

Benefis Health
System
Behavioral Health
Department

Great Falls,
Montana

December 13,

2022

Site Inspection Conducted by the Mental Disabilities
Board of Visitors

Jeremy Hoscheid

Jeremy Hoscheid, Executive Director

OVERVIEW

Mental Health Facility reviewed:

Benefis Health System – Behavioral Health Department (Benefis)

Nicole Dresch, Manager of Behavioral Health Services

Authority for review:

Montana Code Annotated, 53-21-104

Purpose of review:

1. To learn about services provided by Benefis.
2. To assess the degree to which the services provided by Benefis are humane, consistent with professional standards, and incorporate Mental Disabilities Board of Visitors standards for services.
3. To recognize excellent services.
4. To make recommendations to Benefis for improvement of services.
5. To report to the Governor regarding the status of services provided by Benefis.

Site Review Team:

Board:

Mary Luinstra, Board Member

BOV Staff:

Jeremy Hoscheid, Executive Director

Craig Fitch, Attorney

Dennis Nyland, MH Ombudsman

Review process:

- Interviews with Benefis staff and clients
- Review of treatment activities, tour of Benefis facilities
- Review client treatment plans
- Review policy and procedures, organizational structure

Introduction

Per M.C.A. 53-21-104 the Mental Disabilities Board of Visitors (Board) conducted a site inspection of Benefis Health System - Behavioral Health Department on December 13, 2022. The Board inspected the Benefis West Campus which houses Benefis' inpatient unit and outpatient department.

Benefis Health System serves not only patients in Great Falls but is Montana's largest health system within northcentral Montana. Benefis serves in total over 230,000 patients a year across a 14-county region. The vital role that Benefis plays within Montana's healthcare system cannot be stressed enough. With the ever-changing landscape of physical and behavioral healthcare across the state, needed services in smaller rural communities are difficult to come by. One example of the important role Benefis plays can be found looking back to 2015. Benefis worked to ensure continued access to healthcare services in Choteau by encompassing Teton Medical Center into the Benefis Healthcare System family. Benefis has also worked to develop sustainable model of rural healthcare delivery across other areas that are in risk of losing vital health services.

The history of Benefis in Great Falls extends back to 1892 when five Catholic Sisters opened then what was originally known as Columbus Hospital. Under the direction of the Sisters, they also opened up the Columbus School of Nursing, Montana's first nursing school. In 1898, a Methodist group led by missionary Reverend William Wesley Van Orsdel, better known as Brother Van, opened Montana Deaconess Hospital. This same group was also influential in establishing the Montana Deaconess School in Helena, which would evolve to become what today is Intermountain. Over the next 100 years Columbus Hospital and Montana Deaconess Hospital would establish themselves as healthcare leaders in Montana as they not only provided patient care but also continued to embrace both medical and technological advancements in procedures. Facing a challenging healthcare market discussions began in the late 1980's about merging Columbus Hospital and Montana Deaconess Medical Center. In 1996 leaders of Columbus Hospital and Montana Deaconess Medical Center signed a merger agreement to form what is known as Benefis Health System. Benefis has transformed and evolved itself into the primary healthcare provider for North Central Montana and beyond. Since the Board's last visit Benefis has expanded the Peace Hospice program as well as became heavily involved in the development of Idaho College of Osteopathic Medicine, a medical school intended to serve the five-state region of Idaho, Montana, Wyoming, North Dakota, and South Dakota. Prior to the school's development, Idaho, Montana, and Wyoming represented three of the nation's five remaining states lacking medical schools. Statistics indicate there is a strong correlation between residency placement and place of first employment for today's physicians, Benefis saw the need to help with the training of school's students and became Montana's clinical hub for the school.

The mission for Benefis is "We provide excellent care for all, healing body, mind, and spirit.

The vision is clearly stated "To be the best health system in Montana"

Organizational Planning and Quality Improvement

The Benefis Behavioral Health Department operates within the larger Benefis Healthcare System. The Behavioral Health Department leadership team develops their department level plan in conjunction with the Benefis Health Systems overall system wide strategic plan. Leadership stated they spend time directly on the inpatient unit and outpatient department. Leadership regularly reviews ways to improve both inpatient unit and outpatient department processes, but they are also under the administration of the Benefis Healthcare System and need to align the Behavioral Health Department goals with the Benefis Healthcare System wide goals. There is constant communication with the Administration of the Healthcare System, so they are aware of what is going on within the Behavioral Health Department.

