

Mental Disabilities Board of Visitors

SITE REVIEW REPORT

Western Montana Mental Health Center
Missoula, Montana

September 11-12, 2008

Gene Haire, Executive Director

TABLE OF CONTENTS

OVERVIEW	3
ASSESSMENT OF SERVICES	4
Outpatient Services	4
Medical Services	4
Case Management Services	4
Program for Assertive Community Treatment (PACT)	5
Group Home (Genesis House).....	5
Rehabilitation Services (Day Treatment).....	6
Crisis Stabilization Services (Dakota House, Stephens House)	6
Emergency Services	7
MENTAL DISABILITIES BOARD of VISITORS STANDARDS	8
Organizational Planning and Quality Improvement	8
Rights, Responsibilities, and Safety	10
Consumer / Family Member Participation	14
Cultural Competence	16
Staff Competence, Training, Supervision, and Relationships with Consumers	18
Treatment and Support	20
Access and Entry	27
Continuity of Services Through Transitions.....	28
STATUS OF IMPLEMENTATION OF 2002 RECOMMENDATIONS	29
2008 RECOMMENDATIONS – WITH WMMHC MISSOULA RESPONSE	30

**Mental Disabilities Board of Visitors
Site Review Report
Western Montana Mental Health Center - Missoula
September 11-12, 2008**

OVERVIEW

Mental Health Facility reviewed :

Western Montana Mental Health Center - Adult Services (WMMHC-Missoula)
Missoula, Montana
Paul Meyer - Executive Director

Melinda Mason, LCSW – Adult Services Director

Facility Type - Mental Health Center

Authority for review :

Montana Code Annotated, 53-21-104

Purpose of review :

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

BOV review team :

Staff:

Gene Haire, Executive Director
Craig Fitch, Legal Counsel
LuWaana Johnson, Paralegal

Consultants:

Rhonda Champagne, LCSW - Clinical Consultant
Bill Docktor, PharmD, BCPS – Pharmacology Consultant
Carol Waller - Consumer Consultant

Review process :

- Interviews with WMMHC-Missoula staff
- Observation of treatment activities
- Review of written descriptions of treatment programs
- Informal discussions with consumers
- Inspection of physical plant
- Review of treatment records

ASSESSMENT OF SERVICES

The BOV team’s overall impression of WMMHC-Missoula is that of a well-run facility with excellent leaders, staffed with caring employees who are happy with their jobs and who work well as a team.

Outpatient Services

From WMMHC-Missoula literature:

“Psychotherapy addressing problems such as depression, anxiety, life transitions, unstable adjustment in work/relationship/home life, maladaptive patterns/habits, and coping with serious mental illness.”

<p>General observations and comments about WMMHC-Missoula outpatient services.</p>	<p>Strengths:</p> <ul style="list-style-type: none"> ▪ Staff are exceptionally bright, well-educated, thoughtful about mental illnesses, and sensitive to consumers. BOV was very impressed with the interactions it had with staff at all levels.
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Medical Services

From WMMHC-Missoula literature:

“Comprehensive medical management of psychiatric illness. Physician services may include assessment, medication management, psychotherapy, and coordination of other services. Nursing services may include assessment, triage, coordination, education, and programs that assist with medication compliance.”

<p>General observations and comments about WMMHC-Missoula medication management services.</p>	<p>WMMHC-Missoula provides psychiatric services including medication. Other medical care is referred to primary care providers or Partnership Health Center. The psychiatrists and Advance Practice Registered Nurses (APRN) are assisted in medication management by nurses using a self-described team approach. Other staff (case managers, day treatment, therapists) have access to the medical staff through the nurses. The nurses triage when a consumer needs to see the psychiatrist.</p> <p>Strengths:</p> <ul style="list-style-type: none"> ▪ The system WMMHC-Missoula has established is very efficient in allowing the prescribers to see more patients.
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Case Management Services

From WMMHC-Missoula literature:

“Assists clients in developing and implementing service plans, advocating for clients’ rights, accessing resources in the community, including housing, health-related services, vocational services, and transportation..”

<p>General observations and comments about WMMHC-Missoula intensive case management services.</p>	<p>Strengths:</p> <ul style="list-style-type: none"> ▪ WMMHC-Missoula case management program does a good job of maintaining contact with consumers when they are in higher levels of care. ▪ Case managers proactively explore with consumers whether family members are interested in being involved. ▪ Case managers are active in working with consumers to move from having a payee for Social Security benefits toward independence in handling money.
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Program for Assertive Community Treatment (PACT)

From WMMHC-Missoula literature:

“Provides intensive wraparound service through a team consisting of an Advance Practice Registered Nurse, therapists, registered nurses, case managers, administrative assistant, and rehabilitative aides; 24 hour support to clients in community settings.”

<p>General observations and comments about WMMHC-Missoula PACT services.</p>	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ Within PACT, there is a highly individualized and holistic approach to each consumer. ▪ PACT case managers use community resources to meet the individual needs of consumers, including needs that involve cultural components. Ex: one PACT case manager contacted a community professional from the local college to orient herself in becoming competent in working with an Asian consumer.
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Group Home (Genesis House)

From WMMHC-Missoula literature:

“Eight bed women’s therapeutic mental health group home providing rehabilitation and training toward the goal of independent living.”

(Genesis House has been in existence for 31 years providing supervised housing and support for eight women; it operates as a private, non-profit organization under contract with WMMHC.)

<p>General observations and comments about WMMHC-Missoula Genesis House services.</p>	<p>Genesis House - eight beds.</p> <p>* Stephens House (see below) has two therapeutic group home beds for men.</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ Genesis House in Stevensville appears to be a well-run facility. It is very clean, comfortable, has a “homey” feeling, and located in an attractive residential neighborhood. ▪ The community of Stevensville is very supportive and helps out with fundraising whenever needed. ▪ The approach is to closely replicate a family home; residents participate in the daily household routine: chores, menu planning, and cooking. Everyone eats together at the table; the only television set is in the living room in order to discourage isolation in individual bedrooms. ▪ Each resident progresses through a four-tier level system. Each level has four areas to work on: self care, life skills, mental health, community.
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Rehabilitation Services (Day Treatment)

From WMMHC-Missoula literature:

“Facility-based program providing group and rehabilitative activities Monday through Friday, with limited weekend programming; vocational services (community-based supported employment, job placement, community and in-house assessments).”

