3 Rivers Mental Health Solutions

September 13 & 14

2012

A Site Review Report of the services provided by 3 Rivers Mental Health Solutions, Missoula Montana, including Recommendations.

Mental Disabilities Board of Visitors

OVERVIEW

Mental Health Facility reviewed:

3 Rivers Mental Health Solutions
714 Kensington, Suite 2c
Missoula, Montana

Shea Hennelly, Administrator

Authority for review:

Montana Code Annotated, 53-21-104

Purpose of review:

1) To learn about the residential treatment services program provided by 3 Rivers Mental Health Solutions.
2) To assess the degree to which the services provided are humane, consistent with professional standards, and incorporate Board of Visitors standards for mental health services.
3) To make recommendations for improvement of services.
4) To report to the Governor regarding the status of services.

Site Review Team:

Board:	**Consultants:**	**Staff:**
Nancy Morton, Board Member	Rosemary Miller, RN	Alicia Pichette, Executive Director
	Patrick Wayne	LuWaana Johnson, Paralegal

Review process:

- Interviews with 3 Rivers staff
- Observation of services
- Review treatment records and treatment programs
- Informal client conversations
- Review medication management protocols

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QUESTIONS - STANDARDS

Organizational Planning and Quality Improvement

Organizational Planning:

Strengths/Observations:
3 Rivers has a Mission Statement, but does not have a Strategic plan. The staff interviewed reported that they were not involved nor did they seem to have any knowledge of Operational Planning/Strategic Planning. Several staff members mentioned they wanted the agency to open a group home in the future, but the site review team was not offered details regarding the status of the planning process for that objective.

The staff does meet and discuss client needs based on information provided by Case Management (CM) and Rehabilitation & Support (R&S) staff. The agency is currently discussing purchasing a van to help clients who are moving. The agency Director, reported to the team that in the future the program envisions opening a group home and expanding into rural areas. These are goals that would be a good beginning for creating a Strategic/Operations Plan.

Suggestions:
Develop a Strategic Plan as a comprehensive part of a sound business/operational plan. Include employees and clients in the planning process as a way of assessing what each stakeholder has as a vision or desire for 3 Rivers in the future. Have clear documented minutes of the strategic plan meeting. Show removal of an objective that isn't feasible and show realistic time frames for implementing new ideas.

Quality Improvement:

Strengths/Observations:
It appears that information about services and consumer satisfaction is provided by staff to leadership on a routine basis. Information is gathered from clients informally throughout the year and during the annual survey. The information is then used to create an annual Quality Improvement Report.

Critical incident reports may result in changes to training based on the seriousness of the incident and the staff need for training. A process for reporting serious incidents does not include a debriefing process in policy/procedure. 3 Rivers appears to lack a well-developed set of policies to guide its staff members.

Suggestions:
Establish an effective quality improvement/quality management structure.

Rights, Responsibilities, and Safety

Rights, Responsibilities:

Strengths/Observations:
Client rights and responsibilities are explained during an intake meeting supervised by the case manager. Information provided to clients about their rights and responsibilities appears to be based on a document created for individuals who are being served in inpatient settings and is not specific to the services provided by 3 Rivers. As an example several items in the document clearly address services provided in a facility setting. 3 Rivers does not at this time provide services in a group home or facility owned by the agency.

Advocacy service information: BOV, Disability Rights Montana (DRM), Mental Health Ombudsman (MHO) information is posted in both offices. Information about advocacy services is not noted in the

Client Handbook, or during intake.

Suggestions:
Include information about the advocacy services provided by the BOV, DRM, and MHO in the Client Handbook and services available to your clients during intake.

Safety:

Strengths/Observations:
Staff gave conflicting information, and appeared to lack fundamental understanding about reporting suspected abuse and neglect (A/N). The R&S staff and CM are susceptible to allegations of A/N yet the team could not find a guideline in the policy procedure handout booklet for protecting clients or staff from A/N and allegations.

3 Rivers does not have a policy/procedure for implementing the requirements of 53-21-107, MCA for reporting and investigating allegations of abuse and neglect of clients. Reporting policies have not yet been established.

