

MENTAL DISABILITIES BOARD OF VISITORS

SITE REVIEW REPORT

**WESTERN MONTANA MENTAL HEALTH
CENTER**

BUTTE - ANACONDA - DILLON, MONTANA

OCTOBER 16-17, 2003

Gene Haire

Gene Haire, Executive Director

January 14, 2004

Date

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INTRODUCTION

- **Mental Health Facility reviewed :**

Western Montana Mental Health Center (WMMHC)
Paul Meyer, Executive Director

Butte, Anaconda Programs
Joan Hayes, Director

Dillon Programs
Jim Sommers, Director

- **Reviewed by :**

Mental Disabilities Board of Visitors (BOV)

- **Date of review:**

October 16 - 17, 2003

- **Authority for review:**

Montana Code Annotated, 53-21-104

- **Purpose of review :**

1. To assess the degree to which the services provided by WMMHC in Butte, Anaconda, and Dillon are humane, decent, comprehensive, and of high quality.
2. To recognize excellent services.
3. To make recommendations to WMMHC for improvement of services.
4. To report to the Governor regarding the status of services provided by WMMHC in Butte, Anaconda, and Dillon.

- **BOV review team :**

- **Board members:** Steve Cahill, LCSW - Chair
Brodie Moll
- **Staff:** Gene Haire, Executive Director
Craig Fitch, JD – Attorney
Mary Fitzpatrick – Paralegal/Advocate
- **Consultants:** Bill Docktor, Pharm.D.

OVERVIEW

- **Service type :**

- Community Mental Health Center

- **Catchment area :**

- Counties : Lincoln, Flathead, Sanders, Lake, Mineral, Missoula, Powell*, Ravalli, Granite, Deerlodge*, Silver Bow*, Beaverhead*, Madison
*Covered in this Review

- **Review process :**

- interviews with WMMHC staff
- interviews with consumers
- review of treatment records and written descriptions of treatment services
- inspection of facilities

- **Services reviewed :**

Butte – Psychiatric / Medication Management Services

Butte – Outpatient Services

Butte – Adult Mental Health Services:

- Day Treatment (Silver House)
- Case Management
- Mobile Crisis Team
- Group Home (Our House)
- Crisis Stabilization (Gilder House)
- Adult Foster Care (AFC)

Butte – Children’s Mental Health Services:

- Children’s Therapeutic Family Care Program
- Comprehensive School & Community Treatment (CSCT)
- Children’s Day Treatment

Anaconda:

- Outpatient Services
- Adult Case Management
- Psychiatric / Medication Management Services

Dillon Mental Health Services:

- Outpatient Services
- Adult Case Management
- Emergency Services
- Day Treatment Services

Treatment Planning:

- Butte, Dillon

ASSESSMENT OF SERVICES

Butte – Psychiatric / Medication Management Services

● **Brief overview of services :**

- Staffing: .80 FTE Psychiatrist (one contract psychiatrist for two days/week; one WMMHC psychiatrist from Missoula for nine days/month – two days/month dedicated to children)
4.80 FTE LPN (across all Butte programs)
- Services: Psychiatric assessment, treatment planning, medication prescription and management.

● **Review format :**

- Interview with Psychiatrist
- Interviews with LPNs
- Records review

● **Strengths :**

- Quality medication prescription and medication management services, despite inadequate psychiatrist time.
- WMMHC works with the Community Health Center to obtain prescriptions for clients who can't wait to see the WMMHC psychiatrist.
- Good system for setting up medication boxes for clients, monitoring medication compliance, and providing medication education.
- Excellent new "locked box program" - nurses set up locked medication boxes that are kept at clients' homes; Mental Health Workers go to clients' homes twice/day to unlock the boxes and observe clients taking medications (eight clients).
- Good access by nurses to psychiatrists despite inadequate psychiatrist time.
- No clients have been switched to older, less expensive medications as a result of the funding limitations for non-Medicaid clients. Medical staff make extensive use of drug company samples and indigent programs.
- Nurses run a Wellness and Weight Control group that provided education about nutrition and exercise. Efforts are being made to target clients who take medications that cause weight gain.