<p>What is your overall impression of WMMHC-Missoula River House Day Treatment Services?</p>	<p>River House is open Monday-Friday from 8:00 am to 2:00 pm and on Saturday from 11:00 am to 3:00 pm. Some people attend all day, some just part of the day.</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ Meaningful roles for consumers appear to be a foundational component of this program; most consumers BOV spoke with talked about the work they do. ▪ The day-treatment center is a clean, welcoming environment where patients interact and participate in therapeutic services in a relaxed environment. ▪ BOV’s Consumer Consultant observed that staff appeared to be exceptionally attuned to and empowering of consumers. ▪ Staff appear well-qualified, knowledgeable, and supportive. ▪ Consumers stated that they feel ownership in the program and choice in the activities they participate in. ▪ Several consumers are hired in Community Based Rehabilitation (CBR) positions and work in the day treatment program. ▪ Program includes a computer room with six computer work stations. ▪ The ‘Member Recognition’ bulletin board showcases accomplishments of program participants. <p><u>Concerns:</u></p> <ul style="list-style-type: none"> ▪ The physical space is too small to comfortably accommodate the current number of consumers, and limits the ability to expand.
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Crisis Stabilization Services (Dakota House, Stephens House)

From WMMHC-Missoula literature:

“Short-term residential crisis stabilization facilities for clients with severe and disabling mental illnesses in a mental health crisis. 24 hour awake staff, the assurance of safety, medication and symptom management, supportive interventions, therapy, structured activities, and treatment planning.”

<p>General observations and comments about WMMHC-Missoula crisis stabilization services.</p>	<p>Dakota Place - seven crisis beds. Stephens House - three crisis beds *.</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ New staff has a two-week training period at the WMMHC-Missoula and the they shadow staff at the house before they are expected to work on their own. ▪ A ‘Crisis House Notebook’ that is kept in each house and is available to everyone as a resource and training tool. ▪ Each new consumer is seen by the psychiatrist/APRN within the first hour they arrive. ▪ Family members/carers are welcome and encouraged to visit the houses (with consumer permission) most anytime; visiting times are open and flexible. ▪ Consumers report that staff are knowledgeable and easy to work with, and that the facilities are well-run.
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Emergency Services

From WMMHC-Missoula literature:

“Crisis Hot Line provides telephone access 24 hours per day, 365 days per year for individuals experiencing a mental health crisis. Trained mental health staff are available to assist callers in deescalating the immediate crisis directly or through appropriate referral.

Mobile Crisis Response provides face-to-face assessment and crisis de-escalation services 24 hours per day, 365 days per year for individuals experiencing a psychiatric emergency. All members of the team are licensed and certified mental Health professionals. Members of the Crisis Response team provide evaluation and court testimony in all Missoula County cases involving civil involuntary commitment .”

<p>General observations and comments about WMMHC-Missoula emergency services.</p>	<p><u>Strengths:</u></p> <ul style="list-style-type: none">▪ Crisis Response Team Members are educated, experienced, qualified professional persons who work well together. They view the community as their consumer and show no overt preference toward treating consumers of this agency.▪ WMMHC-Missoula has developed a very good working relationship with other community agencies and resources - including the legal system agencies, St. Patrick Hospital, and other resource agencies.▪ WMMHC-Missoula has a very thorough referral and follow-up process.
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MENTAL DISABILITIES BOARD of VISITORS STANDARDS

Organizational Planning and Quality Improvement

Planning:

<p>Does WMMHC-Missoula produce and regularly review a strategic plan?</p>	<p>WMMHC does not have a formal strategic planning process. In Missoula, there appears to be a thoughtful, informal process of communication among the leaders and staff – with stakeholder input – about program objectives and actions needed to achieve them.</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ WMMHC-Missoula provides a quality comprehensive array of mental health services. WMMHC-Missoula has secured and retained highly qualified and professional staff. They appear to have maximized staff retention, satisfaction and comfort thus providing an atmosphere that facilitates consumer’s satisfaction and a reciprocated relationship of respect for treatment as well as those providing the service. <p><u>Suggestion:</u></p> <ul style="list-style-type: none"> ▪ Consider initiating a formal strategic planning process involving all staff and including consumer/family member input.
<p>Is the strategic plan of WMMHC-Missoula developed and reviewed through a process of consultation with staff, consumers, family members/carers, other appropriate service providers, and community stakeholders?</p> <p>Does the plan include:</p> <ul style="list-style-type: none"> ▪ consumer and community needs analysis? ▪ strategy for increasing the use of evidence-based practices ¹ ? ▪ strategy for the measurement of health and functional outcomes for individual consumers? ▪ strategy for maximizing consumer and family member / carer participation in the mental health service? ▪ strategy for improving the skills of staff? ▪ time frames and responsibilities implementation of objectives? 	<p>see comments above</p>

¹ Adults: Illness Management and Recovery, Assertive Community Treatment, Family Psycho-education, Supported Employment, Co-occurring Disorders.

Quality Improvement:

<p>Does WMMHC-Missoula have and use a plan of continuous quality improvement to evaluate and improve all of its activities related to services to consumers and families?</p>	<p>WMMHC uses an informal process of identifying organizational improvement needs, but not a formal process of continuous quality improvement.</p> <p>Strengths:</p> <ul style="list-style-type: none"> ▪ WMMHC-Missoula staff descriptions of their work were consistent with a <i>philosophy</i> of quality improvement. ▪ WMMHC conducts 'quality assurance' reviews of client files in all of its offices. These reviews look at completion of documentation required by the Department of Public Health and Human Services under its mental health center license. This appears to be an excellent process for monitoring the agency's performance relative to documentation. <p>Suggestion:</p> <ul style="list-style-type: none"> ▪ Consider developing a formal continuous quality improvement process to evaluate and improve all activities related to services to consumers and families.
<p>Are designated staff of WMMHC-Missoula accountable and responsible for the continuous quality improvement process?</p>	<p>Yes</p> <p>It appears that – functionally - the Directors are responsible for evaluation of services.</p> <p>Strengths:</p> <ul style="list-style-type: none"> ▪ Formal leadership is intensely engaged in both the day to day operations of the center as well as implementing policy. <p>Concern:</p> <ul style="list-style-type: none"> ▪ There are no defined service quality/outcome standards and no formal process of evaluation based on such standards. <p>(see Suggestion above)</p>
<p>Is WMMHC-Missoula able to demonstrate a process of continuous quality improvement that directly affects health and functional outcomes for individual consumers?</p>	<p>Strengths:</p> <ul style="list-style-type: none"> ▪ WMMHC-Missoula participates in the statewide 'Recovery Marker' project which has begun to measure the status of consumers receiving services in the area of employment, housing, and level of symptom interference. This is a good project that is planned to correlate these measures with services provided. ▪ WMMHC-Missoula does a good job of tracking a number of other parameters of service and client status including homelessness, hospitalization, use of higher levels of care, jail days, crisis contacts and outcomes, emergency room work by WMMHC-Missoula MHP staff, financial implications of Mental Health Services Plan (MHSP) underfunding,
	<p>Concern:</p> <ul style="list-style-type: none"> ▪ Because WMMHC-Missoula does not have a formal plan of continuous quality improvement that is analyzed and reviewed regularly, it has no means of self- measurement of functional outcomes for individual consumers - relative to their status prior to entering services or comparative status over time.