Staff interviewed could not give clear answers regarding agency investigations of allegations, and said only one incident had required investigation since the agency was licensed.

Staff reported that they should receive HELP Training[1] (a Mandt type of program provided to 3 Rivers by a training officer from AWARE) to safely respond to aggressive or other difficult client behaviors. Some staff interviewed had not yet received the training, yet have a caseload and are working with clients.

When members of the site review team asked staff about A/N allegations, the staff seemed to think they were being asked about a grievance policy for reporting complaints. All staff interviewed reported that of course they would report any suspected A/N to the Director or to the Case Management Director. Incident reports are given to the Case Management Director who mediates whenever a client makes a complaint.

Suggestions:
Develop an abuse/neglect policy and include training for new staff and continuing education for existing staff about the policy and process for reporting incidents. The policy should include information specific to statutory reporting requirements. Add advocacy service information to the Client Handbook.

Client / Family Member Participation

Treatment Planning:

Strengths/Observations:
A review of the intake/admission packet information and the services planning document indicates that family members may be involved in but are not always actively involved in a client's treatment/services. One item in the intake materials is telling:

> In the case of guardianship, staff will attempt to contact the guardian, but if not reached, the staff will sign the appropriate documentation and consents for treatment. All efforts will be made to contact the guardian as soon as possible.

Staff interviewed indicated that very few clients/individuals served had family members involved in creating or supporting the services planning process. The plan is not given to the client unless it is requested. Family members are rarely involved with the services. As stressed by NAMI, recovery

[1] http://www.aware-inc.org/resources_con_train.html

depends on the three-legged stool supported by medication, the treatment team, and the family or other loving support persons.

Clients complete an annual survey that evaluates services and the information reported becomes part of the annual Quality Improvement Report.

Copies of the services plan may be shared with a client's therapist if a release of information has been signed by the client. At the time of the site review 3 Rivers did not have a therapist on staff. The Clinical Director completes consultations and staff training but does not provide therapy. Individuals served access therapy services outside of 3 Rivers services.

Education about diagnosis and medications is provided by other services accessed by the individual, not by 3 Rivers.

Cultural Effectiveness

Strengths/Observations:
The agency did not provide a Cultural Effectiveness Plan to the team. When the team asked about a plan, the agency reported that the Clinical Director provides training for staff at 3 Rivers who have clients who are Native American. Still, staff interviewed did not appear to have a clear sense of cultural effectiveness as it pertains to their job, except in regard to the experience and education they brought to the job before being hired. 3 Rivers records show that fewer than 5% of their clients identify themselves as Native American, so there might not be a significant exposure to many cultural issues. Nonetheless, the greater Missoula area is diverse enough to warrant the consideration of a cultural effectiveness training plan.

Education for staff specific to providing services to individuals who are or have been military service members was not apparent.

Suggestions:
It is important that the program create a cultural effectiveness plan with objectives to address staff recruitment and training, and create treatment plans that reflect individually-identified cultural issues.

Staff Competence, Training, Supervision, And Relationships with Clients

Competence and Training:

Strengths/Observations:
Minimum knowledge and competence expectations are defined in staff position descriptions, but not all positions require knowledge specific to working with individuals who have mental illness. New staff orientation training is provided, though apparently limited to knowledge of HIPAA requirements, and some training specific to dealing with difficult clients and boundaries training.

A listing of job titles for management/supervisors/direct care staff was provided to the team, however job descriptions provided did not align with the listing. As an example a job description was included for a Clinical Supervisor who would be responsible to conduct client clinical intake assessments, offer outpatient therapy to clients and provide training to staff. Apparently the program does not have a Clinical Supervisor, neither the staff list nor an organizational chart had the job listed, and the team did not meet with any individual who had that designation. It was unclear to the team who functioned in this role.

The team did have a phone conference call with the agency Clinical Director who is available as a consultant through a contract.

