

To Brian Schweitzer, Governor

Dear Governor Schweitzer:

We are pleased to submit to you this Report of the Mental Disabilities Board of Visitors (the Board). This report provides information about the Board and details its activities for the period July 1, 2004 through December 31, 2005. Previous Annual Reports have covered Board activities during the state fiscal year. Since the Board is shifting to a calendar year report, this 2005 report includes the second half of 2004.

The number of facilities the Board is responsible for reviewing has increased greatly over the years. Through careful planning and close monitoring, the Board has been able to fulfill this responsibility within a modest budget while significantly raising the standard of the reviews it conducts.

This report includes information about the work undertaken by the Board in accordance with its statutory obligations. It also gives an overview of the site reviews it has conducted during this reporting period, and recommendations for transformation of Montana's public mental health system and improvements at the Montana Developmental Center.

As always, the Board has benefited significantly during the year from assistance provided to it, either directly or indirectly, by consumers, family members, consumer and family organizations, clinicians, service provider personnel, staff and advisors in the Governor's office and the Department of Public Health and Human Services, and others. On behalf of the Board, we thank all those persons and agencies for the key role that they continue to play in enabling the Board to fulfill its responsibilities.

The Board operates in a highly complex environment, in which there are many tensions and challenges, and therefore it must inevitably navigate with care the points of view, experiences, priorities, and limitations of state administrative agencies, provider organizations, advocates, service recipients, consumers, and families. We feel confident that the Board has performed its difficult work always with the interests of mental health consumers and their families foremost in mind.

Yours sincerely,



Gene Haire
Executive Director



Steve Cahill
Chairman

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1. In Review: 2004 - 2005

The Board has completed its 30th full year of operation since its inception in 1975, and continues to:

- (1) conduct consumer-oriented treatment quality reviews of public system mental health facilities and the Montana Developmental Center,
- (2) assist consumers in resolving complaints about public mental health services and about services at the Montana Developmental Center,
- (3) provide in-house legal representation and advocacy to patients at Montana State Hospital.

Site Reviews

The Board completed 13 reviews of mental health facilities from July 2004 through December 2005.

| | |
|---|---|
| <p><u>August 2004</u> A.W.A.R.E., Inc. Adult Services Missoula</p> | <p><u>May 2005</u> Intermountain Children's Home and Services Campus-Based Residential Services Helena</p> |
| <p><u>October 2004</u> Youth Dynamics, Inc. Youth Case Management Wolf Point</p> | <p><u>August 2005</u> Kids Behavioral Health of Montana¹ Residential Treatment Butte</p> |
| <p><u>November 2004</u> Western Montana Mental Health Center Livingston</p> | <p><u>September 2005</u> Kids Behavioral Health of Montana Residential Treatment Butte</p> |
| <p><u>January 2005</u> Pathways Treatment Center Inpatient Psychiatric Services Kalispell</p> | <p><u>October 2005</u> Kids Behavioral Health of Montana Residential Treatment Butte</p> |
| <p><u>February 2005</u> Montana Mental Health Nursing Care Center Lewistown</p> | <p><u>October 2005</u> South Central Montana Community Mental Health Center All Services Billings</p> |
| <p><u>April 2005</u> Benefis Behavioral Health Services Inpatient Psychiatric Services Great Falls</p> | <p><u>November, December 2005</u> Kids Behavioral Health of Montana Residential Treatment Butte</p> |