Rights, Responsibilities, and Safety

Rights, Responsibilities:

Does WMMHC-Missoula define the rights and responsibilities of and provide verbal and written information about rights and responsibilities to consumers and family members/carers?

Yes

Strengths:

- The staff of WMMHC-Missoula are very knowledgeable and well trained regarding consumer rights and responsibilities. As a consumer goes through the orientation to the services, the staff makes sure that the consumer is aware of their rights and responsibilities.
- WMMHC-Missoula has written information about rights and responsibilities that is available to consumers through case managers.
- Written information about rights and responsibilities is posted on a bulletin board in the front desk lobby.
- River House Day Treatment consumers are given a copy of the rights and responsibilities along with rules for the program when they receive orientation to the program.
- The PACT Team provides all consumers with rights and responsibilities when they receive the HIPAA² confidentiality form.
- Dakota Place provides all consumers with rights and responsibilities when they are given the house orientation and rules.

Concern:

- Medical staff and therapists refer consumers to case managers with questions about rights and responsibilities.

Suggestions:

- Post rights and responsibilities information in the day treatment area.
- Provide all staff - including medical staff and therapists - with copies of consumer rights and responsibilities to give out whenever a consumer has a question.

Does WMMHC-Missoula actively promote consumer access to independent advocacy services by:

- 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?

There appears to be a basic staff awareness of independent advocacy services.

Verbal information appears to be provided to consumers on an ad hoc basis.

Strengths:

- Most staff said they would refer consumers to their case manager if they asked about or needed advocacy services.
- The PACT Team RN reported that all case managers are aware of advocacy services and if they think a consumer needs to file a grievance or needs extra help with problems outside the scope of the team, they would refer the consumer to the proper service.

Concern:

- BOV did not see brochures or posters with information about independent advocacy services displayed.
- Case Managers seem to be the "go to" people for information about independent advocacy services, with other staff having minimal awareness.

² Health Insurance Portability and Accountability Act of 1996 (HIPAA), <http://www.hhs.gov/ocr/hipaa/>

	<ul style="list-style-type: none"> ▪ The process seems to rely on staff deciding when a consumer “needs” information about independent advocacy services, rather than empowering consumers by proactively providing them with this information so they have it when they feel they need it. <p><u>Suggestions:</u></p> <ul style="list-style-type: none"> ▪ Dedicate clearly demarcated sections on the two bulletin boards (one in the front reception area and the other in the day treatment area) for advocacy information only ▪ Consider providing an advocacy resource “card” with advocacy contact information to consumers during the orientation process. <p><u>Recommendation 1:</u> Provide training to all staff specific to available advocacy services: Board of Visitors, Mental Health Ombudsman, and Disability Rights Montana.</p>
<p>Does WMMHC-Missoula have an easily accessed, responsive, and fair complaint / grievance procedure for consumers and their family members/carers to follow?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ A written complaint/grievance policy/procedure is in place. All case managers are required to receive training in the procedure. ▪ The communication between staff members in the agency and the consumer of service appears to be excellent and all seem to be willing to share their knowledge and expertise when there is a problem. ▪ Supervisors do a good job of managing the process when consumers file grievances. WMMHC-Missoula has decided not to document this information in the clinical record out of concern that this information could bias future caregivers. <p><u>Concerns:</u></p> <ul style="list-style-type: none"> ▪ Case Managers do not appear consistently knowledgeable about the grievance procedure or where the grievance forms are kept. Since it appears that most staff refer complaints/grievances to the case managers, this could be a problem. <p><u>Suggestion:</u></p> <ul style="list-style-type: none"> ▪ Consider establishing a more consistent process for documenting complaints/grievances and their resolution.
<p>Does WMMHC-Missoula provide to consumers and their family members/carers 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>Concern:</u></p> <ul style="list-style-type: none"> ▪ Most staff appeared unclear about the role of BOV and about assistance available from BOV in filing and resolving grievances. <p><u>Recommendation 2:</u> Ensure that all staff staff are trained and knowledgeable about the complaint/grievance procedure, and about assistance available from BOV in filing and resolving grievances.</p>

Safety:

Does WMMHC-Missoula protect consumers from abuse, neglect, and exploitation by its staff or agents?

Yes

Strengths:

- Everyone BOV spoke with said that absolutely no abuse, neglect, or exploitation of consumers by staff is ever tolerated - that immediate termination of employment would take place.

Has WMMHC-Missoula fully implemented the requirements of 53-21-107, Montana Code Annotated (2007) with regard to reporting on and investigating allegations of abuse and neglect?

Yes

Strengths:

- WMMHC-Missoula has not reported any allegations of abuse/neglect to BOV during the period of time since the last BOV site review (2003).
- Staff report that any allegations of abuse or neglect would be reported to the Program Director.

Concerns:

- Most staff BOV interviewed had never seen 53-21-107, MCA.
- While it is very clear that staff training, supervision, and mindset are antithetical to abuse and neglect, several conversations with staff indicated that it could be helpful if staff at all levels had a more comprehensive understanding of the requirements of 53-21-107, MCA and the rationale for a low threshold for implementing the process defined by this statute - and the commensurate WMMHC policy.
- The absence of allegations of abuse/neglect makes it difficult to fully assess - ironically - whether 53-21-107, MCA has been fully-implemented. This - and the fact that most staff appear not to be familiar with this statute or the specifics of the policy appear to argue for increased staff training in this area.

Recommendation 3:

Ensure that all staff are trained and knowledgeable about the requirements of 53-21-107, MCA, the threshold for implementing the process defined by this statute, and the WMMHC abuse/neglect policy.

In investigations of allegations of abuse, neglect, or exploitation of consumers by its staff or agents, does WMMHC-Missoula thoroughly analyze the events and actions that preceded the alleged event – including actions and/or non-actions of its staff or agents?

No allegations made.

After an allegation of abuse, neglect, or exploitation of a consumer by its staff or agents is determined to be substantiated, does WMMHC-Missoula 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?

No allegations made.

<p>Are staff of WMMHC-Missoula trained to understand and to skillfully and safely respond to aggressive and other difficult consumer behaviors?</p>	<p>Yes</p> <p><u>STRENGTHS:</u></p> <ul style="list-style-type: none"> ▪ All staff who have direct interaction with consumers receives Mandt®³ training and de-escalation training when first employed, and take a refresher course annually thereafter.
<p>Are consumers of WMMHC-Missoula given access to staff of their own gender?</p>	<p>Yes</p>
<p>Does WMMHC-Missoula 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? ▪ implemented only to the least extent necessary to protect the safety and health of the affected individual or others in the immediate environment? 	<p>None of these procedures are used in this program.</p>
<p>Does WMMHC-Missoula debrief events involving special treatment procedures, emergency medications, aggression by consumers against other consumers or staff, and consumer self-harm; retrospectively analyze how such events could have been prevented; and support staff and consumers during and after such events?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ WMMHC-Missoula debriefs these kinds of incidents in individual programs; conducts professional standards reviews for all major incidents.

