Mental Disabilities Board of Visitors

SITE REVIEW REPORT

Billings Clinic Psychiatric Services

Billings, Montana

November 8 – 9, 2007

Gene Haire

Gene Haire, Executive Director

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OVERVIEW

Mental Health Facility reviewed :

Billings Clinic Psychiatric Services (BC)
Billings, Montana
Carol Christensen - Manager

Facility Type - Psychiatric Inpatient

Authority for review :

Montana Code Annotated, 53-21-104

Purpose of review :

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

BOV review team :

Staff:	**Board:**	**Consultants**:
Gene Haire, Executive Director	Brodie Moll	Tom Bartlett
Craig Fitch, Legal Counsel		Jack Hornby, MD
LuWaana Johnson, Paralegal		Jacki Hagen, PharmD
		Pat Frawley, LCSW

Review process :

- Interviews with BC staff
- Observation of treatment activities
- Review of written descriptions of treatment programs
- Informal discussions with patients
- Inspection of physical plant
- Review of treatment records

ASSESSMENT OF SERVICES

Youth Partial Hospitalization

Brief Overview of Services (from BC *Plan of Care*)

- *"...offers outpatient treatment and education to children and adolescents who are no longer an imminent danger to themselves or others, but who can benefit from a structured environment and active treatment in a therapeutic setting. Billings Clinic contracts with Yellowstone Academy to provide the accredited educational component of the program. Program hours: 8:00am - 3:30pm, Monday through Friday..."*

Staffing

- Psychiatrist
- Clinical Coordinator
- Licensed Nurses
- Licensed Mental Health Professionals
- Mental Health Workers
- School District #58 Teachers and Classroom Aides
- Care Manager

Youth Partial Hospitalization	Comments / Analysis
Overall impressions about the quality of Youth Partial Hospitalization services.	**STRENGTHS:** ▪ Excellent, very well-managed program where youth have excellent therapeutic and educational opportunities. It is ideal for youth who were recently hospitalized and need a step down program and for youth who do not quite meet criteria for hospitalization. ▪ The program in located in close proximity to the hospital so that a child be moved to the higher level of care if necessary. ▪ Long term and committed staff. ▪ Collaboration with Yellowstone Academy.
	CONCERNS: ▪ Medications are administered to youth in a way that does not promote privacy. This can cause negative reactions and could inhibit them from asking questions or expressing concerns about their medications. **SUGGESTIONS:** ▪ Rather than giving medications in the classroom, consider doing it in the nurses' office in a manner that would encourage discussion and questions about medication.

Inpatient (Youth and Adult)

Brief Overview of Services (from BC *Plan of Care*)

- *"...provides short-term, acute inpatient care to ... adults who pose imminent danger of harm to themselves or others or are functionally impaired so as to present a danger to themselves. Admission and care are provided 24 hours/day, seven days/week. The focus of treatment is to provide safety for each patient while individualized assessment, stabilization, and discharge planning is performed by the multi-disciplinary treatment team."*

Staffing

- Psychiatrists
- Clinical Coordinators
- Licensed Nurses
- Mental Health Workers
- Therapists
- Case Managers
- Nurse Practitioner
- Unit Clerks

Youth/Adult Inpatient	Comments / Analysis
What are your overall impressions about the quality of Adult Inpatient services?	**STRENGTHS:** ▪ BC provides good medical psychiatric care in the face of increasing demands and corresponding economic issues. ▪ In the face of increasing demands, the psychiatric staff appears to maintain a positive enthusiastic attitude. ▪ BC utilizes medical students from the University of Washington which adds educational stimulation for staff. ▪ This is a large facility with the capacity for expanding either the youth or adult areas. ▪ Everyone, from the CEO through the line staff, clearly projects a strong commitment to providing good service to people with mental illnesses who need acute care; this was reinforced when BOV spoke with patients on the unit. ▪ All staff BOV talked to said they enjoy their work, received good training before actually working on the units, have a good working relationships with the other staff, and enjoy the change of working on both the adult and youth units (see later comments on the potential problems related to frequent changes in unit assignments). ▪ The facility is well-managed. ▪ The new Emergency Department 'Pod B' that is used for psychiatric admissions is very impressive. ▪ The patients who were most satisfied with their care were first time admissions who appreciated the group sessions and were committed to learning about their illness.

	CONCERNS: ▪ Pediatricians have been unwilling to follow up their patients or come on the Youth Inpatient Unit to offer medical attention/coverage. BC managers reported to BOV that steps have been taken to correct this problem. ***** ***** *The process of providing Pediatric consultations was changed just prior to the BOV site review. The pediatricians are now available to care for our inpatients when the Psychiatrists request a consultation.* ▪ Limited individual therapy. ▪ Groups are frequently led by inexperienced, and possibly unqualified, mental health worker staff who appear to need more training. ▪ Understaffing and shifting of staff from youth to adult units and back based on census demands - while understandable from a management perspective - could be disruptive to continuity of care and comfort of patients (see comments under **Staff Competence, Training, Supervision, and Relationships with Patients**, p. 25). ▪ There is a paucity of ancillary services – no occupational therapy and more importantly recreational therapy; this is a very confining, unnatural milieu – like most hospitals - and these therapies are important normal activities and are lacking (the gym and arts and crafts room is not currently used for the adults). ▪ Patients reported to BOV that they have a hard time finding staff when they need them. **SUGGESTION:** ▪ Consider reevaluating the practice of having relatively untrained Mental Health Worker Staff run groups. Ensure that any Mental Health Workers who do run groups are thoroughly trained and actively supervised by mental health professionals at all times.

MENTAL DISABILITIES BOARD of VISITORS STANDARDS

Organizational Structure, Planning, Service Evaluation	Comments / Analysis
Structure:	
Are the lines of authority and accountability in both the organizational chart and in practice: ➢ simple and clear for all staff? ➢ lead to a single point of accountability across all sites, programs, professional disciplines and age groups?	organizational chart - **YES** practice - **NOT SO MUCH** (see additional comments under **Staff Competence, Training, Supervision, and Relationships with Patients**, p. 25) **CONCERN:** ▪ It appears to BOV that the lines of authority and accountability are much more clear to the BC managers and professional staff than to the Mental Health Workers. ▪ It appears that, because Mental Health Workers' unit assignments shift somewhat frequently, they have a hard time attuning with a particular unit or unit team. **SUGGESTION:** ▪ Reach out to Mental Health Workers - ask them what their perceptions are about their roles and their understanding of their place in the organization. ▪ Consider reviewing Mental Health Worker schedules so that they know that they are going to be in one unit for more than a day at a time. **Billings Clinic Comment: When possible, the staff is assigned as consistently as possible. The needs of the units are the primary consideration, and these can change often. All staff are trained to work in both areas to provide for flexibility in assignment.**
Does the structure of BC reflect / support a multidisciplinary approach to planning, implementing, and evaluating care?	**YES** **STRENGTHS:** ▪ Leadership appears to welcome input from all levels of staff. ▪ Mental Health Workers appeared comfortable speaking with their supervisors and higher levels of the chain of command. ▪ BC leadership appear to have set high expectations for patient care, and those expectations have been embraced by the staff at all levels. ▪ BOV was impressed with how staff are very approachable with and helpful to each other.