● **Areas of concern :**

- The programs in this sub-region do not have a full-time psychiatrist. Client loads are too high and time available for each client are not optimal. (WMMHC is actively recruiting for a full-time psychiatrist and may have one on board soon.)
- Three to four month wait for initial psychiatrist appointments.
- Two records had conflicting allergy information on the front cover and in the charting information inside the chart.

● **Questions :**

- None

● **Suggestions :**

- None

● **Recommendations :**

- 1) Survey charts and assure that allergy information posted on the outside of all charts is consistent with allergy information contained in all clinical documentation inside the charts.

Butte – Outpatient Services

● **Brief overview of services :**

- Staffing: .10 FTE Program Manager
1.0 FTE Clinical Therapist
.80 FTE Psychiatrist
.20 FTE LPN/Case Manager/Community Based Rehabilitation
3.0 FTE Administrative Support
- Consumer Enrolment: ~ 600
- Services: Initial assessments and treatment recommendations, individual, family, and group psychotherapy; psychiatric assessment, treatment planning, medication prescription and management.

● **Review format :**

- Interviews with program manager, therapist, psychiatrist
- Review of clinical record

● **Strengths :**

- Program has made a firm commitment to staff training and implementation of Dialectical Behavioral Therapy (DBT) – not only in the outpatient program, but in all services. This treatment approach was originally designed to treat people with Borderline Personality Disorder, but has been shown to help people with other mental illnesses. The Butte program uses it across diagnostic groups as indicated by individual assessment. The comprehensive use of DBT in this program appears to be the primary variable in reducing crisis calls by as much as 50%. The use of DBT in Butte programs has been done in close coordination with its use in Montana State Hospital – this has been critical in allowing for continuity of care and in consistency as clients have moved between these treatment venues.
- Therapist will soon be certified as a chemical dependency counselor. This will allow for increased integration of treatment for individuals who have both a mental illness and a substance use disorder.

● **Areas of concern :**

- This program has had to decrease number of therapists from two to one because of cap on sessions mandated by Mental Health Services Bureau (MHSB). Program Manager reports that there is a clinical need for outpatient therapy that cannot be met with one therapist. Total case load for remaining therapist is excessive.

● **Questions :**

- None

● **Suggestions :**

- Continue to explore ways that treatment for individuals with co-occurring mental illness and chemical dependency can be more fully integrated.

● **Recommendations :**

(applies to all programs.)

- 2) Prepare to align WMMHC services for consumers with a co-occurring mental illness and chemical

use disorder with guidelines being developed by AMDD.

Butte – Adult Mental Health Services

Day Treatment (Silver House):

● **Brief overview of services :**

- Staffing:
 - 1.0 FTE Program Manager
 - .10 FTE Clinical Supervisor
 - 2.0 FTE Mental Health Worker/Payee Specialist
 - 2.0 FTE Mental Health Worker
 - 2.0 FTE Mental Health Worker/LPN
 - .40 FTE LPN
 - .50 FTE Consumer Aide
 - 1.0 FTE Administrative Support
- Consumer Enrolment: ~ 200
- Services: 8am – 4pm M-F: Psycho-social rehabilitation program addressing independent living skills, coping with mental illness, mental illness education, medication management, prevocational skills, job placement and support.

● **Review format :**

- Interviews with Program Manager, Mental Health Workers, Consumer Aides, Payee Specialist, PATH Specialist, and consumers
- Direct observation
- Review of clinical record

● **Strengths :**

- Good variety of activities, classes; general milieu is welcoming, safe, and vital.
- Enthusiastic, friendly, competent staff.
- Members appear to have a high sense of ownership of and empowerment in the program.
- Members are vocal about their appreciation for the staff support they receive.
- Excellent kitchen unit – good nutritious food prepared in a team atmosphere.
- Excellent member-run peer incident review team handles member grievances.
- Transportation provided to people who live in Anaconda so that they can come to Silver House.
- Good commitment to consumer employment with 1.0 FTE dedicated Employment Specialist (attached to case management) and several part-time consumer staff slots.