MENTAL DISABILITIES BOARD OF VISITORS

| | (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) | (I) |
|---|-------------------------|---|--|---|--|--|--|--|--|
| FACILITY | DATE OF BOV SITE REVIEW | TREATMENT IS HUMANE, CONSISTENT WITH ESTABLISHED CLINICAL AND OTHER PROFESSIONAL STANDARDS? | TREATMENT MEETS REQUIREMENTS IN STATE LAW? | DO TREATMENT PLANS EXIST? ARE TREATMENT PLANS BEING IMPLEMENTED? | STATUS OF USE OF BEHAVIORAL CONTROLS. | DID FACILITY CONDUCT EXPERIMENTAL RESEARCH OR EMPLOY HAZARDOUS TREATMENT PROCEDURES? | WERE THERE ALLEGATIONS OF MISTREATMENT OF RESIDENTS OF RESIDENTIAL FACILITIES or PERSONS ADMITTED TO MENTAL HEALTH FACILITIES? | STATUS OF BOV INVESTIGATIONS OF ALLEGED MISTREATMENT OF RESIDENTS. | MEDS ADM TO PTS AGAINST THEIR WSHES? IS REVIEW PROCESS EFFECTIVE? |
| A.W.A.R.E., Inc. Adult Group Homes Missoula | 8/26-27/04 | YES | YES | YES / YES | Not used | NO | NO | N/A | NO / NA |
| Youth Dynamics, Inc. Youth Case Management | 10/7-8/04 | YES | YES | YES / YES | Not used | NO | NO | N/A | NO / NA |
| Western Montana Mental Health Center -Livingston | 12/6/04 12/14/04 | YES | YES | YES / YES | Not used | NO | NO | N/A | NA |
| Pathways Treatment Center Kalispell | 1/13-14/05 | YES | YES | YES / YES | Used appropriately | NO | NO | N/A | YES / YES |
| Montana Mental Health Nursing Care Center Lewistown | 2/24-25/05 | YES | YES | YES / YES | Used appropriately | NO | YES | Resolved | YES / YES |
| Benefis Healthcare Behavioral Health Services Great Falls | 4/7-8/05 | YES | YES | YES / YES | Used appropriately | NO | NO | N/A | NO / NA |
| Intermountain Children's Home & Services Helena | 5/26-27/05 | YES | YES | YES / YES | Not used | NO | NO | N/A | NO / NA |
| Kid's Behavioral Health of Montana Butte | 8/25-26/05 | NO | NO | YES / NO | Used excessively and without appropriate guidelines. | NO | YES | Ongoing at time of review | NO / NA |
| Kid's Behavioral Health of Montana Butte | 9/15-16/05 | NO | NO | YES / NO | Used excessively and without appropriate guidelines. | NO | YES | Ongoing at time of review | NO / NA |
| Kid's Behavioral Health of Montana Butte | 10/7/05 | NO | NO | YES / NO | Used excessively and without appropriate guidelines. | NO | YES | Ongoing at time of review | NO / NA |
| South Central Montana Community Mental Health Center Billings | 10/20-21/05 | YES | YES | YES / YES | Not used | NO | NO | N/A | NO / NA |
| Kid's Behavioral Health of Montana Butte | 11/10/05 12/16/05 | YES | YES | YES / YES | Used appropriately | NO | YES | Ongoing at time of review | NO / NA |

Individual Assistance from Helena Office

Mental Health Assistance Cases²: **124**

Montana Developmental Center Assistance Cases²: **185**

Legal Representation and Advocacy at Montana State Hospital

Involuntary Civil Commitment
petition tracking..... **520 cases**

Legal representation of patients in
commitment hearings, guardianship /
conservatorship hearings, and forensic
review **329 cases**

Assistance with grievances **79 hearings**

Representation of patients in the
“involuntary medication” process..... **276 hearings**

Education

The Executive Director and staff provided information about the Board and its statutory purpose at a number of mental health treatment venues, the Montana State Hospital, Montana Developmental Center, and other organizations during the course of the year.

Attendances at Conferences

Board Members, Executive Director, and staff attended a number of conferences, workshops and continuing education including: National Governor’s Association – Transforming Mental Health Care in America – September 2005; NAMI-Montana Mental Illness Conferences – 2004 and 2005.

Participation on Committees, Councils, Associations, Organizations

Board Members, Executive Director, and staff are active participants and leaders in a number of committees and councils addressing critical issues affecting services of people with mental illnesses and developmental disabilities including: Service Area Authorities, Admission and Discharge Review Team, Mental Health Connections (Governor’s Office), Measure the Unmet Need Project, Montana Developmental Center Human Rights Committee, Developmental Disability Program Quality Council, Developmental Disability Program Rates Reimbursement Advisory Group, Montana Mental Health Association, National Alliance for the Mentally Ill, Service Area Authorities, Local Advisory Councils (mental health), Mental Health Oversight Advisory Council, and the Governor’s Advisory Council on Disability.