Planning:	
Does BC produce and regularly review a strategic plan that is made available to the defined community?	**YES** **STRENGTHS:** ▪ BC's approach to strategic planning is comprehensive and demonstrably used as a dynamic tool for planning, for establishing "who will do what by when", and for accountability. ▪ BC's strategic planning approach could be a model for emulation by other mental health provider organizations in Montana.
Does the strategic plan include:	
➢ patient needs analysis	**YES**
➢ community needs analysis	**NO** **CONCERN:** ▪ Crow Agency behavioral health and other American Indian behavioral health representatives are not proactively brought into the planning process.
➢ strategy for increasing the use of evidence-based practices	**YES**
➢ strategy for the measurement of health and functional outcomes for individual patients	**YES**
➢ strategy for maximizing patient and family member / carer participation in BC	**NO**
➢ strategy for improving the skills of staff	**YES**
Evaluation:	
Are designated staff accountable and responsible for the evaluation of all aspects of the service?	**YES**

Does BC involve the following in the evaluation of its services: ➢ patients? ➢ family members / carers? ➢ BC staff? ➢ other service providers?	patients - **YES** **STRENGTHS:** ▪ Each patient is given a Satisfaction Form to fill out upon discharge. Periodically, the Nurse Clinician goes through the forms, makes a note of issues to address, and brings the issues to management meeting where solutions are discussed and carried out. family members / carers - **YES** (BC could be more proactive in this area - see **Patient / Family Member Participation**, p. 19) **STRENGTHS:** ▪ BOV met and visited informally on the units with patients, family members and staff. Staff expressed satisfaction with their ability to have input; family members expressed their satisfaction about being involved the process; and a majority of the patients BOV talked with were able to describe why they were there, what their treatment program consisted of, and what their role was in the overall process. other service providers - **NO** **CONCERN:** ▪ Crow Agency behavioral health and other American Indian behavioral health representatives are not proactively brought into the evaluation process. **RECOMMENDATION:** (see recommendation under **Cultural Competence**, p. 23)
Does BC routinely measure health and functional outcomes for individual patients using a combination of accepted quantitative and qualitative methods?	**YES** **STRENGTHS:** ▪ BC uses a cognitive behavioral therapeutic approach and dialectical behavioral therapy (DBT) classes which lend themselves to strategic, practical approaches for managing ongoing treatment needs, and to analysis of outcomes which are more measurable. As noted later in this report, BC is approaching a midpoint in shift from paper to electronic record-keeping. The system BC is moving into appears to have good potential for tracking of outcomes.

Rights, Responsibilities, Safety, and Privacy	Comments / Analysis
***Rights, Responsibilities*:**	
Does BC define the rights and responsibilities of patients and family members/carers?	**YES**
Does BC proactively promote patient/family member/carer access to independent advocacy services?	BC clearly welcomes involvement by and is supportive of patient/family access to advocacy services. The information is available if patients/family members know to ask for it, or reads the posted information on the wall of the nurses' station. It is unclear whether BC proactively explains these services or actively promotes access. **STRENGTHS:** ▪ Advocacy group information (Montana Advocacy Program, the Board of Visitors, the Mental Health Ombudsman) information is posted in the halls where the nursing stations are (both adult and youth units). Patients appeared to know about BOV. **CONCERNS:** ▪ Direct care staff seemed marginally informed about advocacy services and unsure about how to communicate with patients about them; some reported that this was covered in initial staff training. **RECOMMENDATION:** 1) Re-evaluate the written and verbal information about advocacy services provided to patients and family members; ensure that access to advocacy services is proactively promoted. 2) Re-evaluate staff training related to advocacy services; ensure that all staff are knowledgeable about advocacy services.
Does BC prominently display posters and/or brochures that promote independent advocacy services including the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program?	**YES** **STRENGTHS:** ▪ Posters for the above agencies are displayed on each unit. ▪ NAMI-Billings brochures were available in the lobby.
Does BC have an easily accessed, responsive, and fair complaint / grievance procedure for patients and their family members/carers to follow?	**YES** **STRENGTHS:** ▪ Everyone BOV asked was consistent in describing the ease with which patients or family members could file grievances or complaints. ▪ Both staff and patients seem to know that the grievance forms are readily available whenever one is needed. **SUGGESTIONS:** ▪ Include a grievance form in every patient's intake packet. ▪ Post a grievance form on each unit. ▪ Include the whole grievance process in training provided to all staff.

Does BC provide to patients and their family members/carers at the time of entering services in a way that is understandable to them:	
➢ a written and verbal explanation of their rights and responsibilities?	**YES** **STRENGTHS:** ▪ The patient's rights and responsibilities are explained to each patient when in the Emergency Room (all Admissions to the Psychiatric Center go through the Emergency Room). ▪ Case manager provide a written copy of and explain the Rights and Responsibilities after the patient is established on the unit. **CONCERNS:** ▪ A minority of the adult patients interviewed said they were given the Informational Handout. (BOV understands that when admitted to a psychiatric unit, a patient may be in acute distress and may not remember receiving written information).
➢ information about outside advocacy services available?	**NO** **CONCERNS:** ▪ Advocacy information is provided only via posters; this information apparently is not provided in intake packets or verbally upon admission.
➢ information about the complaint / grievance procedure	**YES** **CONCERNS:** ▪ Grievance information provided to patients is referenced to the BC organization, and not specifically to Psychiatric Services. ▪ Information about the grievance process is not posted.
➢ information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances?	**NO** **CONCERNS:** ▪ Information about BOV is contained in posters. Specific information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances is not provided. ▪ BC policy titled COMPLAINTS and GRIEVANCES (Policy # PR-104) does not contain information about assistance available to patients from the Mental Disabilities Board of Visitors in filing and resolving grievances.
Does BC display in prominent areas of its facilities:	
➢ a written description of patients' rights and responsibilities?	**YES** **CONCERNS:** ▪ Posted rights information is in extremely fine print and difficult to read.

➢ information about advocacy services available (the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program)?	**YES**
➢ the complaint / grievance procedure?	**NO**
Are staff trained in and familiar with rights and responsibilities, advocacy services available, and the complaint / grievance procedure?	**STRENGTHS:** ▪ New staff receive training on rights and responsibilities, advocacy services, and the complaint/grievance procedure and know that the advocacy services available are posted on the units. ▪ The direct care staff that BOV spoke with seemed clear about the fact that grievances, abuse/neglect investigations happen when needed, and that patients, and/or staff, can ask for these easily. ▪ There are a lot of staff in both the inpatient and partial hospital programs. They have a show of support system that appears to be very responsive to crisis situations. **CONCERNS:** ▪ Both senior Mental Health Workers as well as workers who have recently completed initial orientation and training appear marginally aware of these areas. ▪ Mental health workers report that they are told to go to a nurse or charge nurse to answer any questions that come up. ▪ Staff reported that once a grievance or abuse/neglect allegation is made, staff involved in communicating with the patient about the allegation/incident sometimes aren't informed about the resolution. ▪ Staff does not seem to know what the grievance process is, from beginning to end or what happens to the grievance form once they give it to a supervisor . They know that the forms are to be given to a patient on request and then forwarded to supervisor of the unit; after that, everything seems hazy and line staff does not seem to know what happens. ▪ Staff do not appear prepared to explain the process to patients who want to file a grievance.
	RECOMMENDATIONS: 3) Re-evaluate the written and verbal information about grievances provided to patients and family members; ensure that information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances is provided and access to such assistance is proactively promoted. 4) Re-evaluate staff training related to grievances and the grievance process; ensure that all staff are knowledgeable about grievances and the grievance process.