● **Areas of concern :**

- Reduced access to and choice of therapists due to cap on outpatient sessions and the resulting loss of one therapist position.
- Loss of 'after hours' programming due to loss of state funding. This has resulted in a significant loss of positive social opportunities and support for many consumers.

● **Questions :**

- Is it possible to develop the transportation to and from Anaconda into an employment opportunity for consumers?

● **Suggestions :**

- Contact other day treatment programs that have maintained after hours components to see if there is any way to restart evening and/or weekend hours, if only on a limited basis.

● **Recommendations :**

- None

Adult Case Management:

● **Brief overview of services :**

- Staffing: .20 FTE Program Manager
.10 FTE Clinical Supervisor
8.30 FTE Adult Case Managers
1.0 FTE PATH (Projects for Assistance in Transition from Homelessness) Specialist
1.0 FTE Vocational Specialist
.30 FTE Voc Rehab Consumer Employees (3 x .10 FTE)
1.0 FTE Administrative Support
- Consumer Enrolment: ~ 220
- Services: Assessment and assistance in identifying and prioritizing goals in social, economic, vocational, housing, and health domains; in developing plans to achieve goals; in monitoring progress toward goals; and in coordinating with various consumers, providers, and agencies to access needed services; crisis response.

● **Review format :**

- Interviews with Case Managers, Case Management Program Manager, Vocational Specialist.
- Forum with consumers
- Review of clinical record

● **Strengths :**

- Good transition work when clients are moving from Montana State Hospital to Butte and Anaconda areas.
- Good personalized individualization of work and flexibility in determining ways of working with clients.
- Good working relationships with housing providers.
- Excellent work supporting consumers in their medication regimens – with med prompting, home visits, etc.
- Case managers work with consumers to assist them to participate in “non-mental health” community activities.

● **Areas of concern :**

- Although BOV observed no evidence that quality treatment has been compromised, it believes that caseloads of 25+ are too high to afford consistent optimum quality services.

● **Questions :**

- None

● **Suggestions :**

- None

● **Recommendations :**

- None

Mobile Crisis Team:

- **Location of Mobile Crisis Team reviewed :**
 - Service provided in Silver Bow, Deer Lodge, Powell, Granite, and Beaverhead counties.
- **Brief overview of services :**
 - Staffing: 3.0 FTE Mental Health Professionals rotate through a four day on, eight day off schedule.
 - Consumer Enrolment: ~800 face-to-face crisis assessments in FY 2003
 - Services: "800" phone line; calls are triaged by trained Gilder House staff who refer to regular or Crisis Response Therapists as appropriate. Service provided in the following counties: Silver Bow, Deer Lodge, Powell, Granite, Beaverhead.
- **Review format :**
 - interview with Program Director
- **Strengths :**
 - Individuals in crisis receive prompt service with crisis stabilization at Gilder House as an option.
- **Areas of concern :**
 - none
- **Questions :**
 - none
- **Suggestions :**
 - none
- **Recommendations :**
 - none

Group Home (Our House):

- **Brief overview of services :**
 - Staffing: .50 FTE Program Manager
4.60 FTE Resident Care Workers
2.0 FTE Community Based Rehabilitation workers (Thrift Shop Rehab Specialists)
24/7 staffing; 3 relief staff
 - Consumer Enrolment: 7 beds (with plans to expand to an additional 4-bed home)
 - Services: Group Home residential services for SDMI adults; length of stay 18 – 24 months.
- **Review format :**

- Interview with Program Manager and Resident Care Worker
- Facility observation

● **Strengths :**

- Good, solid supported residential option that helps consumers establish stability in a community setting.