³ <http://www.mandtsystem.com/>

Consumer / Family Member Participation

<p>Does WMMHC-Missoula identify consumers' family members/carers in the service record and describe the parameters for communication with them regarding consumers' treatment and for their involvement in treatment and support?</p>	<p>Yes</p> <p>Strengths:</p> <ul style="list-style-type: none"> ▪ Contact with family members by staff is encouraged – with written permission from the consumer.
<p>Do WMMHC-Missoula assessments, treatment planning sessions, and treatment reviews proactively include the participation of consumers and – with consent - family members/carers?</p>	<p>Yes</p> <p>Strengths:</p> <ul style="list-style-type: none"> ▪ The consumer is included in all assessments, planning sessions, and treatment reviews. Family/carers are included if they want to be included and with permission of the consumer. ▪ Therapists report that family members/carers are included in therapy sessions if the consumer and therapist believe it would be in the best interest of the consumer. ▪ PACT consumers can have their family/carers included in all PACT services except for the PACT outings. ▪ Consumers are asked about the involvement of family /caregiver at the initial time of starting service, and again whenever a new phase of service begins.
<p>When a diagnosis is made, does WMMHC-Missoula provide the consumer and – with consent - family members/carers with information on the diagnosis, options for treatment and possible prognoses?</p>	<p>Yes</p>
<p>Does WMMHC-Missoula proactively provide consumers, and – with consent - family members/carers a copy of the treatment plan?</p>	<p>Yes</p>
<p>Does WMMHC-Missoula review exit plans in collaboration with consumers and – with consent - family members/carers as part of each review of the individual service plan?</p>	<p>Yes</p>
<p>Does WMMHC-Missoula promote, encourage, and provide opportunities for consumer and family member/carer participation in the operation of the following components of the mental health service:</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 consumer peer support? <p>Does the service have written descriptions of these activities?</p>	<p>Strengths:</p> <ul style="list-style-type: none"> ▪ Consumers and family members serve on the Board of Directors for WMMHC in both the northern and southern regions, participating in the overall direction of the agency and quality improvement, ▪ Consumers and family members participate in the Local Advisory Council (LAC), which provides feedback to the Western Service Area Authority (WSAA) on local services and needs. ▪ The LAC serves as an advisory council for PACT.

Does WMMHC-Missoula promote, encourage, and provide opportunities for consumer and family member/carer participation in the **evaluation** of the following components of the mental health service:

- 'customer service'
- effectiveness of communication with consumers and family members/carers
- measurement of health and functional outcomes of consumers

Does the service has written descriptions of these activities?

Consumers and family members/carers do not participate in the evaluation of WMMHC-Missoula services, per se, beyond being asked to fill out satisfaction surveys.

Strengths:

- WMMHC-Missoula annually surveys consumer satisfaction with services using a tool provided by the Addictive and Mental Disorders Division (AMDD).
- WMMHC-Missoula conducts satisfaction surveys for all consumers who have received crisis house services.

Concern:

- WMMHC-Missoula does not have a process for gathering the opinions and impressions about services from consumers and families ***in a manner designed to systematically improve services.***

Suggestions:

- Consider ways to more formally distribute, collect, and evaluate satisfaction surveys; and to implement suggestions for improvement that seem reasonable.
- Consider developing more dynamic roles for consumers and family members/carers in the evaluation of WMMHC-Missoula services.

Cultural Competence

Does WMMHC-Missoula have a Cultural Competence Plan – developed with the assistance of recognized experts - that includes defined steps for its integration at every level of organizational planning?

No

Recommendation 4:

Develop a Cultural Competence Plan – developed with the assistance of recognized experts - that includes defined steps for its integration at every level of organizational planning.

Does WMMHC-Missoula define expectations for staff knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the mental health treatment of all people in the community, with a specific emphasis on American Indian people?

No

Strength:

- WMMHC-Missoula staff appear very interested and motivated to learn about issues relevant to working with American Indians and want to improve service to that population.

Concern:

- Without a formal policy and process, WMMHC-Missoula cannot ensure that it has relevant experience and expertise in the provision of mental health treatment and support to people from all cultural/ethnic/religious/ racial groups in the community.
- Without established expectations or parameters for staff knowledge related to cultural issues relevant to mental health treatment, the consistency of awareness of and attention to them is compromised.

Recommendation 5:

Define expectations for staff knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the mental health treatment of all people in the community, with a specific emphasis on American Indian people.

Does WMMHC-Missoula provide staff training conducted by recognized experts that enables staff to meet expectations for knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the provision of mental health treatment to all people in the community, with a specific emphasis on American Indian people?

No

Recommendation 6:

Develop and provide training conducted by recognized experts that enables staff to meet expectations for knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the provision of mental health treatment to all people in the community, with a specific emphasis on American Indian people.

Do WMMHC-Missoula services include therapeutic modalities that address specific cultural issues that are implemented with specific cultural values?

No

Suggestion:

Explore this area with clinicians who are experts in this area.

<p>Do WMMHC-Missoula services include the use of relevant community cultural services and resources?</p>	<p>It appears to BOV that some staff do an excellent job of facilitating access by consumers to relevant community cultural services and resources depending on the initiative and insight of the employee directing service.</p> <p>Strengths:</p> <ul style="list-style-type: none"> ▪ Consumers are regularly referred to the Missoula Indian Center. ▪ Consumers are assisted in accessing churches of their choice, sweats, and other culturally relevant supports in the community.
<p>Based on relevant, individually-identified cultural issues, are WMMHC-Missoula treatment plans developed with a culturally competent clinician or in consultation with such a clinician?</p>	<p>WMMHC-Missoula does not employ clinicians with specific expertise in cultural issues relevant to mental health treatment. However, it appears clear that when these needs are identified for individual consumers, WMMHC-Missoula staff do their best to incorporate them into services. As noted above, this appears to be dependent on the initiative and insight of the employee directing service.</p> <p>Strengths:</p> <ul style="list-style-type: none"> ▪ There appears to be more diversity among WMMHC-Missoula staff than average for Montana, which probably increases awareness generally. ▪ The education and knowledge of the staff appears to result in a high degree of sensitivity to cultural dynamics of mental health services.
<p>Has WMMHC-Missoula developed links with other service providers / organizations that have relevant experience and expertise in the provision of mental health treatment and support to people from all cultural / ethnic / religious / racial groups in the community, with a specific emphasis on American Indian people?</p>	<p>There appears to be an association with the Missoula Indian Center and specific staff, but no formal link was described.</p>
<p>Does WMMHC-Missoula have a plan for recruitment, retention, and promotion of staff from cultural/racial/ethnic backgrounds representative of the community served with a specific emphasis on American Indian people?</p>	<p>Strengths:</p> <ul style="list-style-type: none"> ▪ Although WMMHC-Missoula does not have a formal plan for recruitment of staff from diverse cultural/racial/ethnic backgrounds, it has achieved a higher degree of diversity than in other programs (probably somewhat related to being in a university town). ▪ WMMHC-Missoula appears to have good insight into and good instincts with regard to the value of a culturally diverse staff. <p>Suggestions:</p> <ul style="list-style-type: none"> ▪ Consider creating a dedicated staff position or positions to be filled by American Indian people. ▪ Consider developing one staff position that is a cultural specialist to enhance cultural competence of WMMHC-Missoula services.
<p>With regard to its own staff, does WMMHC-Missoula monitor and address issues associated with cultural / ethnic / religious / racial prejudice and misunderstanding, with a specific emphasis on prejudice toward and misunderstanding of American Indian people?</p>	<p>Based on the quality of WMMHC-Missoula leadership, it appears clear that if a problem arose in this area, it would be addressed appropriately by leadership.</p>