Interaction with the Legislature

Board Members and the Executive Director attended and testified on issues and bills before various Committees during the 59th Legislative session and during the 2005 - 2006 Interim.

2. Historical Perspective: 1996 - 2005

Expansion of site review scope

The Board has the authority and duty to conduct site reviews of all mental health facilities in Montana as defined by Montana statute. From 1975 through 1999, the Board limited its reviews to the state-run facilities (Montana State Hospital, Montana Developmental Center, Eastmont Human Services Center, and Montana Mental Health Nursing Care Center). Beginning in 2000, the Board determined to more fully meet its statutory obligation as well as its obligation to consumers and began to incorporate the following types of facilities into its annual review schedule: children's Residential Treatment Facilities, community hospital Inpatient Psychiatric Units, Therapeutic Youth Group Homes, Youth Case Management, and Children's Day Treatment.

Rehabilitation of the working relationship with Montana State Hospital

The Board's most intensive working relationship is with Montana State Hospital, where Montana statute requires a full-time Board presence. During the Ihler lawsuit litigation and compliance monitoring (1988 – 1997), the working relationship between the Board and the hospital was severely strained, resulting in significantly compromised ability for the Board to fulfill its duties there. The Board and the Executive Director have worked extremely hard since 1997 to rehabilitate this relationship. Since 2002, the Board's Attorney, Craig Fitch, and Paralegal Assistant, Mary Fitzpatrick have been instrumental in establishing an atmosphere of mutual respect and honest communication with the hospital.

Senate Bill 473

During the 2001 Legislative session, the Executive Director worked with Senator Mignon Waterman to significantly revise the statutory duties and authority of the Mental Disabilities Board of Visitors. This bill's major revisions included: the requirement that the Board publish standards for its review of mental health facilities, the expansion from five to six board members, more specific definitions of required board member qualifications, the creation of terms for board appointments, the creation of a prohibition of abuse and neglect of individuals receiving services in mental health facilities, the creation of definitions for *abuse* and *neglect*, clarification of the definition of *mental health facility*, the establishment of the requirement that mental health facilities respond in writing to Board recommendations, and the creation of comprehensive requirements for how mental health facilities report and investigate allegations of abuse and neglect of recipients of services by employees of facilities.

Standards for Site Reviews of Mental Health Facilities

Pursuant to the passage of Senate Bill 473, the Executive Director and the Board established comprehensive Standards for Site Reviews of Mental Health Facilities. Now in its 3rd revision, the Standards form the foundation of the Board's reviews with a focus on consumer orientation, recovery, and evidence-based practices.

Clinical Consultants

The Board retains a number of clinical consultants. These consultants participate in site reviews and perform other clinical reviews at the Board's request. Consultants who worked for the Board during this period are:

William Doctor, PharmD, BCPP
Pat Frawley, LCSW
Carla Cobb, PharmD, BCPS
Irene Walters, RN
Sheila Smith, LCPC

Consumer Consultants

The Board places a particular emphasis on the consumer perspective in its review of mental health and developmental disabilities facilities. During this period, the Board recruited and retained the services of two consumer consultants:

Tom Bartlett
Lisa Marsolek

Case Tracking System

In 2000, the Board - along with the Mental Health Ombudsman - contracted with a computer consultant to develop a customized database to track individual assistance and legal services.

Website

In 2003, the Executive Director developed the Board's first website which is linked to the Governor's Office website. The website address is:
<http://boardofvisitors.mt.gov>

Reviews and Outcomes

Reviews conducted

The Board has fulfilled its legislative responsibilities diligently throughout its existence. Since 1996, the Board has conducted 63 formal site reviews of mental health and developmental disabilities treatment facilities across Montana. Emphasizing a holistic, collaborative, collegial approach in its reviews, the Board believes strongly that the quality of its relationships with service providers over time is critical to the credibility of its recommendations and efforts to improve services. The average number of reviews has increased from five annually from 1975 - 1996 to eight annually from 2001 - 2005.