Safety:	
Does BC protect patients from abuse, neglect, and exploitation by its staff and agents?	**YES** **STRENGTHS:** ▪ Staff at all levels are very complimentary about each other and BC supervisors in this area. Staff members take this issue very seriously and feel very good about the support that they give each other, the support they get from supervisors and professional staff, and the diligence by all staff to proactively guard against abuse or neglect. ▪ Initial staff training stresses that patients must be protected from abuse, neglect, and exploitation. **CONCERN:** ▪ One nursing staff person interviewed by BOV was not conversant with definitions of abuse/neglect (even generally), reported that staff might have difficulty determining types of behaviors that would meet the definition of abuse/neglect and suggested that all staff could benefit from ongoing abuse/neglect training. **RECOMMENDATION:** 5) Re-evaluate staff training related to abuse/neglect; ensure that all staff are knowledgeable about abuse/neglect definitions, reporting requirements, and requirements for investigations.
Has BC fully implemented the requirements of 53-21-107, Montana Code Annotated (MCA), 2007 (requirements related to reporting and investigating allegations of abuse and neglect)?	**NO** No line staff person BOV spoke with was familiar with this requirement. **CONCERN:** ▪ BC policy, Suspected Incidents of Physical, Emotional, or Sexual Abuse, Neglect, or Exploitation of Child, Elderly, or Persons With Developmental Disabilities (Policy # PCGM-113) does not address the requirements of 53-21-107, MCA, 2007. ▪ No line staff person BOV spoke with was familiar with this Montana Statute. ▪ Staff reported that abuse/neglect investigations debriefings were not consistent in quality and thoroughness and appeared to be dependent upon who was conducting the process. **STRENGTHS:** ▪ The Psychiatric Services Manager stated that the concern regarding inconsistency of abuse/neglect investigations has been recognized and that BC is implementing a new system that will reduce this inconsistency. **RECOMMENDATION:** 6) Incorporate the requirements of 53-21-107, MCA 2007 into BC policy # PCGM-113.

Are BC staff trained to understand and to appropriately and safely respond to aggressive and other difficult behaviors?	**YES** **STRENGTHS:** ▪ **S**taff receive Crisis Prevention Institute (CPI)[1] training in their orientation, and then ongoing annual web based training. Staff complete initial certification (8 hours) in CPI and then annual re-certification course (4 hours). ▪ Staff report that CPI training has been very beneficial in difficult situations that arise. ▪ All staff BOV interviewed were complementary about the BC commitment to the safety of staff and patients on the unit; felt positive about training; and reported confidence that other staff would immediately be there to help.
Does BC utilize an emergency alarm or other communication system for staff and patients to notify other staff, law enforcement, or other helpers when immediate assistance is needed?	**YES** **STRENGTHS:** ▪ Staff are given beepers to carry with them in the secure unit to contact other staff for a 'show of support' for assistance in an emergency. If necessary they use the intercom to call for a 'STAT' response if there is need for additional assistance.
Do patients of BC have the opportunity to access staff of their own gender?	**YES**
Does BC have a procedure for debriefing events involving restraint, seclusion, or emergency medications; aggression by patients against other patients or staff; and patient self-harm; and for supporting staff and patients during and after such events?	**YES** **CONCERN:** ▪ There is no written record of critical incident debriefings. ▪ Staff reported that critical incident debriefings were not consistent in quality and thoroughness and appeared to be dependent upon who was conducting the process. (The Psychiatric Services Manager stated that this problem has already been recognized and that BC is implementing a new system that will reduce this inconsistency.) **Billings Clinic Comment: Debriefing is part of the process for any seclusion/restraint, Show of Support, or STAT call. Debriefing with the patient is documented in the clinical record. Debriefing or "posting" with staff involved in the incident when a Show of Support or STAT is called is documented and provided to Supervisory staff as part of Process Improvement. We are attempting to improve the consistency of this practice.** **SUGGESTION:** ▪ Consider implementing a procedure for generating a written record of critical incident debriefings.
Does BC conduct appropriate criminal background checks on all prospective staff?	**YES**

Privacy and Confidentiality:	

[1] http://www.crisisprevention.com/

Does BC staff maintain patients' wishes regarding confidentiality while encouraging inclusion of family members?	**YES** **STRENGTHS:** ▪ Staff report that patients' families are welcomed, and that participation is encouraged. **CONCERN:** ▪ One family member of a current patient reported being very unhappy with her experience; she reported that she did not receive adequate information on admission, and that discharge communication with the family (with whom the patient was to live after discharge) was not adequate. ***BOV communicated these concerns to the Manager and the Case Manager; the Manager facilitated direct communication with the family member and did a good job of addressing the concerns.***
Do locations used for the delivery of mental health care ensure sight and sound privacy?	**YES** **STRENGTHS:** ▪ BC has a number of consultation rooms that offer excellent privacy. ▪ All rounds and discussions with patients are done in private (as much as possible). There are two rooms on the units where the doctors talk with patients and in the secure unit all discussions are carried out in patients' rooms or in the day hall if no one else is present. **CONCERN:** ▪ Because the inpatient units are somewhat congested when the census is high, the patient telephone that is close to the nurse's station does not allow for much privacy.
Does BC provide patients with adequate personal space in both indoor and outdoor care environments in residential and inpatient settings?	**YES** **STRENGTHS:** ▪ An outside, enclosed courtyard, along with a gym and a room for arts and crafts is available for patient use in addition to the community room on each unit where meals are served, television can be viewed, and games and puzzles are available. ▪ Clinic provides adequate space for sleeping and storage of personal items

	CONCERNS: ▪ It appears that patients have limited ability to go outdoors; the outside courtyard cannot be utilized unless a staff person is available to go outside; and tight staffing patterns make this challenging. ▪ The community areas are quite confined and patients are not able to "move" much. ▪ Boredom seems to be prevalent among the adults even though group sessions are conducted during the morning and afternoon hours. ▪ It appears that patients may need to be able to get outdoors more often. **SUGGESTION:** ▪ Consider more creative ways to ensure that all patients have adequate time outdoors.

Informational Documents	Comments / Analysis
Does BC have and proactively provide the following in writing to patients and family members/carers:	The BC manager acknowledged that they need to revise the information packets provided to patients.
▪ information about patient rights and responsibilities, including information about the complaint / grievance procedure, and assistance available from the Mental Disabilities Board of Visitors	have - **YES** provide - **YES**
▪ information about independent advocacy services available	have - **YES** provide - **NO**
▪ descriptions of program services	have - **YES** provide - **YES** **STRENGTHS:** ▪ The Informational Handbook and Youth Orientation Packet are very informative both for the patient and the family. Also stated in both is the following: "If you need clarification regarding any of this information, please contact one of the staff and they will be glad to assist you."
▪ mission statement	have - **YES** provide - **NO**
▪ information about all mental health and substance abuse treatment service options available in the community	have - **YES** provide - **NO**
▪ information about psychiatric disorders and co-occurring psychiatric and substance use disorders and their treatment	have - **YES** provide - **YES**
▪ information about medications used to treat psychiatric disorders	have - **YES** provide - **YES**
▪ information about opportunities for patient / family member / carer participation in management and evaluation of the service	have - **YES** provide - **NO**

▪ staff names, job titles, and credentials	have - **YES** provide - **NO** **<u>Billings Clinic Comment:</u> While this information is not provided in writing to patients, staff are required to wear name badges by Billings Clinic and the State Board of Nursing. All information is listed on the name badge.**
▪ organization chart	have - **YES** provide - **NO**
▪ staff code of conduct	have - **YES** provide - **NO**
Does BC have and provide the following documents to patients and family members / carers and others on request:	
▪ strategic plan	have - **YES** provide on request - **YES**
▪ quality improvement plan	have - **YES** provide on request - **YES**
▪ current service evaluation report(s) including outcome data	have - **YES** provide on request - **YES**
▪ description of minimum competence and knowledge for each staff position providing service to patients	have - **YES** provide on request - **YES**
▪ description of minimum competence and knowledge for each staff position supervising direct care staff	have - **YES** provide on request - **YES**
▪ written orientation and training material for all direct service staff addressing mental illnesses, treatment modalities, and other topics related to provision of mental health services specific to each position	have - **YES** provide on request - **YES**
▪ written orientation and training material for patients / family members / carers relative to roles in service provision, management, advising, or evaluating of the service	have - **NO** provide on request - **NO**