New employee orientation - Training consists of 4 days of orientation and 3 days of shadowing another employee. R&S staff interviewed said it was "absolutely enough" training. Staff also noted that "a lot of the training cannot be explained, it has to be learned on-the-job." Before being assigned to a client caseload a new hire is assessed by the Case Management Director by reviewing progress notes and observations of interactions with the clients. Ongoing performance evaluation is conducted using this same process. Yearly job performance evaluations are conducted. The organization also appears to lack a comprehensive training program for its rehab specialists. It appeared to the team that continuing education is not a priority.

Boundary training – A copy of the boundaries training module was provided to the team in advance of the site review. It contains good information and combined with mentoring and follow-up discussions with supervisors will provide a good foundation for new employees. Staff interviewed reported that this is the case, and supervisors discuss boundaries almost every week during the weekly staff meeting.

Crisis situations training – Staff is expected to use HELP training to de-escalate situations. Staff is trained to leave the area of the situation (as long as the client is safe) or, if help is needed, to call 911.

The agency uses the monthly management meetings as continuing education for the staff. Staff interviewed had not attended NAMI- MT Conference on Mental Illness. Other training is taken as possible.

Suggestion:
Establish new staff orientation protocols for new hires, to include information about mental illness, medications use, cultural competency, abuse/neglect reporting, and incident reporting in addition to the HIPAA and Boundaries training currently in place. Consider adding continuing education curricula to address how to maintain quality staff/client interactions for existing staff.

Supervision:

Strengths/Observations:
The agency apparently hasn't yet addressed preparing staff to enter into supervisory roles. The Administrator and Case Management Director appear to carry all the supervisory responsibilities. Case Managers (as noted in the job description) are tasked with supervising the R&S staff, but when asked all interviewed said Case Managers did NOT supervise the R&S staff, that the Case Management Director supervised all staff.

During the review, the team was provided with a limited organization chart that was not structured and did not clearly describe the hierarchy of the program. The chart indicated that all staff is directly supervised by the Administrator of the program. When interviewed, staff gave conflicting answers about who provided supervision for their work, and whether the Case Management Director or the Administrator has primary supervisor authority. These two individuals do most of the training, supervise staff, monitor services plans, write grant applications, ensure that the program keeps running, and comply with licensing requirements. The Case Management Director appeared to be the supervisor for most staff, and also was responsible to monitor and oversee the way clients are treated by all the staff.

Relationships with Clients:

Strengths/Observations:
Staff interviewed demonstrated caring concern for the individuals served by the program, were open to discussing the benefits of the service model that encourages client independence. Services are provided away from the offices, so site review team members did not have the opportunity to observe staff to client interactions. One client volunteered to be interviewed and had good comments about the program and staff.

The Case Management Director provides specific training to the CM and R&S staff. This training includes Boundaries training, the importance of having a positive attitude toward clients and cultural effectiveness

focused primarily on serving clients who are Native American. The CM Director reviews client charts, reads all staff progress notes, and meets with CM and R&S staff monthly. CM and R&S staff are assigned specific charts and serve an average of 14 clients (have had up to 20 clients), services include meeting with clients once or twice a week up to as much as four times weekly, depending on how much help the client needs. Good communication between staff at all levels and clients is essential. It is also essential that the R&S establishes a good, therapeutic relationship with the client, and understands the requirements in the service plan. R&S staff work closely with and are mentored by the case managers, who check the charts two to 3 times a week.

R&S staff interviewed noted that spending time with clients represented 85-90% of the work day, R&S staff is paid mileage and travel about 500 miles each month in their personal vehicles.

Suggestions:
Assure staff-to-client interactions are appropriate and professional by providing supervision and mentoring in the field as part of a supervision process established in policy and procedure.

Treatment and Support

General:

Strengths/Observations:
It appeared to the team that the ‘‘treatment plans” are really more “services plans”, since 3 Rivers provides case management and coordination of services rather than establishing treatment objectives. One individual interviewed noted that, “Case management at 3 Rivers is very much client-centered. The input and contributions of the case manager are valued by the client, making the client much more a part of the team.” Case managers help clients to create a plan and then work closely with the R&S staff to ensure that the goals in the plan are carried out. Case managers are not therapists so the plans are not therapeutic. The R&S staff does not participate in creating the service plan but know what is in the plan and help the CM implement the plan.