Staff Competence, Training, Supervision, and Relationships with Consumers

Competence and Training:

WMMHC-Missoula has a very talented and educated staff, many of whom have significant longevity with WMMHC.

Does WMMHC-Missoula define minimum knowledge and competence expectations for each staff position providing services to consumers?

Beyond generic requirements in position descriptions, minimum knowledge and competence expectations for each staff position are not defined.

Strengths:

- Even though expectations do not appear to be specifically defined, WMMHC-Missoula has established a high level of expectation for its staff - including at least a bachelor level educational background for all case management staff – and an impressive functional process for selecting high-level individuals when openings occur. As a result of this program culture, turnover in key positions has been very low.

Does WMMHC-Missoula have written training curricula for new staff focused on achieving optimum knowledge and competence levels defined for each position providing services to consumers?

BOV did not see evidence of written training curricula. However, each service area manager appears clear about training (in the form of ‘orientation’) needed for each individual staff person and has a good collection of educational material.

Strengths:

- Program Director, supervisors, and line staff all appear very clear about their process for increasing competence levels through personal and professional growth and development.

Suggestion:

- Consider arranging for all staff to participate in NAMI's Provider Education.
- Consider developing a position for a staff training specialist.

Recommendation 7:

Based on minimum knowledge and competency expectations, develop a written training curriculum and provide training for new staff focused on achieving minimum knowledge and competency levels. This training should include basic information about all major mental illnesses.

Does WMMHC-Missoula train new staff in job-specific knowledge and competence OR require new staff to demonstrate defined optimum knowledge and competence prior to working with consumers?

Yes

Strengths:

- All new staff participate in a one-week orientation training when hired and are given the opportunity to review training videos on an on-going basis.
- New case managers shadow an experienced member of the team before being given a caseload of their own.
- New Dakota House staff participate in two weeks of orientation training and then shadow experienced staff.

<p>Does WMMHC-Missoula 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>Yes</p> <p>Strengths:</p> <ul style="list-style-type: none"> ▪ Staff are supported in attending the array of in-state training. ▪ WMMHC-Missoula offers a monthly in-service training; each staff member is required to participate in six of these monthly trainings/year. ▪ Some WMMHC-Missoula staff have participated in NAMI provider training in the past. <p>Suggestion:</p> <ul style="list-style-type: none"> ▪ Consider working with NAMI-MT to conduct provider training again.
<p>Does WMMHC-Missoula periodically assess current staff and identify and address knowledge and competence deficiencies?</p>	<p>Yes</p>
<p>Supervision:</p>	
<p>Does WMMHC-Missoula provide active formal and informal supervision to staff?</p>	<p>Yes</p> <p>Strengths:</p> <ul style="list-style-type: none"> ▪ Leadership and ongoing supervision and guidance is a great strength of WMMHC-Missoula Adult Services.
<p>Does WMMHC-Missoula train supervisors and hold them accountable for appropriately monitoring and overseeing the way consumers are treated by line staff?</p>	<p>Yes</p>
<p>Does WMMHC-Missoula train supervisors and hold them accountable for appropriately monitoring, overseeing, and ensuring that treatment and support is provided effectively to consumers by line staff according to their responsibilities as defined in treatment plans?</p>	<p>Yes</p>
<p>Relationships with Consumers:</p>	
<p>Do mental health service staff demonstrate respect for consumers by incorporating the following qualities into the relationship with consumers:</p> <ul style="list-style-type: none"> ▪ active engagement? ▪ positive demeanor? ▪ empathy? ▪ calmness? ▪ validation of the desires of consumers? 	<p>Yes</p> <p>Strengths:</p> <ul style="list-style-type: none"> ▪ The overall feeling at the facility is one of calmness, and friendliness. This is demonstrated in the interaction of staff to staff, and staff to consumer. ▪ Employees appear to be genuinely liked by the consumers they serve. The relationship between consumers and staff presents as an equal relationship very little hierarchy and much respect for one another. Consumers appear to feel safe and empowered in the relationship.

Treatment and Support

General:

Is a written treatment plan in place and being implemented for every consumer receiving services from the mental health service?

Yes

Concern:

- The narrative treatment plan review seems to be more of a compliance with the letter of the regulation than a dynamic treatment process.
- The treatment plan is signed by the consumer, primary care coordinator, the supervisor or provider, and the psychiatrist. It appears that the plan - developed by the case manager (see below) - is simply circulated to obtain these signatures rather than developed through active involvement by the entire team.
- Most treatment plans are developed by case managers. Thus, goals and objectives reflect tangible goals directed toward concrete improvement in life situations (a good thing), but might not include other therapeutic goals focused on recovery.

For all new or returning consumers, does WMMHC-Missoula perform a thorough physical / medical examination OR ensure that a thorough physical / medical examination has been performed within one year of the consumer entering / re-entering the service?

This is not performed by the mental health center. Most consumers have a primary care provider who is responsible for this. WMMHC-Missoula psychiatrists recommend to consumers that they need medical follow up when indicated. The consumer or case managers then set up such appointments.

Concern:

- Proactively ensuring that consumers have current physical / medical examinations does not appear to be a priority - beyond situations that appear to require medical intervention.

Recommendation 8:

Develop a policy and procedure that prioritizes a proactive role for WMMHC-Missoula in ensuring that all consumers have current physical / medical examinations when they enter service, and receive regular ongoing physical / medical examinations thereafter while in services.

Does WMMHC-Missoula link all consumers to primary health services and ensure that consumers have access to needed health care?

Yes

Does WMMHC-Missoula proactively rule out medical conditions that may be responsible for presenting psychiatric symptoms?