All three individuals in leadership roles in the Behavioral Health Department are hands on, experienced, and knowledgeable about how to operate their program and clearly deliver the message of delivering high quality patient care. The Behavioral Health Department leadership meets every 6 months to update and review their progress and adjust as needed. There has been a clear focus on changing the leadership structure to better serve the patients and staff within the Behavioral Health Department.

During the strategic planning process, the leadership takes into consideration the patient satisfaction surveys and utilize staff meetings to discuss this info. For example, with the PHP/IOP programs there was a clear adjustment made to become more patient centered and deliver what is needed most in the units. Leadership also stated they have employee forums where employees can provide feedback on a non-identified basis, usually three times a year. It was also mentioned that an annual retreat is held with the leadership team. These annual retreats are a time for leadership to come together as a group and reflect on how things are going, discuss what is working well and what things can be improved on. The Behavioral Health Department also hosts an annual retreat specific to the Behavioral Health Outpatient Counseling Department. This includes the counseling team to reviewing and discussing the PHP/IOP service as well as other offered aftercare groups. Benefis also utilizes a Shared Governance model which is an employee led group.

Staff stated that there are bi-annual QA/QI reports that are done throughout the hospital. They stated the information gathered goes through the following process: The information goes from the department level to the hospital administration and ends up eventually at the hospital board level.

During the interview with the staff, they stated they have self-selected a list of QA items that they closely watch. They stated they try to reduce the number of AMA (Against Medical Advice) cases, try to reduce falls, always watching for suicidal gestures/ideations, and lastly watching and hopefully reduce medication errors.

The staff interviewed stated they felt there was a safe work environment at the Behavioral Health Department and felt like they were able to communicate “openly” with any part of the organization. The overall impression from the staff was they enjoyed working for Benefis

Behavioral Health Department. This is in line with the Boards observations in 2013 where it was noted that the staff had a strong respect for each other and exuded a strong *esprit de corps*.

Rights, Responsibilities, and Safety

When talking with the staff regarding advocacy services available to individuals, it was clear that the staff knew about the different advocacy programs in their service area and other advocacy services/groups statewide. When asked what they knew about the Board of Visitors (BOV), the Mental Health Ombudsman (MHO), or Disability Rights Montana (DRM), the staff interviewed generally knew the purpose/duties of these offices.

During the interviews, staff stated there were signage and brochures for the different advocacy programs, including the BOV, MHO, or DRM. During the site inspection/facility tour, there were multiple places where the advocacy program signage was displayed in plain view for patients to see the information. Staff also stated the information for the different advocacy programs are included with the admission packets when patients are admitted into the unit.

The patient is given the opportunity for expressing concerns by completing a patient satisfaction survey and they also receive a patients' rights booklet. Benefis works with the individual on accessing the formal grievance form which the patient can fill out if they feel it is warranted. Benefis also provides patients with access to an internal patient advocacy hotline that can be used.

In the facilities policies, there are sections that talk about abuse and neglect. The policies are generalized, giving information on where to report the abuse/neglect (CPS, APS, etc.). There was no reference in the policies on the requirements for reporting allegations of abuse and neglect (MCA 53-21-107). Talking with staff and asking how they would handle an investigation of an alleged abuse/neglect, they seemed competent on the steps needed to follow through (Patient was safe, work with and interview patient, interview staff involved, bring in leadership, and knowing that there are HR procedures that need to be completed).

There were discussions regarding the training staff received for aggressive and difficult behaviors by individuals. It was mentioned that they used the M.O.A.B. (Model of Aggressive Behavior) model. It was explained by staff that there are three tiers that they work on with this model.

Individual, Family Member Participation

The Behavioral Health Department makes every attempt to involve the individual, family members and guardians in participating in the treatment and care of the patient. There is a process for documentation of family/guardian participation or involvement during a patient's treatment program; clients are asked if they have any family or friends they would like to include in their treatment. However much like other providers that serve strictly adult clients, there isn't

an emphasis on involving family or friends unless the client makes a specific request to involve them. Once that request is made from the patient, the Behavioral Health Department does a good job of relating to and working with the family members and guardians of the patient. They have robust communication, and the family members are able to contact nurses, therapists and even the physician to aid in the treatment plan for the patient and their continuing care. The Behavioral Health Department also provides parenting services referral and try to take a holistic approach to treatment. They offer a children's area in the Women's Health Clinic located outside the East Campus of Benefis Hospital.

At Benefis the treatment planning process begins at admission. Benefis has a designated mental health professional within the emergency department that will take information for treatment planning purposes. Assessments, treatment planning sessions, and treatment reviews proactively include the participation of individuals, and with their consent, family members/guardians and every patient receive a copy of their treatment plan.