Patient / Family Member Participation	Comments / Analysis
Does BC recognize the importance of, encourage, and provide opportunities for patients to direct and participate actively in their treatment and recovery?	**YES** **STRENGTHS:** ▪ BC expects and encourages each patient to actively participate in treatment and medication decisions so that the treatment can be continued when back in the community. **SUGGESTION:** ▪ Consider ways to be proactive in working with patients more holistically by engaging them in conversations about and planning for active recovery - steps that can begin in the hospital and continue after discharge.
Does BC identify in the service record patients' family members/carers and describe the parameters for communication with them regarding patients' treatment and for their involvement in treatment and support?	**YES** **STRENGTHS:** ▪ When BC has the information, family members/carers are listed in the medical chart and permission is obtained from the patient so that staff can discuss treatment and discharge plans with them. ▪ Family members appear to have good access to their family member/patients. **CONCERN:** ▪ It appears that BC is not proactive in identifying and contacting family members to solicit their involvement in their family member's treatment; family member who become involved typically initiate contact with BC if they are interested in being included in all treatment plans. **Billings Clinic Comment: Case Management attempts to involve family when permission is given by the patient. If family presents with the patient in the Emergency Dept., an orientation packet is provided to family members.** **SUGGESTION:** ▪ Consider ways to enhance the atmosphere of "welcomeness" to family/carers and reach out to them so that they are made to feel comfortable and included.

Does BC promote, encourage, and provide opportunities for patient and family member/carer participation in the **evaluation** of BC (ex: evaluation of 'customer service', effectiveness of communication with patients and family members/carers, measurement of outcomes)? Does the service have written descriptions of these activities?	**YES** **STRENGTHS:** ▪ BC uses an evaluation form for patient opinion/feedback at discharge; these forms are put into a box and are reviewed once or twice a month in order for the staff to incorporate this feedback into service improvements. **CONCERNS:** ▪ Evaluation forms are not routinely given to family members - family members have to know about the forms and ask for them. ▪ BC staff do not review the evaluation forms (and feedback) with each patient or family member. **SUGGESTION:** ▪ Consider adding to the evaluation form questions concerning communication with patients and family members. ▪ Consider having the case manager go over the evaluation forms with each patient and/or family member/carer before the discharge takes place.
Does BC offer Family Psycho-education to patients' family members and family members/carers?	**NO** **STRENGTHS:** ▪ BC staff refer any family requests for training to NAMI. **RECOMMENDATION:** 7) Develop Family Psycho-education material and begin offering this training to family members.

Promoting Mental and Physical Health, Prevention of Exacerbation of Mental Illness	Comments / Analysis
Promotion of Mental Health:	
Does BC work collaboratively with state, county, and local health promotion units and other organizations to conduct and manage activities that promote mental health?	**YES** **STRENGTHS:** ▪ BC is actively involved with many other agencies in Billings - in particular the South Central Regional Mental Health Center and the Deering Clinic. ▪ BC is one of the most active community mental health entities in statewide mental health system committees and improvement activities. BC leaders frequently interact with the Department of Public Health and Human Services and the Montana Legislature. ▪ The BC leadership demonstrates exceptional openness to the observations of entities outside of its organization. **CONCERN:** ▪ Working relationships between BC Psychiatric Services' psychiatrists/clinicians and the other BC medical specialists - including the emergency department - and their cooperative involvement in care of the mentally Ill, especially geriatric and pediatric psychiatric populations, have been problematic. Significant efforts have been made to address this challenge, though it appears that more work needs to be done in this area.
Does BC provide to patients and their family members/carers information about mental health support groups and mental health-related community forums and educational opportunities?	**YES** **STRENGTHS:** ▪ BC appears to offer information in their admission packets, through information provided by Case Managers.
Promotion of Physical Health:	
Does BC promote and support comprehensive health care for patients, including access to specialist medical resources?	**YES** **STRENGTHS:** ▪ The Medical Director on the Adult Inpatient Unit has worked very hard with the medical physicians in the BC main hospital and the Deering Clinic family practice residents to improve medical services to patients on the Adult Inpatient Unit. **CONCERN:** ▪ Although a new policy has been formulated for accessing medical treatment for the Youth Inpatient Unit, it continues to be difficult to get proper treatment for these youth. It is often a long process involving many phone calls before a pediatrician is available to come to the youth inpatient unit.

For all new or returning patients, does BC perform a thorough physical / medical examination or ensure that a thorough physical / medical examination has been performed within one year of the patient entering / re-entering the service?	**YES** **STRENGTHS:** ▪ All clients go through the ER and are medically cleared by medical ER physicians and then evaluated by the Psychiatric Assessment Team (PAC) before admission to inpatient psychiatric services. ▪ All inpatients receive comprehensive physical examinations and lab assessments.
Does BC link all patients to primary health services and ensure that patients have access to needed health care?	**YES** **STRENGTHS:** ▪ Adult inpatients have good access to medical treatment when necessary due to good working relationships among psychiatrists and medical physicians at the Billings Clinic. ▪ Case Managers do a good job linking patients to all services - including primary health services - but these services post-discharge are limited. ▪ Patients are carefully referred back to their primary care providers on discharge. People without a primary care provider or with little or no income, are connected with the Deering Clinic, where there is a broad array of primary care, dental, and mental health services; along with a range of outreach services available through their Healthcare for the Homeless Program. **CONCERN:** ▪ The working relationships with pediatricians and the availability of medical care for the youth inpatient is working towards improvement, but it appears that it can be very difficult to get medical treatment for inpatient youth.
Does BC proactively rule out medical conditions that may be responsible for presenting psychiatric symptoms?	**YES** **STRENGTHS:** ▪ All clients are medically accessed and cleared by ER physicians prior to PAC team evaluation.

Cultural Competence	Comments / Analysis
Does BC ensure that its staff are knowledgeable about cultural, ethnic, social historical, and spiritual issues relevant to the mental health of and provision of treatment of mental illness relevant to all people in the defined community, with a specific emphasis on American Indian people?	**STRENGTHS:** ▪ BC has developed a training module for staff titled Awareness and Sensitivity to Cultural Diversity that includes competence expectations and testing. This training addresses such topics as definition of culture; gender, socio-economics, education, sexual orientation, physical/sensory/mental disability; religion; communication' family structure; dietary practices; time orientation. ▪ BC offers a training titled Putting American Indian Mental Health in Perspective developed and presented by Nell Eby, an enrolled member of the Assiniboine Nation, Fort Peck Tribes. ▪ BC cultural diversity training includes content addressing information relevant to working with people from the following cultural backgrounds: Hutterite, Latino, Romani (Gypsy), Native American (general), and Crow and Northern Cheyenne. ▪ There was a Native American cultural training the week BOV visited BC; members of the psychiatric services staff attended. ▪ BC has a policy titled Ceremonial Smudging. ▪ Crow Agency behavioral health staff reported to BOV that they have heard no complaints from patients regarding cultural insensitivity. ▪ Cultural sensitivity training occurs when staff are initially hired and go through orientation. There is also a cultural sensitivity section in the web-based annual training curriculum. ▪ BC encourages staff to participate in a variety of corporate trainings - including training for cultural competence. **CONCERN:** ▪ Crow Agency behavioral health staff report that BC has not initiated direct contact/communication between the psychiatric department and the Crow or Northern Cheyenne tribal health staff. ▪ BC has few American Indian staff people; BC is aware of this problem and is trying hard to recruit more American Indians into open staff positions.
In the planning, development, and implementation of its services, does BC consider the needs of, promote specific staff training for, and involve representatives of relevant cultural / ethnic / religious / racial groups, with a specific emphasis on American Indian people?	**STRENGTHS:** ▪ BC incorporates cultural sensitivity training into required annual staff training. (see other comments in this section)
Does BC employ specialized treatment methods and communication necessary for people in minority cultural / ethnic / racial groups, with a specific emphasis on American Indian people?	**YES** (individualized according to patient need)