● **Areas of concern :**

- None

● **Questions :**

- None

● **Suggestions :**

- None

● **Recommendations :**

- none

Crisis Stabilization (Gilder House):

● **Brief overview of services :**

- Staffing: .10 FTE Clinical Supervisor
7.2 FTE Crisis Intervention Workers (including Program Manager; three of these staff are also LPNs)
- Consumer Enrolment: 8 beds; average use – 4 beds/day
in FY 2003 – 205 clients served
- Services: Short-term stabilization of psychiatric crises; daily living skills, education, coordinate with community services, stabilize medications.
Average length of stay: 5-7 days

● **Review format :**

- Interview Program Manager and Crisis Intervention Worker

● **Strengths :**

- Psychiatrist and nurse available 24/7.
- Small number of clients at any time allows for good individualized care.
- Provides critical intervention and support as an alternative to state hospital admissions.

● **Areas of concern :**

- None

● **Questions :**

- None

● **Suggestions :**

- None

● **Recommendations :**

- none

Adult Foster Care (AFC):

● **Brief overview of services :**

- Staffing: .50 FTE Adult Foster Care Specialist
.50 Adult Case Manager
Contract Licensed Adult Foster Care Provider
- Consumer Enrolment: 3 beds
- Services: Residential Foster Home for adults with serious mental illnesses who have not been able to live independently. Structure of home focuses on improving daily living skills.

● **Review format :**

- Interviews with Adult Foster Care Specialist and Adult Foster Care Provider

● **Strengths :**

- Good level of commitment to this service modality; enthusiastic staff and contract provider.

● **Areas of concern :**

- Program is in the early phase of implementation and has experienced some difficulties achieving optimal level of service.
- AFC provider needs more direction from AFC Specialist in structuring the home, establishing expectations for residents, implementing behavioral consequences, and coordinating with other service areas.

● **Questions :**

- None

● **Suggestions :**

- Raise the expectations for the AFC program – increase the treatment focus; orient program so that residents are more active in their own treatment plans and so that they have more ownership of their own outcomes.
- Visit the Golden Triangle Community Mental Health Center – Helena AFC Specialist again in light of early program implementation experiences.
- Consider having the AFC Specialist function as the case manager for all AFC residents. If/when additional homes are established, assign one case manager to each home.
- Consider having the AFC Specialist function as AFC residents' representative payee. In lieu of this, consider having the payee attend all treatment team meetings.
- Orient skill-building activities toward whatever increased independent living venue each resident will move to following AFC.

● **Recommendations :**

- 3) Require AFC residents to be involved during weekdays in a constructive activity commensurate with their treatment goals.
- 4) Establish treatment teams for each AFC resident. Teams should include: AFC Specialist, AFC Provider, Case Manager, Day Treatment staff (if resident is involved in Day Treatment), Therapist, and Payee.
- 5) Conduct treatment team meetings once per month per AFC resident.

Butte – Children’s Mental Health Services

Children’s Therapeutic Family Care Program:

● **Brief overview of services :**

- Staffing:
 - .30 FTE Program Manager
 - .10 FTE Psychiatrist (for all youth programs)
 - .75 FTE Therapist/Program Coordinator
 - 1.0 FTE Treatment Manager
 - PRN Therapeutic Aide/Mental Health Assistant
 - .50 FTE Administrative Support
- Consumer Enrolment: ~ 10 – 12 children and their families
- Services: Family based youth intervention provided to families of youth at risk of being placed outside the home. Therapy and therapeutic support services provided in the home setting with the goal of preventing out of home placement and improving parent responses to children and children’s behaviors to allow more positive functioning in the community.