Results of reviews

The Board makes a number of written recommendations in its reports on mental health and developmental disability facility reviews. From July 2004 through December 2005, the Board made a total of 82 recommendations to nine facilities. Recommendations addressed the following areas: consumer employment training and placement; individual living skills training; independent advocacy services; assessment, treatment plan formulation, and revision; sensitivity to and staff training for issues related to mental health care for Indian people; medication administration; abuse and neglect policy; staff knowledge, competency, and training; consumer rights; interagency collaboration; program structure; and co-occurring disorders treatment.

Future Directions

The Board and its staff will continue to improve the sophistication and effectiveness of its facility reviews, its assistance to individuals, and its legal and advocacy services. Priorities for the next two years are to increase involvement in Board activities by Indian people; to develop functional, respectful relationships with the tribes; to increase involvement in Board activities by consumers of mental health and developmental disabilities services; to refine its Standards; to expand its website; to establish comprehensive survey tools to solicit feedback from consumers and providers; and to strengthen its alliances with other mental health and developmental disabilities organizations.

Dedication of Board Members and Staff

On a personal note, it has been the Executive Director's privilege to work with a group of professionals as dedicated and passionate as those on the Board and staff.

It has been gratifying that the Board and the Governor's Office has been able to attract individuals of such high integrity and community standing to become members of the Board.

Working with exceptionally dedicated staff members has been a special pleasure. Colleen Nichols has handled her many responsibilities as Paralegal, Assistant to the Executive Director, and developmental disabilities specialist with distinction for 23 years, and to her an enormous debt of gratitude is due. Craig Fitch has excelled beyond my and the Board's hopes as the Board attorney and manager of its legal services office at Montana State Hospital since 2002, with an exceptionally high level of professionalism, insight, humility, and common sense. Mary Fitzpatrick has performed her tasks as Paralegal/Advocate with proficiency, enthusiasm, and persistence.

I hope that I am adequately shining some light on the capabilities and commitment of these staff members - for without their tireless work, the Board's effectiveness would be severely limited. I am very grateful for their many contributions.

Summary

The Mental Disabilities Board of Visitors has continued to perform its essential functions under Montana law. The Board has established a record of excellence, and has developed processes and a body of knowledge that contribute significantly to the efforts of consumers, family members, the State of Montana, and the many committed service providers to continually improve services for people with mental disabilities.

3. Purpose and Functions of the Board

The Mental Disabilities Board of Visitors was created in 1975 by the Montana Legislature to provide independent oversight of publicly-funded mental health services and developmental disabilities residential facilities. The Board is an independent board of inquiry and review that is responsible to ensure that the treatment of all persons either voluntarily or involuntarily admitted to a mental health facility in Montana or the Montana Developmental Center is humane, is consistent with established clinical and other professional standards, and meets the requirements set forth in state law.

The Mental Disabilities Board of Visitors is attached to the Governor for administrative purposes, and employs staff that carry out its duties. The Board consists of six persons appointed by the Governor for two-year terms.

Types of Review

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

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

Other Functions and Duties of the Board

- (1) review and approve all plans for experimental research or hazardous treatment procedures involving people admitted to Montana Development Center or any mental health facility
- (2) review, and if necessary, conduct investigations of allegations of abuse or neglect of people admitted to Montana Development Center or any mental health facility
- (3) review and ensure the existence and appropriateness of treatment plans
- (4) inquire concerning all use of restraints, isolation, or other behavioral controls
- (5) assist persons who are currently receiving or have in the past received services from Montana Development Center or any mental health facility to resolve concerns and complaints about services received including assistance filing and resolving formal grievances
- (6) report to the director of the Department of Public Health and Human Services if the Montana Development Center or any mental health facility is failing to comply with the provisions of state law

4. Membership on the Board

Board members during the period covered by this report were :

Steve Cahill, L.C.S.W. - Chair..... Clancy
Kathleen Driscoll, Vice-Chair Hamilton
Joan-Nell Macfadden Great Falls
Cindy Dolan..... Great Falls
Gay Moddrell Kalispell
Brodie Moll Ronan

5. Administration of the Board

Mental Disabilities Board of Visitors staff :

Gene Haire, Executive Director Helena
Colleen Nichols, Paralegal Helena
Craig Fitch, J.D., Attorney Montana State Hospital
Mary Fitzpatrick, Paralegal..... Montana State Hospital

6. Recommendations for Transforming Mental Health Care in Montana

In making recommendations to the Governor's office and the Department of Public Health and Human Services, the Mental Disabilities Board of Visitors draws on its experiences with and observations of every kind of mental health program in Montana over 31 years. The Board's Standards are based on these experiences as well as extensive research into what high quality public mental health services look like.