Does BC deliver treatment and support in a manner that is sensitive to the cultural, ethnic, and racial issues and spiritual beliefs, values, and practices of all patients and their family members/carers, with a specific emphasis on American Indian people?	**YES** **CONCERN:** ▪ Crow Agency behavioral health staff expressed concern about the continuity of care for their tribal members. They reported that they would like to see improvement in communication with BC staff with Crow Agency behavioral health staff when tribal members are admitted to and discharged from BC. Crow Agency behavioral health staff reported that often the only discharge communication is a call from secretary to secretary to schedule a discharge appointment with the Crow Agency psychiatrist; a discharge packet, information about medications, and status of patients at time of discharge are not provided. **Billings Clinic Comment: Case Management makes all follow-up mental health and medical appointments. Attempts are made to contact Behavioral Health staff. It is difficult to connect directly with staff at these agencies.** **RECOMMENDATION:** 8) Meet with Crow Agency behavioral health staff and other tribal behavioral health staff to: a) develop the necessary communication protocol to ensure optimum treatment coordination for American Indian patients; b) establish ongoing involvement by Crow Agency behavioral health staff and other tribal behavioral health staff in BC strategic planning and service evaluation.
Does BC employ staff and develop links with other service providers / organizations with relevant experience and expertise in the provision of treatment and support to people from all cultural / ethnic / religious / racial groups represented in the defined community, with a specific emphasis on American Indian people?	**YES** (see comments above) **STRENGTHS:** ▪ There are Native American Family Practice residents available in the "main hospital" that are potentially available to BC psychiatric patients and staff. ▪ BC maintains an extensive list of contact people in all Indian Health Services and tribal health programs. **CONCERNS:** ▪ BC is concerned that the number of American Indian nursing staff does not reflect the proportion of Indian patients. BC has thoroughly analyzed this phenomenon and is making significant attempts to recruit and retain American Indian nursing staff. **SUGGESTIONS:** ▪ Crow Agency behavioral health staff suggested that it would be beneficial for their staff to tour BC facilities and for BC staff to tour Crow facilities and program.
With regard to its own staff, does BC monitor and address issues associated with cultural / ethnic / religious / racial prejudice and misunderstanding, with a specific emphasis on prejudice toward and misunderstanding of American Indian people?	**YES**

Staff Competence, Training, Supervision, and Relationships with Patients	Comments / Analysis
Competence and Training:	
Does BC define minimum knowledge and competence expectations for each staff position providing services to patients?	**YES** (minimum knowledge and competence expectations are defined in position descriptions)
Does BC define specific roles and responsibilities for each staff position providing services to patients?	**YES** **STRENGTHS:** ▪ All positions have a job description that describes the specific roles and responsibilities for the particular position. In addition, during the initial hire training the role and responsibilities are defined and discussed during the training. ▪ A copy of each job description is placed in the front of the Orientation Notebook given to each staff during their initial hire training. ▪ There also appears to be a high level of support for all direct care staff. Support of each other in their duties and for their personal, employment-based well-being. **CONCERN:** ▪ The role of Mental Health Workers appears to be minimally-defined regarding patient treatment; instead of an independently-developed "paraprofessional" role, they seem much of the time to be in limbo to do what ever the nursing staff at the time tells them to do. It appears that Mental Health Workers have to go to a nurse to ask 'what am I suppose to do next'. ▪ Mental Health Workers appear not to be clear about what their mission is and, flowing from that, Mental Health Workers could not describe clearly to BOV what they did and how they fit into the larger picture of the treatment team. ▪ One Mental Health Worker told BOV that she had been working at BC psychiatric services for five months and had not yet been introduced to the doctors. **RECOMMENDATIONS:** 9) Develop the Mental Health Worker role into a treatment role that is well-integrated into the treatment team. 10) Ensure that Mental Health Workers clearly understand their role relative to treatment, and in relation to other treatment team members.

Does BC have written training curricula for new staff focused on achieving minimum knowledge and competence levels defined for each position providing services to patients?	**YES** **STRENGTHS:** ▪ A New Employee Orientation notebook is available to each new employee. The notebook covers a myriad of training topics pertaining to patient care. ▪ Good training is provided. A month-long intensive training on the adult unit for line staff is provided, followed by three weeks of 1:1 shadowing a seasoned staff person. An additional 2 ½ weeks training on the Youth Inpatient Unit is required before beginning to work on that unit ▪ Staff BOV interviewed stated that the initial training they received before working with patients was "awesome", "great", and "the best I have ever received...." Staff report they are well-prepared to deal with all situations that may arise before working with patients. ▪ The program has a web-based annual training program. ▪ All training is offered at different intervals to accommodate work schedules for all shifts to be able to attend necessary education. The majority of training courses are offered at a minimum of three times.
Does BC train new staff in job-specific knowledge and skills OR require new staff to demonstrate defined minimum knowledge and competence prior to working with patients?	**YES** **STRENGTHS:** ▪ All employees BOV interviewed stated they were appropriately trained for their positions. Overall training about the Clinic and its workings is good - each employee (especially at the lower levels) receives both formal and on-the-job training before performing duties on their own. Written tests are given throughout the training period to ensure that staff is actually getting something out of the training.
Does BC proactively provide staff opportunities for ongoing training including NAMI Provider Training, NAMI-MT Mental Illness Conference, Mental Health Association trainings, Department of Public Health and Human Services trainings, professional conferences, etc.?	**YES** **STRENGTHS:** ▪ In-service trainings occur often and appear excellent and innovative (for instance "15-minute in-service trainings are scheduled, and professional staff are prepared to do impromptu 15-minute in-service trainings when the need arises). ▪ Employees are encouraged to attend any training offered by the Hospital. All employees may attend outside workshops at their own expense, with the Clinic providing the time off with pay. **RECOMMENDATION:** 11) Arrange to have NAMI Provider Training for all BC staff on a regular basis.
Does BC periodically assess current staff and identify and address knowledge and competence deficiencies?	**YES** **STRENGTHS:** ▪ Performance evaluations are completed on each staff once a year

Supervision:	
Does BC provide active formal and informal supervision to staff?	**YES** **STRENGTHS:** ▪ Staff were quite complementary overall about professional staff interacting with direct care staff and patients. LPNs and RNs are always on the floor and actively engaged with direct care staff and patients. ▪ Staff have no reservations about bringing issues, or questions, to supervisors, and if they are hesitant they can bring issues/questions to their supervisors' supervisor - knowing that the problems, concerns, or suggestions would be given good consideration and they staff has no fear of reprisal. ▪ Supervisors seem to be good team players.
Does BC train supervisors and hold them accountable for appropriately monitoring and overseeing the way patients are treated by line staff?	**YES** **STRENGTHS:** ▪ Grievances from patients are taken seriously and the Clinic managers try to resolve the problems (if possible) as soon as possible
Does BC train supervisors and hold them accountable for appropriately monitoring, overseeing, and ensuring that defined treatment and support is provided effectively to patients by line staff according to their responsibilities as defined in treatment plans?	**YES** **STRENGTHS:** ▪ There is a chain of command in the monitoring, overseeing, and ensuring that patients receive good care. The charge nurse is responsible to watch over line staff and their supervisors periodically check to see that the charge nurses are doing their job. The center managers periodically walk through the units to observe staff, patients, quality of care, etc.