Yes

Diagnostic assessments identify important medical conditions. The status of medical issues is included in the psychiatrists' notes.

Does WMMHC-Missoula ensure that consumers have access to needed dental care?	<p>Yes</p> <p>Strengths:</p> <ul style="list-style-type: none"> ▪ WMMHC-Missoula has a good relationship with Partnership Health Center to do both routine and emergency dental care for consumers. ▪ WMMHC-Missoula accesses the People’s Law Center funding for dental care and dentures. ▪ WMMHC-Missoula maintains a list of dentists who accept Medicaid and MHSP. The consumers are primarily responsible for this but the care managers assist when needed.
Evidence-Based Services:	
Does the mental health service provide treatment and support to adults that incorporates the following SAMHSA-identified evidence-based services (EBS): Illness Management and Recovery, Assertive Community Treatment, Family Psychoeducation, Supported Employment, Integrated Treatment for Co-occurring psychiatric and substance use disorders. ⁴	<p>Strengths:</p> <ul style="list-style-type: none"> ▪ As described throughout this report, WMMHC-Missoula provides very good services across the range described in SAMHSA’s EBS. <p>Recommendation 9: Use the SAMHSA information to develop Illness Management & Recovery, Psychosocial Education for Families, and Integrated Treatment for Co-Occurring Disorders.</p>
Housing:	
Does WMMHC-Missoula ensure that consumers have access to safe, affordable, quality housing in locations that are convenient to community services and amenities?	<p>Yes</p> <p>Case managers assist consumers in finding housing when needed.</p>
Does WMMHC-Missoula provide support and advocacy to consumers in communicating and problem-solving with landlords?	<p>Yes</p>
Does WMMHC-Missoula work closely with landlords to ensure that consumers do not lose their housing during periods of hospitalization or other temporary out-of-community treatment, or other illness-related circumstances?	<p>Yes</p>
Education:	
Does WMMHC-Missoula facilitate access to opportunities for continuing education? For consumers or staff?	<p>Pursuing education opportunities appears to be primarily self-directed by consumers.</p> <p>Suggestion:</p> <ul style="list-style-type: none"> ▪ Consider establishing education goals as a standard part of treatment planning, in which case managers and other staff have a more proactive role.

⁴ <http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/>

Employment:

Does WMMHC-Missoula assist consumers to find and keep competitive employment through a supported employment model?

WMMHC does not follow the Supported Employment model, however the Employment Specialist works closely with state Vocational Rehabilitation counselors to assist consumers to find and keep jobs. Many of the consumers are placed in work assessment programs prior to gaining employment in the community.

Strengths:

- Good longevity of employment of consumers in the community with WMMHC-Missoula assistance includes one female who has been employed for approximately 10 years in the community.
- WMMHC reports that 30 percent of consumers are employed in the community.

Co-Occurring Psychiatric and Substance Use Disorders:

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

Yes

WMMHC-Missoula operates a discrete substance abuse treatment program on it's Missoula campus - Turning Point - which has an excellent reputation statewide. WMMHC-Missoula Adult Services consumers who need and are willing to accept substance abuse/dependence services are referred to Turning Point. Therefore, *co-treatment* is available.

Strengths:

- WMMHC-Missoula takes an individualized approach to working with consumers who need substance treatment but do not want it by continuing services that include education and encouragement by the psychiatrist and other staff.
- Referrals are made to the Missoula Indian Center for those consumers who do not want to go to Turning Point.
- There is a monthly staff meeting addressing services for consumers who participate in both Adult Services and Turning Point where communication and discussion takes place about the consumer's needs and progress.
- All staff, including psychiatrists, receive information about the Minkoff model of continuous, integrated services for people who have co-occurring psychiatric and substance use disorders.

Suggestion:

WMMHC has moved toward increased integration of services for people with co-occurring psychiatric and substance use disorders; look for ways to continue moving toward full implementation of the Comprehensive Continuous Integrated System of Care model^{5,6}.

⁵ <http://www.kenminkoff.com/ccisc.html>

⁶ 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."

Crisis Response and Intervention Services:

Does WMMHC-Missoula operate a 24 hour / day, 7 day / week crisis telephone line?

Yes

Strengths:

- During the work week (Mon-Fri, 8:00 am to 5:00 pm) the crisis line rings into the center where Mental Health Professionals talk to the caller.
- After hours, the crisis line rings into the crisis house where a trained crisis worker talks with the caller, determines if the crisis can be responded to appropriately over the phone, encourages the caller to come to the center or crisis house, or calls 911 if the person is in immediate danger. Each person answering the phone is required to have training dealing with crisis calls.
- The PACT Team members rotate responsibility for the PACT crisis phone and answer calls 24-hours/day.

Does WMMHC-Missoula 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

Does WMMHC-Missoula respond directly to its own consumers, consumers of other service providers, and to “unattached” individuals who call its crisis telephone line?

Yes

Strengths:

- Crisis Response Team views the community as its consumer with no apparent differentiation between its consumers and other callers.

For crisis line callers who are engaged with another service provider, does WMMHC-Missoula- after responding appropriately to each caller’s immediate need, and after addressing life safety concerns - carefully refer those consumers to that provider?

Yes

For crisis line callers who are not engaged with another service provider, does WMMHC-Missoula- after responding appropriately to each caller’s immediate need, and after addressing life safety concerns - either open the caller for services or carefully refer those callers to another provider?

Yes

Does WMMHC-Missoula follow-up on crisis line callers whom it refers out to ensure that the outside provider received the referral?

Yes

Medication:

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

Yes

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

Yes

Strengths:

- Excellent system for handling medication in Crisis Stabilization houses: medication is put into calendars by the nurses, then stored in a locked filing cabinet in a locked room. When the consumer needs medication, he/she gets the calendar from the staff and takes the medication; staff records. All controlled substances are counted by both the consumer and staff at each administration. All new orders and changes are run through the nurses.

Are consumers and – with consent - family members/carers provided with understandable written and verbal information about the potential benefits, adverse effects, and costs related to the use of medication?

Yes

Strengths:

- Psychiatrists' notes frequently describe education efforts on medications and disorders

Is "medication when required" (PRN) only used as a part of a documented continuum of strategies for safely alleviating the resident's distress and/or risk?

Suggestion:

- Consider establishing a written plan for each consumer who has a PRN medication order, to include "non-medicine" actions to be attempted as a means of responding to symptoms before PRN medication is used. This may obviate some of the need for and reliance on PRN medications, and enhance work on recovery.

Does WMMHC-Missoula ensure access for consumers to the safest, most effective, and most appropriate medication and/or other technology?