The Board believes that the most compelling template for mental health system transformation is contained in the goals and recommendations in the final report of:

- the **New Freedom Commission on Mental Health**
<http://www.mentalhealthcommission.gov/reports/reports.htm>

Other bodies of work that similarly define the characteristics of transformed mental health care for adults with serious mental illness and children with emotional disturbance are:

- NAMI's **Grading the States 2006: A Report on America's Health Care System for Serious Mental Illness**
http://www.nami.org/qtstemplate.cfm?section=grading_the_states&lstdid=681
- **The Campaign for Mental Health Reform**
<http://www.mhreform.org/>
- policy recommendations of the **Mental Health Liaison Group** <http://www.mhlg.org/>

The final report of the New Freedom Commission on Mental Health is called ***Achieving the Promise: Transforming Mental Health Care in America.***

The Mental Disabilities Board of Visitors' four overarching recommendations for transforming mental health care in Montana are:

- I. Adopt the framework and strategic objectives of the New Freedom Commission on Mental Health as a model for programming and system development in Montana.
- II. Proactively partner with the Substance Abuse and Mental Health Services Administration (SAMHSA) to aggressively implement Evidence-Based Practices.
- III. Review and replicate what other states have been doing to use the New Freedom Commission Report Goals and Recommendations in mental health system transformation.³
- IV. Instead of fitting services into existing funding structures, **first** envision what a functional, fully-developed, state-of-the-art mental health system should look like in Montana, **then** work with the Legislature over time to fund that system. To do otherwise will be much more expensive in the long term – in dollars and in unfulfilled lives.

The following recommendations to the Governor are structured around the framework of the six goals of the New Freedom Commission on Mental Health:

GOAL 1 - Americans Understand that Mental Health is Essential to Overall Health

BOV Recommendations:

- 1) Develop public service announcements that advocate against the stigmatization of the mentally ill, and against the criminalization of the mentally ill.
- 2) Collaborate with the Office of Public Instruction to include mental illness and mental health in public school curricula at all levels.

GOAL 2 - Mental Health Care is Consumer and Family Driven

BOV Recommendations:

- 1) Require publicly-funded mental health providers to include consumers and family members as dynamic partners in developing their own care plans.
- 2) Require publicly-funded mental health providers to include consumers and family members in evaluation of services.
- 3) Require publicly-funded mental health providers to develop services provided by consumer peer specialists.

GOAL 3 - Disparities in Mental Health Services are Eliminated

BOV Recommendations:

- 1) Require publicly-funded mental health providers to develop cultural competency training for all staff and collaborative relationships with experts in the area of mental health care for American Indian people.
- 2) Integrate mental health into a public health/primary health care model via Federally Qualified Community Health Centers, family practice physicians, and mid-level practitioners.
- 3) In collaboration with the Legislature, the University System, occupational boards, and the Western Interstate Commission for Higher Education, develop a statewide recruitment and retention initiative that acknowledges and creatively addresses the difficulties in hiring and retaining qualified mental health professionals in Montana, with particular emphasis on the shortage of psychiatrists.

GOAL 4 - Early Mental Health Screening, Assessment, and Referral to Services are Common Practice

BOV Recommendations:

- 1) Require a minimum number of hours of continuing education classes on suicide prevention for renewal of Montana licenses to practice in any area of health care.
- 2) Establish a statewide Suicide Prevention Plan that includes evaluation, prevention, and postvention services; education and training for 'gatekeepers', professionals, the media, and the public; and youth suicide prevention in the schools. Careful attention should be given to the relationship between suicide and co-occurring psychiatric and substance use disorders.
- 3) Identify and provide comprehensive mental health services to children with Serious Emotional Disturbance who are in the juvenile justice system.