Relationships with Patients:	
Do mental health service staff demonstrate respect for patients by incorporating the following qualities into the relationship with patients: positive demeanor, empathy, calmness, validation of the desires of patients?	**YES** **STRENGTHS:** ▪ Most of the patients BOV spoke with said the staff was good, that most everyone was positive and upbeat in their relations with patients, that the patients felt safe and secure in their care, that most staff were calm (thereby helped to calm the unit), and that the staff did its best to help satisfy the needs of the patients ▪ Expectations for quality of care are set high.

Assessment, Treatment Planning, Documentation, and Review	Comments / Analysis
General:	
Does BC develop and implement a treatment plan for each patient?	**YES**
Does BC use a multidisciplinary approach in its treatment planning and review process?	**YES**
With patients' consent, do BC assessments, treatment planning sessions, and treatment reviews proactively include the participation of and provision of information by patients' family members/carers, other service providers, and others with relevant information?	**YES** **STRENGTHS:** ▪ When family members and patients initiate conversations with BC about family members being involved, BC is encouraging and sensitive to it. ▪ Family members appear to have good access to their family member/patients. **CONCERN:** ▪ It appears that BC is not proactive in identifying and contacting family members to solicit their involvement in their family member's treatment. ▪ One family member BOV interviewed reported that the only information she was given when her daughter was admitted to BC was one page explaining "What to Expect When You Come to Visit". This family member did not seem to know who to approach with questions about care, or about how to be involved in her daughter's treatment. **SUGGESTION:** ▪ Consider ways to be more proactive in finding out if patients have interested family members and in soliciting their involvement in treatment.
Treatment Planning:	
Does BC proactively involves patients, and with patients' consent, family members/carers, and others in the development of initial treatment plans?	see comments above
Do mental health service treatment plans focus on interventions that facilitate recovery and resources that support the recovery process?	**YES**

Does BC work with patients, family members/carers, and others to develop crisis / relapse prevention and management plans that identify early warning signs of crisis / relapse and describe appropriate action for patients and family members/carers to take?	**NO** **STRENGTHS:** ▪ BOV did not observe crisis / relapse prevention plans, per se; the closest thing to this that BOV observed was in a Dialectical Behavioral Training (DBT) group where patients were encouraged to examine triggers, feelings, behaviors and consequences. **SUGGESTION:** ▪ Consider ways to assist patients and family members in developing crisis / relapse prevention plans to take with them when they leave the hospital. Ideally, the community provider would be involved in this planning.
Does BC proactively provide patients, and with patients' consent, family members/carers a copy of the treatment plan?	**NO** **STRENGTHS:** ▪ Staff reported that copies of treatment plans are available to patients and family members. **CONCERN:** ▪ Patients and family members need to ask in order to be given copies of treatment plans. **RECOMMENDATION:** 12) Begin to proactively provide patients, and with patients' consent, family members/carers a copy of the treatment plan.
Documentation:	
Does BC use an electronic, computerized health record system with online capability for recordkeeping and documentation of all mental health services provided to all of its patients?	BC is in the process of transitioning from paper to electronic record keeping.
Is the computerized health record system is capable of coordinating information with other health care providers?	**YES**
Review:	
Are BC treatment progress reviews conducted with the treatment team and the patient present?	**treatment team - YES** **patients - NO** **STRENGTHS:** ▪ BC staff report that communication with the patient is part of the process **CONCERN:** ▪ It does not appear that patients are routinely included as participants in treatment reviews. **SUGGESTION:** ▪ Consider beginning to include the in-person involvement of patients in all of their treatment review discussions.

Treatment and Support	Comments / Analysis
General:	
Is treatment and support is evidence-based, and recovery-oriented?	**YES**
Medication:	
Is the medication prescription protocol evidence-based and reflect accepted medical standards?	**YES** **STRENGTHS:** ▪ All prescribers evaluated were very good about not 'over-prescribing'. The biggest concern in mental health patients' medications is poly pharmacy. This does not appear to occur at this facility
Is medication prescribed, stored, transported, administered, and reviewed by authorized persons in a manner consistent with legislation, regulations and professional guidelines?	**YES** **STRENGTHS:** ▪ All medications are provided by the BC pharmacy and stored in Omnicell machines in locked medication rooms. Pharmacy technicians load these machines daily and when a new order arrives, an additional trip is made by the technician to get the patient their medication in a timely manner. ▪ In the near future, larger Omnicell machines will be added so that more medications can be kept on the units at all times. ▪ It appears that nursing staff are cognizant of all medication procedures and follow them diligently.
Are patients and their family members/carers provided with understandable written and verbal information on the potential benefits, adverse effects, costs and choices with regard to the use of medication?	**YES** **STRENGTHS:** • CERNER, the new medical information computer program, has a nice feature in which patient information sheets can be printed out for patient specific medications. • Medication education groups are conducted on the adult and youth inpatient units • Information provided by psychiatrists, nursing staff verbally and if needed, written form to address medication decisions, side effects, and other medication-related information. **CONCERN:** ▪ It is unclear whether patients and their family members are routinely provided with written information about medications. ▪ It is up to the family members' initiative whether they are involved in medication education. **SUGGESTION:** ▪ Consider developing ongoing medication education classes for family members. ▪ Consider routinely providing written information about medications to patients and family members.

Are medications administered in a manner that protects the resident's dignity and privacy?	**NO** **CONCERN:** ▪ Medications are passed from a medication cart on the adult unit in front of everyone; any questions a patient has can be heard by everyone else. **STRENGTHS:** ▪ BC reports that when the new Omnicell machines come, that a new medication room will be designed where patients will come one at a time and receive their meds behind a closed door. (This will be good as long as the patients do not have to form a line at the door - this could be just as stigmatizing.) **SUGGESTION:** ▪ Until this new medication room is developed, BOV suggests nurse assigned to each patient administer medications individually. Ideally, this would take place in each patient's room where there is more privacy and the patient can comfortably ask questions or express concerns.
Is "medication when required" (PRN) only used as a part of a documented continuum of strategies for safely alleviating the resident's distress and/or risk?	**YES** **STRENGTHS:** ▪ CPI (Crisis Prevention Institute) is required training for staff. This procedure goes through several non-pharmacological methods before the decision to administer a PRN medication is made. ▪ PRN medications are well documented ▪ PRN medications are seldom used and all other options are attempted first.
Does BC ensure access for patients to the safest, most effective, and most appropriate medication and/or other technology?	**YES**
Does BC consider and document the views of patients and, with patients' informed consent, their family members/carers and other relevant service providers prior to administration of new medication?	**YES**
Does BC acknowledge and facilitate patients' right to seek opinions and/or treatments from other qualified prescribers and BC promotes continuity of care by working effectively with other prescribers?	**YES**
Where appropriate, does BC actively promote adherence to medication through negotiation and the provision of understandable information to patients and, with patients' informed consent, their family members/carers?	**YES** **STRENGTHS:** ▪ Patients are involved in medication education classes that include the importance of adherence information. ▪ This education is an ongoing process which focuses on the advantages of compliance with medication recommendations.