Yes – within financial limits

Concerns:

- Many of the newer medications are too costly for consumers, and exceed the \$425/month MHSP cap. Medication regimens are frequently adjusted due to the \$425/month limit allowed by MHSP. This is commonly the case when consumers are discharged from the Montana State Hospital or Saint Patrick Hospital. The state fund for assistance for those consumers whose medication regimens exceed the MHSP limit of \$425/month is not reliable and is not used extensively. Accessing funding for medications through Medicare Part D has become progressively more challenging over time. Samples are used when appropriate.
- Adjusting medication for a person whose psychiatric illness is stable (for financial reasons) often runs the risk of destabilizing the illness. Psychiatrists are faced with the dilemma of having to do so simply because of limitation in funding; this could compromise best practice in some cases.
- WMMHC-Missoula does not have a staff person whose job is to search out grants, samples, and pharmacies that provide help with medication.

Suggestion:

- Consider dedicating all or part of a FTE to securing funding sources and other assistance to enable optimum medication prescription. Billings Clinic could be a source of information about how to do this.

<p>Does WMMHC-Missoula acknowledge and facilitate consumers' right to seek opinions and/or treatments from other qualified prescribers and promote continuity of care by working effectively with other prescribers?</p>	<p>Yes</p> <p>Both WMMHC-Missoula psychiatrists stated that they are willing to refer to another prescriber within the center or receive consumers from another prescriber when needed. The exception to this is when the consumer appears to be "pill shopping".</p>
<p>Where appropriate, does WMMHC-Missoula actively promote adherence to medication through negotiation and education?</p>	<p>Yes</p> <p>Strengths:</p> <ul style="list-style-type: none"> ▪ Education and the therapeutic relationship are used to try to enhance consumers' understanding of the benefits of medication. ▪ This is well-described in psychiatrists' notes. ▪ A medication prompting team (three people) is available to go to consumers' homes to remind and watch them take their medications. This program was described by a psychiatrist as the most cost-efficient program at the center.
<p>Wherever possible, does WMMHC-Missoula not withdraw support or deny access to other treatment and support programs on the basis of consumers' decisions not to take medication?</p>	<p>Yes</p> <p>If the consumer becomes a "danger to self or others" without medication, a community commitment is pursued to establish legal authority to administer medications against the person's wishes.</p>
<p>For new consumers, 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?</p>	<p>Yes</p> <p>Strengths:</p> <ul style="list-style-type: none"> ▪ For consumers admitted to the crisis houses, most consumers are seen within 24 hours. ▪ On a case-by-case basis new consumers on the waiting list can be seen by a prescriber through the crisis house or next day appointment slots. <p>Concern:</p> <ul style="list-style-type: none"> ▪ If not in an emergency, a new consumer is not be able to see a psychiatrist for an initial appointment for about three months.
<p>For current consumers, does WMMHC-Missoula provide regularly scheduled appointments with a psychiatrist or mid-level practitioner to assess the effectiveness of prescribed medications, to adjust prescriptions, and to address consumers' questions / concerns?</p>	<p>Yes</p> <p>Strengths:</p> <ul style="list-style-type: none"> ▪ The prescribers schedule follow-up appointments as needed. ▪ The nursing staff is available by phone to address most of the consumers ongoing medication needs and questions. Nurses triage the need to contact or see the psychiatrists. ▪ There is always a psychiatrist or APRN on call.
<p>When legitimate concerns or problems arise with prescriptions, do consumers have immediate access to a psychiatrist or mid-level practitioner?</p>	<p>Yes</p> <p>Consumers case managers can contact the nurse who triages the need to see or contact the psychiatrist. Most requests can be handled by the nurse over the phone with or without contacting the psychiatrist. If the psychiatrist needs to see the consumer, they can be "worked into" the schedule.</p>

<p>Are medication allergies, side effects, adverse medication reactions, and abnormal movement disorders well documented, monitored, and promptly treated?</p>	<p>Yes</p> <p>Concern:</p> <ul style="list-style-type: none"> ▪ When antipsychotic medications are prescribed which are associated with weight gain, body weight is monitored. However, these same medications are also associated with metabolic effects including hyperglycemia and hyperlipidemia. There does not seem to be a proactive effort to monitoring blood sugar or lipids by the center nor a communication of the need for this to the primary care provider in most cases. <p>Recommendation 10: Implement monitoring of patients on antipsychotic medication according to the consensus guidelines of the American Diabetes Association and American Psychiatric Association.</p>
<p>Are medication errors documented?</p>	<p>Yes</p>
<p>Is there a quality improvement process in place for assessing ways to decrease medication errors?</p>	<p>Yes</p> <p>There is a program within the crisis houses where medications are administered by staff. A form is completed and forwarded to the psychiatrist / medical director, the crisis program manager, and the nurse. The psychiatrist reviews these for system errors.</p>
<p>Is the rationale for prescribing and changing prescriptions for medications documented in the clinical record?</p>	<p>Yes</p>
<p>Are unused portions of medications and expired medications disposed of appropriately after expiration dates using – when resources are available - the protocols described in SMARxT DISPOSAL™⁷ ?</p>	<p>Yes</p> <p>These medications are given to or intercepted by the nurses who put it into a sharps container that goes to Saint Patrick Hospital. The hospital sends these containers for incineration.</p>
<p>Is there a clear procedure for using and documenting emergency medication use, including documentation of rationale, efficacy, and side effects?</p>	<p>WMMHC-Missoula does not administer emergency medications. If emergency medication is needed, the consumer is referred to the emergency department at St. Patrick Hospital.</p>
<p>Is there a clear procedure for using and documenting 'involuntary' medication use, including documentation of rationale, efficacy, and side effects?</p>	<p>Yes</p> <p>Involuntary medication is only used for consumers on a community commitment. These medications are all depot antipsychotic agents. If needed, the police bring the consumer to the center for these injections.</p>
<p>Are there procedures in place for obtaining medications for uninsured or underinsured consumers?</p>	<p>Yes</p> <p>Samples and indigent programs are used.</p>
<p>When a consumer who is transitioning to another service provider is taking psychotropic medications, does WMMHC-Missoula proactively facilitate the seamless continuation of access to those medications by ensuring that: (1) the consumer has an appointment with the physician who will be taking over psychotropic medication management, (2) the consumer has enough medications in hand to carry him/her through to the next doctor appointment, and (3) the consumer's medication funding is established prior to the transition?</p>	<p>Yes</p> <p>Strengths:</p> <ul style="list-style-type: none"> ▪ When a consumer is referred/admitted to Saint Patrick Hospital, the most recent note from the psychiatrist detailing current medications is faxed when the consumer is admitted; phone communication is used to obtain any additional information needed quickly. ▪ Consumers who are transitioning to another community provider are assisted by case managers to ensure seamless medication access.