All plans reviewed contained all required information and were signed by the client. The plans are reviewed every 75 days (unless a change is made sooner) and progress notes are separated in the chart by individual staff, each one charting in their own area (CM notes, R&S notes, group notes, and provider notes). In the charts reviewed the progress notes showed that the CM and R&S staff were completing the tasks listed in each individual’s plan.

Staff reported when an ‘in house’ therapist joins the agency, treatment plans will be shared with that person. Most clients will still stay with the outside therapists and the treatment plans are not shared with those therapists.

Employment and Education: CM provides job coaching and supervision. Clients may work 1 hour per month at the agency to clean offices. CM/R&S are not specifically assigned to find employer. Clients find their own jobs. Staff interviewed reported that 60%-70% of the agency clients are not employed.

Housing: CM assists clients as they can to find adequate housing. Staff interviewed noted that housing is difficult to arrange and most individuals served are homeless.

Crisis phone –The 3 Rivers crisis phone number is given to each client who is encouraged to call it when having a mental health problem or if they are in danger of hurting themselves or others. (The number is not advertised for non-clients.) A member of the site review team called the number at 9:45 pm and talked to a case manager who has a degree in psychology and training in suicide prevention. The staff member reported that only case managers staff the on-call phone, they have it for seven days at a time (24-hours/day), and they are required to have a degree in human services, not necessarily psychology. When asked about the protocol that would be followed if a client was calling because of suicidal thoughts,

the staff member described these steps:

- Do a suicide assessment
- Ask if the client had a plan and assess how serious the client was about completing the plan
- If the staff determined that the client was very serious the staff member would call 911 and keep the client on the phone until help arrived
- If the staff determined the client was not very serious, she would drive to the client's home and take the client to the ER
- Protocol requires the same staff would make a follow-up phone call the next day to check on the client

Payee Services – 3 Rivers will provide payee services for any client who requests and needs the service.

Suggestion:
Revisit the Crisis Line staffing assignments, 24 hours for 7 days is a long assignment for a CM who also has day-time responsibilities to clients.

Medication:

Strengths/Observations:
Most clients have their own psychiatrist, ARPN, or medication provider and 3 Rivers staff works with the provider who reviews all the medication needs. For those clients who have a provider the CM may attend appointments with the client. The provider writes all medication orders which are monitored on a Medication Administration Report Sheet (MARS). If the CM or R&S suspect the client is experiencing a problem with the medication, a call to "Ask a Nurse" will be made, if the need continues the CM will call the provider. The R&S is responsible to promote client adherence to medications, but they can only suggest, encourage and remind. If the client continues to be non-compliant the CM will make phone contact to suggest and remind medication adherence. At the time of the site review 2 to 4 clients required medication monitoring and about 8 clients required prompting (by phone or texting). The provider decides (and writes the order) when a client needs help with setting up medications, needs monitoring to ensure that the medication is taken, or if prompting is needed.

Access to a psychiatrist is not always assured as soon as concerns about medications, adverse reactions or other problems are identified, and concerns may be reviewed as late as a week after the report. Staff interviewed noted that they rely on the pharmacist if provider is not available to answer questions. Files reviewed contained documentation that included: provider notes, medication notes, case manager notes, and R&S staff notes. Individual providers monitor medications according to the guidelines of the American Diabetes Association and American Psychiatric Association.

3 Rivers contracts with an independent provider (APRN), who may see as many as 20 clients per month. The APRN will review medications with the case manager and the client and educate them both about the medications including providing handouts and step-by-step instructions for administering the medication if that is a service needed by the client. The APRN will:

- answer questions or problems presented by the CM and R&S staff
- see clients who have acute problems weekly and see stable clients once a month or every six weeks
- write prescriptions to all the pharmacies (if a client is unable to pay for his medications she writes the prescription to one specific pharmacy that will work with clients who have limited means to pay for prescriptions)

Medication Monitoring program – 3 Rivers provides two services under the "monitoring" system:

Med monitoring – the case manager will assist and support clients in maintaining the maximum level of medication compliance, keep track of missed doses and reasons for missed doses by keeping in contact with the R&S staff and watch for adverse reactions. All information is recorded on the MARS chart.