Wherever possible, does BC not withdraw support or deny access to other treatment and support programs on the basis of patients' decisions not to take medication?	**YES** **STRENGTHS:** ▪ Staff demonstrate flexible, caring responses to refusal of medication. If such a decision compromises safety, then medical/legal routes are pursued along with ongoing education.
For new patients, is there timely access to a psychiatrist or mid-level practitioner for initial psychiatric assessment and medication prescription within a time period that does not, by its delay, exacerbate illness or prolong absence of necessary medication treatment?	**YES** **STRENGTHS:** ▪ Clients are seen almost immediately by a psychiatrist or mid-level practitioner after the PAC evaluation and admittance to the inpatient psychiatric unit. ▪ These are acute services – patients receive prompt attention in ER from ER physicians, PAC team, psychiatrists.
For current patients, does BC provide regularly scheduled appointments with a psychiatrist or mid-level practitioner to assess the effectiveness of prescribed medications, to adjust prescriptions, and to address clients' questions / concerns in a manner that neither compromises neither clinical protocol nor client – clinician relationship?	**YES** **STRENGTHS:** ▪ While on the inpatient units, clients are seen by a psychiatrist or mid-level practitioner at least daily. ▪ Access by youth in the partial hospitalization program to psychiatrists appears timely and appropriate.
When legitimate concerns or problems arise with prescriptions, do patients have immediate access to a psychiatrist or mid-level practitioner?	**YES** **STRENGTHS:** ▪ If a psychiatrist is not on the unit, there is always at least one on call. The staff praise the psychiatrists for their ease of access. ▪ Inpatients have immediate access to psychiatrists/nurse practitioners.
Are medication allergies and adverse medication reactions well documented, monitored, and promptly treated?	**YES** **STRENGTHS:** ▪ CERNER contains all medication allergy information and indicates possible reactions or drug interactions with the input of new medications. ▪ New CERNER system a major asset.
Are medication errors documented?	**YES** **STRENGTHS:** ▪ There are two medication error forms that must be filled out and given to the prescriber whenever an error occurs. ▪ Well documented and communicated.
Is there a quality improvement process in place for assessing ways to decrease medication errors?	**YES** **STRENGTHS:** ▪ Per Strategic Plan 2007 & 2008. Nursing staff appears to function very well in managing care and problems.

Are appropriate patients screened for tardive dyskinesia (TD)?	**NO** **STRENGTHS:** ▪ The staff is trained to recognize TD symptoms and report to the MD immediately. ▪ Patients are screened and TD concerns are documented in progress notes. **CONCERN:** ▪ Abnormal Involuntary Movement Scale (AIMS) assessments are rarely practiced in this facility, therefore, the only documentation of symptoms would be found in progress notes or history and physicals. ▪ No AIMS assessments noted in charts. ▪ Atypical antipsychotic medications are less likely to cause TD, but it would be prudent to consider this documentation. **RECOMMENDATION:** 13) Begin baseline AIMS assessments upon admission to the facility and perform them after initiation or dose increases of antipsychotic medications.
Is the rationale for prescribing and changing prescriptions for medications documented in the clinical record?	**YES** **STRENGTHS:** ▪ Prescribers are all very good about documentation of rationale.
Is medication education provided to patients including “adherence” education?	**YES** **STRENGTHS:** ▪ Medication education groups are provided to all inpatient and youth partial clients
Is there a clear procedure for the use of medication samples?	BC does not use medication samples.
Are unused portions of medications disposed of appropriately after expiration dates?	**YES** **STRENGTHS:** ▪ All unused portions of medications are promptly returned to pharmacy which disposes of them properly. Pharmacy checks Omnicell machines for outdated medications, so there technically should never be any expired medications on the units.
Are individual patients’ medications disposed of properly when prescriptions are changed?	**YES** **STRENGTHS:** ▪ Appropriately handled by pharmacy
Is there a clear procedure for using and documenting emergency medication use, including documentation of rationale, efficacy, and side effects?	**YES** **STRENGTHS:** ▪ Well documented in progress notes, med sheets, staff follow written protocols, discuss with patients at time and after the fact.

Is there a clear procedure for using and documenting 'involuntary' medication use, including documentation of rationale, efficacy, and side effects?	**YES** **STRENGTHS:** ▪ CPI is practiced and PRN medications well-documented. (See strengths - PRN medications, p. 32)
Are there procedures in place for obtaining medications for uninsured or underinsured patients?	**YES** **STRENGTHS:** ▪ Drug company vouchers are available to prescribers and patients are assisted through the Medication Access Program.
Co-Occurring Psychiatric and Substance Use Disorders:	
Does BC provide integrated, continuous treatment for patients who have co-occurring psychiatric and substance use disorders according to best practice guidelines adopted by the state?	The Addictive and Mental Disorders Division is facilitating change in the mental health system toward the Comprehensive Continuous Integrated System of Care (CCISC) model for persons with co-occurring psychiatric and substance use disorders. Development of services according to these standards is in various stages of implementation by provider organizations. **STRENGTHS:** ▪ BC employs therapeutic strategies that are known to work well with co-occurring psychiatric and substance use disorders. ▪ Psychiatrists appear very well informed, trained, and capable of caring for co-morbidity disorders inclusive of substance abuse/dependency. ▪ Patients with predominating substance use problems are referred to Rimrock Foundation, Rocky Mountain Treatment Center, Montana Chemical Dependency Center, or other inpatient chemical dependency programs. **CONCERN:** ▪ While hospitalized, co-occurring disorders are addressed, however, with the inadequate capacity and service availability discharge, many do not get the continuous treatment that they require.

Access and Entry	
Are mental health services convenient to the community and linked to primary medical care providers?	**YES** **STRENGTHS:** ▪ BC is well known and respected in the Billings community and statewide. BC psychiatric services are a prominent component of Montana's mental health system. **CONCERN:** ▪ Many people who are admitted to BC for serious, disabling mental illnesses are 'unattached' to any community provider. ▪ BC receives geriatric patients from some referral sources with minimal communication about the psychiatric criteria for admission. It appears that in a significant number of these cases, physical health issues are directly related to psychiatric admission to BC. **SUGGESTION:** ▪ Consider ways to improve communication with referral sources to prevent geriatric patients from being unnecessarily admitted to BC.
Does BC ensure that patients and their family members/carers are able to, from the time of their first contact with BC, identify and contact a single mental health professional responsible for coordinating their care?	**YES** **STRENGTHS:** ▪ There is a designated in-house Case Manager assigned to every patient. **CONCERN:** ▪ See comment under **Assessment, Treatment Planning, Documentation, and Review**, p. 29.

Integration and Continuity of Care	
Does BC convene regular meetings among staff of each of its programs and sites in order to promote integration and continuity?	**YES** **STRENGTHS:** ▪ A team meeting occurs daily to discuss each patient.
Are BC's staff knowledgeable about the range of other community agencies available to the patient and family members/carers?	**YES** **STRENGTHS:** ▪ Case Managers are in the role of coordinating care for patients entering and being discharged from BC and are knowledgeable about what is and is not available in area. **CONCERN:** ▪ There is very limited access to community agencies for many patients due to overload in community services.
Does BC support its staff, patients, and family members/carers in their involvement with other community agencies wherever necessary and appropriate?	**NO** **STRENGTHS:** ▪ BC has been and continues to be a pivotal partner in the success of the Community Crisis Center. **CONCERN:** ▪ Staff tries very hard to help the clients get involved with community agencies, and BC is very supportive of this. Unfortunately, the waiting lists make it difficult to receive timely treatment post discharge in order to continue improvements achieved during inpatient admissions.
Do patients' individual service plans include exit plans that that maximize the potential for ongoing continuity of care during and after all transitions from BC?	**NO** **STRENGTHS:** ▪ For two-thirds of the patients, Individual exit plans provide for ongoing continuity of care during and after all transitions from BC to the community. ▪ Exit plans are comprehensive. ▪ In planning discharges, Case Management works diligently to coordinate discharges with and provide information to any resources that are available to patients in the community. **CONCERN:** ▪ For 'unattached' patients, follow up care is very hard to access in this community and exit plans may be made, but are hard to follow. This contributes largely, in BOV's opinion, to the large number of readmissions. ▪ The approximately one-third of patients who do not receive continued care post discharge are of concern, and as addressed in different parts of this report, the problem is due to the inadequacy of the capacity and continuum of services available in Billings and throughout Montana. ▪ A number of people are discharged without connection to community services.