⁷ <http://www.smarxtdisposal.net/>

Access and Entry

Are mental health services convenient to the community and linked to primary medical care providers?	Yes
Does WMMHC-Missoula inform the community of its availability, range of services, and process for establishing contact?	Yes
For new consumers, 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?	<p>All new consumers are given an appointment for assessment and service plan development during intake during which eligibility is established.</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ New consumers admitted to Dakota House or Stephens House are assessed within 24 hours. <p><u>Concern:</u></p> <ul style="list-style-type: none"> ▪ New consumers initial appointments may be scheduled for anywhere from a week to three months in the future.
Is an appropriately qualified and experienced staff person available at all times - including after regular business hours - to assist consumers to enter into mental health care?	Yes
Does WMMHC-Missoula ensure that consumers and their family members/carers are able to, from the time of their first contact with the mental health service, identify and contact a single mental health professional responsible for coordinating their care?	Yes
Does WMMHC-Missoula 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 WMMHC-Missoula provide consumers and their family members/carers with information on the range of relevant services and supports available in the community when they exit from the service?	Yes
When a consumer is transitioning to another service provider, does WMMHC-Missoula proactively facilitate involvement by that service provider in transition planning?	Yes
Does WMMHC-Missoula ensure that consumers referred to other service providers have established contact following exit from the mental health service?	Yes <u>Strengths:</u> <ul style="list-style-type: none"> ▪ Both the PATH⁸ team, and the PACT team members described very thorough transition planning, and demonstrated an extensive knowledge of services available that team members pursue for their consumers before they are transitioned to another program, another mental health service, or to a different community service provider.
If a consumer was receiving community mental health services prior to an inpatient or residential treatment admission, does the community mental health service assume primary responsibility for continuity of care between inpatient or residential treatment and community-based treatment?	Yes <u>Strengths:</u> <ul style="list-style-type: none"> ▪ One of the case management supervisors is responsible for service continuity when a consumer is a patient at Montana State Hospital (MSH). ▪ The treatment team meets weekly to discuss consumers that are in inpatient or crisis settings. The medical director and the rest of the clinical staff appear to stay well-informed about these consumers.
Leading up to and at the time of discharge, does WMMHC-Missoula communicate and coordinate in such a way as to ensure continuity of care when a consumer is discharged from inpatient treatment including - with consent - involvement of family members / carers?	Yes

⁸ Projects for Assistance in Transition from Homelessness <http://www.pathprogram.samhsa.gov/>

STATUS OF IMPLEMENTATION OF 2002 RECOMMENDATIONS

- 1) Conduct a review of the treatment planning and documentation procedures in adult services and make necessary adjustments so that plans are reviewed and updated in a timely way and so that documentation of delivered services is more clear.

2008 Status: Accomplished

- 2) Revise the fee agreement and confidentiality statement so that it includes a clear informed consent section that each client signs off on.

2008 Status: Accomplished

- 3) Develop a policy that complies with 53-21-107, MCA.

2008 Status: Accomplished

2008 RECOMMENDATIONS – WITH WMMHC MISSOULA RESPONSE

1. Provide training to all staff specific to available advocacy services: Board of Visitors, Mental Health Ombudsman, and Disability Rights Montana.

Response: We are working to develop a training on this that will occur in March 2009.

2. Ensure that all staff staff are trained and knowledgeable about the complaint/grievance procedure, and about assistance available from BOV in filing and resolving grievances.

Response: We are working to develop a training on this that will occur in March 2009.

3. Ensure that all staff staff are trained and knowledgeable about the requirements of 53-21-107, MCA, the threshold for implementing the process defined by this statute, and the WMMHC abuse/neglect policy.

Response: We are working to develop a training on this that will occur in March 2009.

4. Develop a Cultural Competence Plan – developed with the assistance of recognized experts - that includes defined steps for its integration at every level of organizational planning.

Response: WMMHC-Missoula will consult with other office managers of WMMHC and review existing state policies and expert opinion to develop a cultural competence plan for WMMHC.

5. Define expectations for staff knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the mental health treatment of all people in the community, with a specific emphasis on American Indian people.

Response: Because it would be impossible to train staff in all the possible cultural, ethnic, social, historic and spiritual issues relevant to the mental health treatment of all people in the community, we will define expectations regarding acceptance, nonjudgmental treatment and active information gathering, with specific training/education requirements regarding American Indian people.

6. Develop and provide training conducted by recognized experts that enables staff to meet expectations for knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the provision of mental health treatment to all people in the community, with a specific emphasis on American Indian people.

Response: WMMHC is planning a training in conjunction with the board of licensing on Cultural Competency with American Indian people. We will look at taping as well as developing other training curriculum. One of the items I added to the Client satisfaction survey this year was on whether client's identified themselves as having a cultural affiliation and the degree to which they believed their treatment was culturally sensitive. This will give some data to develop training based on need.

7. Based on minimum knowledge and competency expectations, develop a written training curriculum and provide training for new staff focused on achieving minimum knowledge and competency levels. This training should include basic information about all major mental illnesses.

Response: We have an orientation checklist that includes many of the job requirements for new staff. This includes Mandt, CPR/First Aid, documentation, billing, suicidality assessment training, co-occurring philosophy training. Although all supervisors do train new staff about major mental illness, we will formalize this through the use of handouts and video.

8. Develop a policy and procedure that prioritizes a proactive role for WMMHC-Missoula in ensuring that all consumers have current physical / medical examinations when they enter service, and receive regular ongoing physical / medical examinations thereafter while in services.

Response: A primary task of case management is coordinating and scheduling medical appointments for clients – including ensuring that clients have current physicals whenever possible. WMMHC will ensure that all clients with Medicaid or other adequate medical insurance have current physicals - contingent on client willingness. Clients with MHSP or other funding source may have no medical insurance, which will reduce the medical services available to them; with these clients, WMMHC will make every effort to ensure current medical assessment within funding limitations.

9. Use the SAMHSA information to develop Illness Management & Recovery, Psychosocial Education for Families, and Integrated Treatment for Co-Occurring Disorders.

Response: Several staff have been trained in the Illness Management & Recovery model by AMDD, however after this training it was determined that the best provider for this would be day treatment staff, who were not invited to the initial training. There is going to be a second training that Day Treatment staff will be scheduled to attend. We will work to develop a Psychosocial Education for families group. We are using the model for Integrated Treatment for Co-Occurring Disorders that AMDD has developed under the advisement of Ken Minkoff. This model is called the Integrated Scope of Practice for Montana. It does not require staff to be dual licensed, but has a 14-step model that requires clinicians to “collaborate with other providers so that the client receives an integrated co-occurring treatment message.”

10. Implement monitoring of patients on antipsychotic medication according to the consensus guidelines of the American Diabetes Association and American Psychiatric Association.

Response: Our doctors routinely evaluate, monitor, make recommendations and refer clients based on their individual health risk profile. To implement monitoring of all patients, regardless of risk would be cumbersome and quite likely not effective. One alternative we would propose would be offering a series of health related seminars that clients could use to become more aware of risks and responsibilities for their own health.