul style="list-style-type: none"> ▪ Due to an Administrative Rule change that went into effect on 1/1/10, when a child who is receiving case management services in the community is admitted to a Psychiatric Residential Treatment Facility (PRTF)⁸, AWARE-B, and all other children's case management providers, are precluded from billing for any case management services during the time the child is in residential services. <p>In BOV's opinion, this has created a significant barrier to necessary continuity in services as a child transitions from the community to the residential facility and back - as well as to the maintenance of contact and communication with the community and family.</p> <p><u>Recommendation to the Children's Mental Health Bureau:</u> Engage children's case management providers and PRTF staff in a dialogue about the barriers that the prohibition on community case management during PRTF admissions. Explore ways to rescind this rule change or mitigate the problems created by it.</p>

AWARE ACCOMPLISHMENTS SINCE 2002 SITE REVIEW

- 2002 - AWARE became licensed as a qualified provider of children's developmental disability services, including those children with autism. This licensure led to an in-home regimen of services referred to as Intensive Family Education and Support (IFES).
- Since 2002, AWARE has provided Early Head Start services in Butte and Dillon.
- 2008 - AWARE became a provider of autism services in residential setting (Bozeman and Missoula).
- Development of statewide telepsychiatry network.

STATUS OF IMPLEMENTATION OF 2002 SITE REVIEW RECOMMENDATIONS

1. Ensure that the 'monitoring self-administration of medication" protocol is consistently applied across all homes and all staff.

2010 Status:

Consistency has been a real focus. The same medication sheets, tests, procedures, protocol and testing methods are applied across the board, regardless of staff involved, community or diagnosis. AWARE medical director, Dr. Len Lantz, makes frequent trips to Galen and is apprised of any developments regarding client medications.

2. Establish a formal medication error-monitoring system.

2010 Status:

Medication errors are subject to discipline under AWARE policies and are taken very seriously. All incident reports are reviewed weekly, including medication errors, at which time Dr. Len Lantz, AWARE medical director is apprised of all data.

3. Revise the "Abuse and Neglect" policy to reflect the requirements of 53-21-107, MCA, 2001.

2010 Status:

AWARE's Abuse and Neglect polices have been revised and are consistent with 53-21-107, MCA, 2009.

2010 RECOMMENDATIONS AND AWARE-B RESPONSE

1. Include information about the Mental Health Ombudsman in all provided or posted information about independent advocacy services.

AWARE Response: The Ombudsman came to the Helena office with materials; we have been in touch with her to get additional materials for distribution for all AWARE offices. We are currently distributing these things. AWARE is committed to assuring that clients have knowledge and access to advocates including the Ombudsman an any and all advocacy services.

2. a) Revise abuse and neglect policies and procedures so that they are in full compliance with §53-21-107, MCA.
b) Ensure that all staff are familiar with the requirements of §53-21-107, Montana Code Annotated (2009) with regard to reporting on and investigating allegations of abuse and neglect.

AWARE Response: Notice to the Board of Visitors is a clear requirement of 53-21-107. AWARE will be sure that policies reflect adherence to this requirement in the next revision of the consumer abuse and neglect policies. The policy and procedure committee is scheduled to meet concerning these revisions in September 2010. In the meantime, AWARE will notify BOV regarding abuse and neglect as required and AWARE trainers are notified to include this requirement in initial and ongoing trainings.

END NOTES

¹ <http://www.ehsnrc.org/AboutUs/ehs.htm>

² <http://www.mandtsystem.com/>

³ <http://www.aseba.org/>

⁴ <http://www.txautism.net/docs/Guide/Evaluation/AdaptiveBehavior.pdf>

⁵ Yannacci M.P.P., Jacqueline; Rivard, Ph.D., Jeanne C.. (2006). Matrix of Children's Evidence-Based Interventions. *National Association of State Mental Health Program Directors (NASMHPD) Research Institute, Inc. Center for Mental Health Quality and Accountability.* <http://systemsofcare.samhsa.gov/headermenus/docsHM/MatrixFINAL1.pdf>

⁶ <http://www3.aware-inc.org/awareinc/montanahomechoice/main.asp>

⁷ <http://www.smarxtdisposal.net/>

⁸ Yellowstone Boys and Girls Ranch, Shodair Children's Hospital, Acadia Montana.