Comprehensive School & Community Treatment (CSCT):

(school was not in session when BOV conducted this review, so programs could not be observed)

● **Brief overview of services :**

- Staffing:
 - .50 FTE Program Manager
 - .50 FTE Administrative Support
 - East Middle School:
 - 1.0 FTE Therapists/Coordinator
 - 1.0 FTE Therapist
 - 1.0 FTE Behavioral Specialist
 - Butte High School:
 - 1.0 FTE Therapists/Coordinator
 - 1.0 FTE Behavioral Specialist
 - Kennedy School:
 - 1.0 FTE Therapists/Coordinator
 - 1.0 FTE Behavioral Specialist
 - Greeley School:
 - 1.0 FTE Therapists/Coordinator
 - 1.0 FTE Behavioral Specialist
- Consumer Enrolment: Maximum 12 clients per team; currently ~48 served with ~12 on waiting list.
- Services: Intensive school based service designed for youth who are in immediate danger of out-of-home placement and/or exclusion from school or community. Designed to provide low staff – youth ratio so that staff are immediately available to youth in the school environment.

Children's Day Treatment Services:

(school was not in session when BOV conducted this review, so programs could not be observed)

● **Brief overview of services :**

- Staffing: .20 FTE Program Manager
1.0 FTE Therapist/Coordinator
1.0 FTE Behavior Specialist
- Consumer Enrolment: Currently – 10 students
- Services: Two self-contained classrooms for seriously emotionally disturbed children referred through the school's Child Study Team. Students participate in individualized program activities until they can return to the regular classroom.

● **Review format :**

- Interviews with Program Manager, Therapists in all programs

● **Strengths :**

- Excellent mix of services focused on supporting children in their homes and schools and their families.
- Service implemented effectively under one manager.
- Highly motivated and committed staff.
- Good process working with First Health to obtain approval for these levels of care.
- Good working relationships with school personnel to identify, refer, and support children.
- Staff working with children in schools visit homes and meet parents when parents do not come to school.

● **Areas of concern :**

- State decision to limit children's case management to one provider in each of a number of defined geographic areas has, in the opinion of WMMHC staff, severely negatively affected the quality of this service, the continuity of service to children and families served by multiple entities, and consumer choice.

● **Questions :**

- none

● **Suggestions :**

- none

● **Recommendations :**

- none

Anaconda Mental Health Services

Outpatient Services:

● **Brief overview of services :**

- Staffing: .20 FTE Program Manager
1.0 FTE Therapist

.20 FTE Psychiatric Services (Contract Nurse Practitioner)
.05 FTE (one day/month) Psychiatrist
1.0 FTE LPN (nursing services, Community Based Rehabilitation, Adult Case Management)

- Services: Clinical assessment, outpatient individual and group therapy, emergency services; psychiatric assessment, evaluation and medication management.

● **Review format :**

- Interview with Program Manager
- Forum with consumers

● **Strengths :**

- Solid, long-standing program that is very responsive to the needs of adults with mental illnesses in this small town.
- Staff work hard to involve consumers as much as possible within the office so that it is a safe and welcoming place.

● **Areas of concern :**

- Consumers expressed the strong concern that there is not a 'day treatment' type of program in Anaconda. Even though Silver House in Butte provides transportation to and from Butte for Anaconda consumers, consumers' choice to come and go is limited.
- Staff report poor turnout for scheduled therapy groups.

● **Questions :**

- What is being done to move toward full integration of treatment for co-occurring mental illness and chemical dependency?

● **Suggestions :**

- Consider involving consumers in assessing and designing group offerings in order to increase buy-in and participation.

● **Recommendations :**

- None

Adult Case Management:

● **Brief overview of services :**

- Staffing: 3.0 FTE Adult Case Managers (one of whom is the Program Manager) two relief ACM
- Consumer Enrolment: ~ 70
- Services: Assessment and assistance in identifying and prioritizing goals in social, economic, vocational, housing, and health domains; in developing plans to achieve goals; in monitoring progress toward goals; and in coordinating with various consumers, providers, and agencies to access needed services; crisis response.