Med prompts – medication stored at 3 Rivers is delivered to a client by 3 Rivers' staff through face to face contact. Medication prompts are made by calling or texting clients to remind them to take medications.

- The Director gives staff medication training (initially 4 hours) and if something comes up it is discussed at the weekly meeting.
- Each week the case manager puts medication in each client's box which is kept in the administration office in a locked box.
- R&S staff collect the client's medication box, drive to the client's home and watch as the client takes the medication. Each delivery is recorded on the client's MARS sheet and the client will initial the MARS after taking meds.
- The R&S does not administer medication to the client, medications are handed to the client who takes it out of the bottle/package and self -administers.
- R&S will observe the client taking the medication to assure that it is taken, watch for cheeking, putting med in pocket, or throwing it away.
- The R&S stays with the client as long as needed - usually not less than 15 minutes.
- The R&S returns the client's med box to the administration office and puts the MARS sheet back in the client's file. Any problems noted are written on the back of the MARS sheet for the case manager to review.
- There is constant contact between the R&S and case managers – at least once/day. The case managers discuss client changes, side effects, or anything that may be related to medication during weekly meetings.

3 Rivers does not have a policy or procedure for disposing of unused or expired medications, the Case Management Director will return medications to the pharmacy that issued them.

Suggestions:
Include a medications policy in the agency policies and procedures to meet the requirements of SMARxT Dsposal[2] and the FDA Office of Drug Control Policy Guidelines[3] protocols.

Assess whether the procedures in place for contacting a provider when a concern about a medication, adverse drug reactions or other problems are identified are adequate for safety.

Access and Entry

Strengths/Observations:
The mental health center is conveniently and centrally located in the community with most referrals coming from other agencies. Before a client is approved for services, the Case Management Director reviews all records, checks on all treatment goals, makes sure there is a link to a provider, and assigns a case manager. During the intake process the team will assure that the client's file includes release of information forms for other providers who have provided service to the client.

The Clinical Director is involved with intake assessments for each client. At intake an assessment for co-occurring disorders for each client is also completed; referrals will be made as needed.

A CM serves as the single point of contact for the client and family. R&S staff most directly interacts with individuals served on a schedule defined by the services plan.

All services are promptly provided within established time protocols by agency, state or federal policy. As noted in this report policy and procedure documentation is not complete and the team did not identify a policy to address prioritizing referrals.

Suggestion:

[2] http://www.smarxtdisposal.net/
[3] http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm

Consider creating a protocol to address prioritizing referrals for intake to services according to risk, urgency, distress, dysfunction and disability.

Continuity of Services through Transitions

Strengths/Observations:

Case managers are responsible when clients transition to other services and do their best to help during transitions to other services. There are times when a client just "picks up and leaves" and the case manager doesn't know where they went. Interviews with staff could not determine what action 3 Rivers has established to follow-up when clients disappear.

There is very little contact between 3 Rivers and client families. Most families are not engaged with the individuals served. Families are welcome to be included in a client's treatment as long as the client wants them involved.

During transitions to other services 3 Rivers facilitates continuation of access to medications to assure that the client has an appointment with a physician; that the client has enough medications to reach the next appointment and that the medication funding is established prior to discharge/transition.

RECOMMENDATIONS

1. **Develop a policy with procedures to comply with reporting requirements of MCA 53-21-107, and train all staff in the basic requirements.**

2. **Create an organization chart that clearly identifies lines of authority and decision-making so staff members and clients know who is responsible for all aspects of treatment, training, incident reporting, and supervision.**

3. **Produce a client intake packet that contains information specific to the services 3 Rivers currently provides. Add information about the advocacy services available to clients to the Client Handbook and on the Grievance reporting form. Also add a component to new employee training to describe the assistance available to clients and staff from these advocacy services**.