Cultural Effectiveness

Benefis does have a lot of involvement with the military community, since Malmstrom Air Force Base is located in Great Falls. Benefis does appear to have good coordination and communication with the services on the air force base and commented several times about working closely with that patient population.

Benefis has a specific process for patient cultural identification at the time of intake and utilizes specific self-identifications in developing a treatment plan. In addition, Benefis analyzes the cultural, ethnic, religious, racial demographics of the service area with a specific emphasis on military service members and American Indian people. Staff are knowledgeable about, and receptive to the cultural, ethnic, social, historical, military service, and spiritual issues relevant to the mental health treatment of the people served.

While Benefis doesn't have a complete cultural effectiveness plan within the behavioral health department, (individual treatment plans are not developed by, or in consultation with, a culturally competent clinician and there doesn't appear to be a plan for recruitment, retention, and promotion of staff from cultural/racial/ ethnic backgrounds representative of the community served) the facility comes as close to having a comprehensive ability to provide culturally effective treatment as any facility that BOV has inspected.

Two very impressive and unique set of programs that Benefis has invested in are the Papoose Rattler Memorial Native American Welcoming Center¹ and the Native American Advisory Board. The welcoming center is described as specific area of the hospital that has tribally

¹ <https://www.benefis.org/patients-visitors/native-american-resources>

enrolled staff and is “a warm, friendly environment and a variety of services that support the traditions and culture of Native American patients and their families.”

The Advisory Board “works in partnership with Tribal and other Native American communities,” to “reduce health disparities” and the partnerships are “guided by standards of care, cultural principles and community values.”

Staff at Benefis also mentioned there is a Hutterite population they work with, as well, who have their own individual and unique cultural needs. It was noted the great deal of compassion here and a particular story that the Board found interesting and a little heart breaking. Staff at Benefis allow the Hutterite women to wear their head covering during treatment. The allowance of the head covering is out of respect for their cultural/religious beliefs. The staff receives monthly and annual training in cultural effectiveness on the unit to provide for these culturally sensitive needs.

Staff Competence, Training, Supervision, and Relationships with Residents

Benefis defines optimum knowledge and competence expectations within the job descriptions reviewed. Each of these positions has specific details regarding knowledge and competence expectations when working with individuals with mental illness or emotional disturbance for each staff position providing services. Upon beginning employment with Benefis an employee goes through a 6-week orientation (Inpatient Unit) or 4-week orientation (Outpatient Department). Leadership stated that managers in the department also go through an on-boarding process, which included the managers spending time with their staff within their department and managers are also encouraged to be part of the health systems budget process.

During an employee’s annual meeting the supervisors will get feedback from the floor nurses regarding employee’s performance. At this point action plans are developed to address any deficiencies and develop new competencies to act as a roadmap for the employee’s professional development. It was clear to the Board that Benefis has instilled a culture of coaching amongst the Behavioral Health Department staff with accountability and professionalism being top of mind focus.

Staff are offered education through the APNA (American Psychiatric Nurse Association) and the educators from the state for continuing educations. Staff are also awarded not only these free education and training courses, but Benefis will also offer scholarship dollars should they choose to want to participate in any coursework outside of what is offered by Benefis or the state.

Staff Members regularly receive training that includes suicide awareness/prevention and behavioral intervention strategies (M.O.A.B.). Benefis also offers staff members regular monthly opportunities for in-service training activities that range on a wide variety of topics. Benefis also takes the additional step by providing CEU’s for their counselors as part of that individual employee’s contract. It was noted that this approach has been successful in regard to employee retention.

It was evident to the Board that it is important to the leadership to make sure the staff under them (supervisors, managers, etc.) were properly trained to be successful. Staff stated there were opportunities for them to be part of leadership skills building exercises. It was also mentioned that supervisors want to “bridge the gap” with their line staff, since those staff are the “boots on the ground” and see what is going on at the ground level of the BHU. It was emphasized that supervisors were not just for the disciplinary but to also give praise and recognition to staff members when it is deserved.

Treatment and Support

Benefis offers the greater northcentral Montana area with both inpatient acute psychiatric services and outpatient services which includes an intensive outpatient program (IOP) and a partial hospitalization program (PHP). As a part of the behavioral health unit’s admitting process patients/clients are given a physical and psychiatric assessment where medical conditions that may be responsible for presenting psychiatric symptoms are ruled out. Clients that remain active in the outpatient services are linked to primary physical health services and the facility ensures that individuals have access to needed medical and dental care. Benefis has a strong working relationship with Alluvion, an FQHC in Great Falls, to connect these individuals with primary care services.