● **Review format :**

- Interview with Program Manager

● **Recommendations :**

- None

Dillon Mental Health Services

Outpatient Services:

● **Location of Outpatient Services reviewed :**

- Dillon

● **Brief overview of services :**

- Staffing: 1.0 FTE Therapist / Office Director (Office Director covering WMMHC office in Bozeman two days per week pending hiring a permanent Office Director in Bozeman)
.40 FTE Therapist
Psychiatrist – four days / month
1.0 FTE Administrative Support
- Consumer Enrolment: ~ 160
- Services: outpatient therapy, medication prescription

● **Review format :**

- Interview with Office Director
- Review of clinical records

● **Strengths :**

- Solid program with good staff longevity.
- Good working relationships with a variety of related entities in the Dillon community.
- Local physicians and Community Health Center helps with new clients who need to wait to see WMMHC psychiatrist.

● **Areas of concern :**

- Treatment of individuals with co-occurring mental illness and chemical dependency is not integrated sufficiently. Individuals with co-occurring disorders receive mental illness treatment from the Dillon WMMHC therapist and are referred to a chemical dependency counselor with S.W. Chemical Dependency Services out of Livingston for treatment of chemical use disorders. Even though some telephone coordination and sharing of psychiatrist notes occurs, there are two separate treatment plans.

● **Questions :**

- None

● **Suggestions :**

- None

● **Recommendations :**

See Recommendation 2

Adult Case Management Services:

● **Brief overview of services :**

- Staffing: 1.5 FTE Adult Case Manager
- Consumer Enrolment: ~ 40
- Services: Outreach, engagement, support, and linkage to other community resources.

● **Review format :**

- Interviews with Case Manager

● **Strengths :**

- Case manager has a very holistic approach to working with consumers that grows naturally from the rural nature of the community.
- A number of the consumers have some kind of employment; some attend college classes at Western Montana College.
- Case manager has been working for the MHC for a long time and has solid long-term relationships with consumers.
- Since the day treatment program was discontinued several years ago, case manager has worked with consumers to continue with a consumer-driven drop in activity.
- Good offering of psycho-educational groups.

● **Areas of concern :**

- None

● **Questions :**

- None

● **Suggestions :**

- None

● **Recommendations :**

- None

Day Treatment Services:

This program is slated to be re-started soon.

Treatment Planning

● **Location of Treatment Plans reviewed :**

Butte, Dillon

● **Strengths :**

- Charts are well designed and maintained. Information is easy to find.
- All medication-related treatment planning and documentation is very good.
- Documentation of interventions and consumers' response to treatment in both programs is good.

● **Areas of concern :**

Butte:

- There are no treatment plans for Day Treatment Services.
- Goals and objectives are not stated in terms of outcomes, i.e., what change and / or improvement in the consumer's life the service aims to bring about.
- Objectives are stated in terms of what staff will do.
- Day Treatment monthly summaries are descriptions only of what consumers do at Silver House. There are no statements describing interventions being employed or progress / lack of progress.

Dillon:

- In one chart reviewed (60291), Outpatient services were started on 10/21/02, the intake was dated 1/23/03, and the initial treatment plan was dated 2/10/03. The first treatment plan revision was dated 7/10/03.
- Outpatient intervention statements typically read "psychotherapy" with no other detail.
- There appears to be some ambiguity about the difference between "objectives" and "interventions".

● **Questions :**

- None

● **Suggestions :**

- None

● **Recommendations :**

- 6) Begin to establish separate treatment plans or a component of the master treatment plan to address Day Treatment services in the Butte program.
- 7) In all treatment plans, improve the distinction between "objective" statements and "intervention" statements, focusing on "objective" statements that describe outcomes that treatment is intended to bring about.
- 8) In Silver House monthly summaries, describe interventions and consumers' responses to treatment in terms of progress or lack of progress relative to the treatment plan goals.
- 9) In Dillon Outpatient treatment plans, describe "psychotherapy" interventions more specifically so that the relationship between the objective and the intervention is more clear.