GOAL 5 - Excellent Mental Health Care is Delivered and Research is Accelerated

BOV Recommendations:

- 1) Conduct a biennial study that measures the number of adults with Severe Disabling Mental Illness and children with Serious Emotional Disturbance in Montana; use this data as the underpinning of long term programmatic, strategic, and financial planning.
- 2) Create an infrastructure for the identification, development, and integration of recovery-oriented, Evidence-Based Practices (EBP)⁴ in Montana's public mental health system for adults and children.
- 3) Establish funding mechanisms and incentives to implement recovery-oriented, EBP; take other necessary steps to ensure that service funding is tied to use of recovery-oriented, EBP and achievement of defined consumer outcomes.

GOAL 6 - Technology is Used to Access Mental Health Care and Information

BOV Recommendations:

- 1) Implement computerized medical records for all consumers in Montana's public mental health system.
- 2) Ensure that state and contractor computerized medical records and data systems are compatible and able to cross reference individual consumer information to ensure continuity of care while protecting privacy.
- 3) Establish a consumer/user-friendly Department of Public Health and Human Services website that functions as a portal for information about mental illness, Evidence-Based Practices, services available by community, service contact information, advocacy and complaint resolution, funding/access/eligibility assistance, and service critique summaries.

7. Recommendations for the Montana Developmental Center

In making recommendations to the Governor's office and the Department of Public Health and Human Services, the Mental Disabilities Board of Visitors draws on its experiences with and observations of its developmental disabilities specialist, Colleen Nichols, on a weekly basis at Montana Developmental Center over 23 years.

BOV Recommendations:

- 1) Develop and provide community-based living options for people when they have achieved maximum treatment benefit at the Montana Developmental Center.
- 2) Develop necessary clinical and security features in a secure treatment unit at the Montana Developmental Center as soon as possible.
- 3) Reconfigure the current living/treatment environments at the Montana Developmental Center so that consumers have the opportunity to receive treatment in an atmosphere that is conducive to treatment (i.e., fewer residents in each unit).
- 4) Implement a viable sex offender treatment program for adults with developmental disabilities in a community-based setting as an extension to the Therapeutic Milieu and Level System Program for Sexual Offending Behaviors program at the Montana Developmental Center.
- 5) Develop long-range strategic and funding planning that evolves the Montana Developmental Center from a long-term residential treatment facility into a specialized, short to medium-term treatment and training facility.

Endnotes:

¹ This was the first of five reviews of KBH. Problems noted in chart are addressed in detail in the written site review report.

² Includes requests for assistance, requests for information, referrals, and direct assistance.

³ Other states' New Freedom Commission projects to focus on are in Kansas, South Carolina, Nevada, New Mexico, and Texas. The Texas Mental Health Association has released a landmark report documenting the economic and human costs of failing to prioritize mental health care in that state. The report, entitled ***Turning the Corner: Toward Balance and Reform in Texas Mental Health Services*** <http://www.mhatexas.org/TurningtheCorner.pdf> reframes the goals of the New Freedom Commission to make the case that investments in mental health care will save money and help millions lead more productive lives. The Report presents State legislators with a comprehensive agenda for improving the lives of Texans who live with mental illnesses and the families who care for them. The National Governor's Association, in cooperation with the National Association of State Mental Health Program Directors, has worked with Kansas Governor Kathleen Sebelius' office to form a one-of-a-kind transformation task force. Governor Sebelius has issued an Executive Order to form a Transformation Task Force made up of cabinet level representatives from each of the state agencies involved in mental health.

⁴ Adults - Illness Management and Recovery, Medication Management, Assertive Community Treatment / Case Management, Family Psycho-education, Supported Employment, Integrated Treatment of Co-occurring Disorders; *Other EBP*: Consumer-run / Peer Services, Mobile / Intensive / In-home Crisis Services, Psychiatric Rehabilitation, Supported Housing.

Children: Behavioral Therapy for children with autism, Family Education and Support Services, Family-Based Prevention and Intervention Programs, In-Home Crisis Services, Home and Community-Based Services Waiver, Intensive Case Management, and School-Based Mental Health Services.