A written treatment plan and a discharge plan is in place within the statutorily designated timeframe and implemented for individuals receiving services at the facility. The facility provides treatment and support that incorporates trauma informed care and staff receives ongoing training on universal trauma precautions.

In addition, Benefis offers support for the physical and emotional safety of staff members and individuals. When a potentially traumatic incident occurs, the leadership/management thoroughly reviews the event and individually assesses participants/victims/witnesses for potential trauma. Benefis also completes a de-briefing session with staff involved in incident.

One of the issues mentioned here by the staff was the difficulty getting prior authorization for PACT (Program for Assertive Community Team) services in a timely manner. This service is quite critical to the care of patients after discharging from the hospital setting and it was noted that prior authorizations are taking multiple weeks to be completed. It was noted that this issue seems to be exacerbated since the prior authorization process was changed in fall of 2022. Staff noted it was much easier to get the prior authorization needed during the COVID emergency than it is currently.

Access and Entry

As the BHU is part of the larger Benefis Health System, that they have a unique and close working relationship with the Emergency Room Department.

A patient's first experience in the Behavior Health Services Unit begins with their entry at the Emergency Room, where they have trained staff to review their condition and rule out any possible physical illness that could be causing psychiatric symptoms. Both a nurse and a psychiatrist see the patient after their initial screening upon entry to the Emergency Room at Benefis Hospital East Campus. The staff are trained in what they call M.O.A.B., for safe de-escalation of patients with unsafe mental health issues and concerns. The patient is then assessed by the mental health professional and psychiatric provider and then it is determined from that screening and examination their need for services.

Benefis partners with Alluvion Health, Many Rivers Whole Health, and Malmstrom Air Force Base to provide critical care for patients. Malmstrom Air Force Base operates its own mental health clinic, which provides outpatient mental health services to its members. Patients are referred to the outpatient clinic from the Benefis BHU when a military member is involved, and that member is able to be safely discharged to that outpatient level of treatment.

In reference to the timely access to psychiatric assessment upon admission, it was stated that the assessment would be done within 24 hours and a lot of times are assessed by a psychiatric nurse within the first couple hours of admission. As far as treatment, they stated that the treatment process is started immediately after the assessment is complete.

Continuity of Services through Transitions

The patients are able to have continued care through outpatient support at the hospital. They are set up with continuing therapy sessions after their hospital stay which are provided at the unit as outpatient services. Overall, Benefis Behavioral Health Unit has a cohesive, concerned, and caring staff that assists the patients that they serve. The Board was particularly impressed by their empathy toward their patients and their desire to provide continuing support for patients after discharge from the unit.

Before an individual exit's inpatient services, Benefis reviews the individual's treatment and supports outcomes then arranges for follow-up appointments with these providers. Staff provides information on the range of relevant services and supports available in the community to them and assists with the transition process when an individual moves to another service provider.

When an individual was receiving community mental health services prior to an inpatient or residential treatment admission, Benefis staff assumes primary responsibility for continuity of care between inpatient or residential treatment and community-based treatment. When an individual was not receiving community mental health services prior to inpatient treatment, Benefis staff assume primary responsibility for continuity of care between inpatient or residential treatment and community-based treatment.

Recommendations

Overall, the Board came away impressed with the quality of the patient care and treatment at Benefis Behavioral Health Department. While Benefis and the Behavioral Health Department are facing the same staffing struggles as many providers across Montana are, the Board appreciates the time and effort Benefis leadership has already spent on trying to internally address employee retention and development. It was clear to the Board that there is a culture of coaching amongst the supervisors as well as a commitment from everyone to continuing carrying out the organization's mission and vision. Below are recommendations from the Board to Benefis Behavioral Health Department.

- Develop and implement into policy the reporting to the Board of any Abuse and Neglect reports as per M.C.A. 53-21-107
- Develop and implement Peer Support Services and Military Peer Support that would be exceptional additions to continuing care for patients.
- Look to hire, or contract with a Culturally competent/tribally enrolled clinician who can assist with treatment planning for Native American patients.
- Develop a designated outdoor space for patient treatment. Currently, there is no designated outdoor space for patients to be able to use. The staff mentioned they try to take the patients outdoors, when possible, but there is no designated outdoor space or courtyard area for patients to be taken to where they can be safe and enjoy the outdoors.
- Work with Benefis Health System Leadership to develop plan to house all Behavioral Health Department services in one location. Currently some of the Behavioral Health Department services are provided outside the unit or across the street from the unit, where the Nursing School is currently residing. By having all Behavioral Health Department operations in under one roof, this would be advantageous for both patients, staff, and in training future medical or nursing students.