Recommendations

- 1) Survey charts and assure that allergy information posted on the outside of all charts is consistent with allergy information contained in all clinical documentation inside the charts.
- 2) **ALL PROGRAMS:** Prepare to align WMMHC services for consumers with a co-occurring mental illness and chemical use disorder with guidelines being developed by AMDD.
- 3) Require AFC residents to be involved during weekdays in a constructive activity commensurate with their treatment goals.
- 4) Establish treatment teams for each AFC resident. Teams should include: AFC Specialist, AFC Provider, Case Manager, Day Treatment staff (if resident is involved in Day Treatment), Therapist, and Payee.
- 5) Conduct treatment team meetings once per month per AFC resident.
- 6) Begin to establish separate treatment plans or a component of the master treatment plan to address Day Treatment services in the Butte program.
- 7) In all treatment plans, improve the distinction between “objective” statements and “intervention” statements, focusing on “objective” statements that describe outcomes that treatment is intended to bring about.
- 8) In Silver House monthly summaries, describe interventions and consumers’ responses to treatment in terms of progress or lack of progress relative to the treatment plan goals.
- 9) In Dillon Outpatient treatment plans, describe “psychotherapy” interventions more specifically so that the relationship between the objective and the intervention is more clear.

Agency Response

FROM JOAN HAYS, DIRECTOR, BUTTE & ANACONDA PROGRAMS:

Gene, Thank you and your site review team for the positive and supportive attitude with which the review is always conducted. We in Butte appreciate the dialogue and the efforts to solve potential problems which occur during this time. A quick reminder after our phone conversation that you would consolidate recommendations 2-4 into one recommendation #2 indicating that the Butte office would watch for further information on and guidance with alignment of co-occurring services in Butte and in Montana. With that in mind, I'll renumber the remaining recommendations and respond to those that apply to the Butte and/or Anaconda offices. Also see attached describing the Agreement of Understanding between the Center and the Butte CD Services which has been in effect since 2001 and which we use regularly.

Responses to recommendations:

Recommendation #

1. A chart survey is being done as clients are seen by the doctor to ensure that the allergy information posted on the outside of the chart is consistent with the information contained in the chart itself. Our nursing staff is doing this.
2. We in Butte will eagerly await further information from AMDD regarding protocol for treatment of co-occurring disorders.
3. A new recommended set of house rules (see attached) has been developed and AFC residents will be actively involved in their treatment plans including house chores, activities in the day treatment programs and skills development.
4. Treatment teams for each AFC resident now exist and meet weekly to develop and review treatment plans and progress toward goals.
5. See above.
6. Our treatment plan template has been revised and Day Treatment with goals and interventions is prominently displayed as a service to be addressed.
7. I am attaching a copy of our revised treatment plan template which we will begin to use 1/3/04 after training the various service providers to use it effectively. The objective column will be filled in by the client and case manager together to ensure individualized treatment objectives.
8. The Silver House Day Treatment manager, Kathy Dunks and I are training Mental Health Workers to better chart progress to address treatment plan goals and objectives.

FROM JIM SOMMERS, DIRECTOR, DILLON PROGRAMS:

Here are my responses to your Site Review Recommendations that were specific to the Dillon Office.

For your information, the chart #60291 you referred to as an area of concern was of a client with Dissociative Disorder diagnosis. The complete history was not available as the client was in a dissociated state when at the office. The intake was completed at the earliest time the information was available. Obviously this was not clear in the documentation. the good news is that the client was successfully maintained outside of an acute level of care through a combination of outpatient psychotherapy and psychiatric services at the MHC, and a strong, encouraged base of social support.

RESPONSES:

Recommendation # 2 - While I believe the Dillon Office has an excellent relationship with SW Chemical Dependency's Dillon facility and services, as a matter of course releases will be obtained and evaluations and treatment plans will be sent for clients with co-occurring disorders.

Recommendation # 11 - Treatment plans will be made more specific as to the modality of psychotherapy to be used and the frequency of sessions.