4. **Establish a Policy and Procedure manual for the agency to include education about mental illness cultural competency, abuse/neglect reporting, incident reporting, and medications use and disposal for new staff orientation, and include training protocols for new staff, and continuing education for existing staff.**

5. **Design a debriefing process for staff after an allegation of A/N has been investigated and resolved.**

6. **Establish a clear and defined Quality Assurance Plan that uses information provided by individuals served and staff to define and evaluate the services and identify program improvements.**

7. **Develop a Cultural Competence Plan that includes staff recruitment, staff training to identify cultural issues and respond to and accommodate the culture of the individuals served using cultural competency recommendations provided by SAMHSA[4].**

[4] Substance Abuse and Mental Health Services Administration
http://www.integration.samhsa.gov/workforce/Cultural%20Competency

Board of Visitors recommendations and 3 Rivers Response

Name of Facility: 3 Rivers Mental Health Solutions

Address: 715 Kensington Ste. 24B, Missoula MT 59801

Recommendation	Plan of Correction
1. **Develop a policy with procedures to comply with reporting requirements of MCA 53-21-107, and train all staff in the basic requirements.**	**Finding 1:** 3 Rivers Mental Health Solutions will include this information in all future new-hire trainings.
2. Create an organization chart that clearly identifies lines of authority and decision-making so staff members and clients know who is responsible for all aspects of treatment, training, incident reporting, and supervision.	**Finding 2:** 3 Rivers Mental Health Solutions has an organizational chart on file that conforms to standard business practices. 3 Rivers will look at ways in which it can be improved.
3. **Produce a client intake packet that contains information specific to the services 3 Rivers currently provides. Add information about the advocacy services available to clients to the Client Handbook and on the Grievance reporting form. Also add a component to new employee training to describe the assistance available to clients and staff from these advocacy services.**	**Finding 3:** 3 Rivers mental health solutions will evaluate its client intake packet to look for ways it can be improved and the information recommended by the board improved. 3 Rivers is constantly adding to its employee training program and will look for more ways to include advocacy service training into its new hire raining program.

4. **Establish a Policy and Procedure manual for the agency to include education about mental illness cultural competency, abuse/neglect reporting, incident reporting, and medications use and disposal for new staff orientation, and include training protocols for new staff, and continuing education for existing staff.**	**Recommendation 4:** 3 Rivers will add to its already extensive staff training program more education on the important topic of cultural competency. In addition to our individualized approach to meeting people where they are and designing their treatment plan based on their hopes and aspirations we will add some standardization to our training with regard to cultural issues. 3 Rivers has never dealt with any complaint of abuse or neglect but will continue to work to ensure information on how to respond to such an issue is developed and included in training material. 3 Rivers robust medication monitoring program and accompanying training which focuses on maintaining and developing independence will be updated to include a statement which clearly reflects our policy of returning all unused medication to a pharmacy. 3 Rivers will not change its existing policy on incident reporting at this time as the more elaborate an IR policy becomes the more exclusive it becomes. We want and insist that our IR policy be incident inclusive.
5. **Design a debriefing process for staff after an allegation of A/N has been investigated and resolved.**	**Recommendation 5:** 3 Rivers will design a debriefing process for staff after an allegation of A/N has been investigated and resolved.
6. **Establish a clear and defined Quality Assurance Plan that uses information provided by individuals served and staff to define and evaluate the services and identify program improvements.**	**Recommendation 6:** 3 Rivers quality assurance plan laid out in our policy and procedure manual which utilizes: an annual client survey which gathers client input to the program with the additional validity of being anonymous; staff input gathered at weekly group staff meetings and monthly individual meetings with their supervisor during which time these issues are specifically addressed; annual compilation and trending of all incident reports; annual analysis and trending of client discharges; information is compiled and reviewed by the administrator, medical director, case management director and clinical director. Will be looked at for potential improvements.

7. **Develop a Cultural Competence Plan that includes staff recruitment, staff training to identify cultural issues and respond to and accommodate the culture of the individuals served using cultural competency recommendations provided by SAMHSA4.**	**Recommendation 7:** 3 Rivers thanks the board for this recommendation and will address developing such a plan during the next programming review.

SIGNATURE M. Shea Hennelly MS DATE 12-26-12

TITLE Administrator

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