Does BC review exit plans in collaboration with patients and, with patients' informed consent, their family members/carers as part of each review of the individual service plan?	**YES** **STRENGTHS:** ▪ Exit plans are written by each physician and then transferred to a document by a nurse who then gives the document to a Case Manager. The Case Manager is responsible to make sure that the exit plan is reviewed with the patient and involved family members and that the plan is carried out. **CONCERN:** ▪ See comments above related to inadequate capacity in community services.
Does BC provide patients and their family members/carers with understandable information on the range of relevant services and supports available in the community when they exit from the service?	**YES** **STRENGTHS:** ▪ The Case Manager gives patients information on services and supports in the community ▪ Family members who inquire about available services and support systems are referred to NAMI-Billings. Case Managers report that the NAMI group in Billings is very active and the Clinic feels that they provide information on other agencies, great training for families and patients, and connect people to services and supports.
Does BC ensure that patients referred to other service providers have established contact, and that the arrangements made for ongoing follow-up are satisfactory to patients, their family members/carers, and the other service provider prior to exiting BC?	**NO** **STRENGTHS:** ▪ The Billings Clinic staff is genuinely committed to providing good care to patients. ▪ The case manager is responsible for ensuring that each patient is set up with follow-up services after discharge. Two-thirds of the patients are discharged with a specific plan that monitors progress; such as discharge to a group home, the Mental Health Center, or a family member. This plan is usually satisfactory with the patient although any interaction the Clinic has with family members has to be initiated by the family. **CONCERNS:** ▪ BC does not routinely call to ensure that patients referred to other service providers following discharge have established contact. **SUGGESTION:** ▪ Consider ways to follow-up with patients and work with community entities to ensure that initial contact post discharge takes place.

When a patient who is transitioning to another service provider is taking psychotropic medications, does BC proactively facilitate the seamless continuation of access to those medications by ensuring that: (1) the patient has an appointment with the physician who will be taking over psychotropic medication management, (2) the patient has enough medications in hand to carry him/her through to the next doctor appointment, and (3) the patient's medication funding is established prior to the transition?	**YES** **STRENGTHS:** ▪ Case Manager is responsible for the following: (1) to set the appointment with a psychiatrist after discharge and to make sure that a prescription for psychotropic medication is written to be filled the day of discharge; (2) to ensure that the patient is able to fill his/her prescription on the day of discharge; (3) ensure medication funding is in place, either through Medicare, Medicaid, personal insurance, MHSP or through MAP (Medication Assistance Program). ▪ It is BC's policy not to send medications home with patients; patients are given a prescription to be filled the day of discharge. If the patient has Medicare, Medicaid, MHSP, or personal insurance he/she can fill the prescription at the hospital pharmacy or another pharmacy. ▪ For patients who have no vehicle or means of transport, a cab voucher is given. ▪ Patients who have no ability to pay for medications are sent to the Deering Clinic where the Case Manager has arranged for MAP (Medication Assistance program) to pay for medications. ▪ Patients who are 'attached' to a community provider receive active assistance of that provider. **CONCERNS:** ▪ Appointments for 'unattached' patients are often several months away due to service capacity inadequacy. **SUGGESTION:** ▪ Consider developing a process for communicating directly to each entity in the community to whom discharged patients are referred to maximize the possibility of continuity in patients receiving medications prescribed on discharge.

STATUS OF 2002 RECOMMENDATIONS

2002 Recommendation 1:

Each patient should be seen by a doctor every day.

2007 Status:

This recommendation was addressed by the Chair of the Psychiatric Services Department in 2002, and is currently in practice.

2002 Recommendation 2:

Revise the 'Abuse and Neglect' policy to reflect the requirements of 53-21-107, MCA 2001.

2007 Status:

In response to this recommendation in 2002, the Director of Psychiatric Services stated that the relevant policy was "in the DBC policy review and approval process". In reviewing the relevant policy in 2007, it appears that it still does not address the requirements in state law (see comments on page 13, and 2007 Recommendation 7).

2007 RECOMMENDATIONS

1) Re-evaluate the written and verbal information about advocacy services provided to patients and family members; ensure that access to advocacy services is proactively promoted.
2) Re-evaluate staff training related to advocacy services; ensure that all staff are knowledgeable about advocacy services.
3) Re-evaluate the written and verbal information about grievances provided to patients and family members; ensure that information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances is provided and access to such assistance is proactively promoted.
4) Re-evaluate staff training related to grievances and the grievance process; ensure that all staff are knowledgeable about grievances and the grievance process.
5) Re-evaluate staff training related to abuse/neglect; ensure that all staff are knowledgeable about abuse/neglect definitions, reporting requirements, and requirements for investigations.
6) Incorporate the requirements of 53-21-107, MCA 2007 into BC policy # PCGM-113.
7) Develop Family Psycho-education material and begin offering this training to family members.
8) Meet with Crow Agency behavioral health staff and other tribal behavioral health staff to:
    a) develop the necessary communication protocol to ensure optimum treatment coordination for American Indian patients;
    b) establish ongoing involvement by Crow Agency behavioral health staff and other tribal behavioral health staff in BC strategic planning and service evaluation.
9) Develop the Mental Health Worker role into a treatment role that is well-integrated into the treatment team.
10) Ensure that Mental Health Workers clearly understand their role relative to treatment, and in relation to other treatment team members.
11) Arrange to have NAMI Provider Training for <u>all</u> BC staff on a regular basis.
12) Begin to proactively provide patients, and with patients' consent, family members/carers a copy of the treatment plan.
13) Begin baseline AIMS assessments upon admission to the facility and perform them after initiation or dose increases of antipsychotic medications.

BILLINGS CLINIC RESPONSE

Mental Disabilities Board of Visitors

Site Review Response 2007

March 21, 2008

Recommendations 1, 2

- Billings Clinic will review patient and staff orientation information to ensure that *Advocacy material is available for patients, families and staff.* Billings Clinic will provide education to Psychiatric Center staff about Advocacy programs and access to them.

Recommendations 3, 4

- *Grievances and Grievance Procedure-* The policy (#PR-104 Complaints and Grievances) will be reviewed to ensure inclusion of the information regarding assistance available to patients from the Mental Disabilities Board of Visitors in filing and resolving grievances. Advocacy information will be condensed into a patient-friendly version to be included in patient/family education packets. The posted information related to advocacy programs and grievances will be re-evaluated for readability and presentation. Staff will be educated about this information and their role in the process.

Recommendations 5, 6

- Billings Clinic Policy # *PCGM- 113: Suspected Incidents of Physical, Emotional or Sexual Abuse, Neglect, or Exploitation of Child, Elderly or Persons with Developmental Disabilities* is currently under review. Billings Clinic will ensure that the requirements under 53-21-107, MCA 2007, are included in the new revision. Psychiatric Services staff will receive education about the policy, including definitions, reporting requirements, investigation requirements and the notification process. Currently, all employees complete annual training and competencies, which includes reporting Abuse and Neglect and obligations of mandatory reporting.

Recommendations 7

- *Psycho-education and Training for Families-* Currently, we make attempts to educate patients and families through Nursing and Case Management staff, but historically family education in a group has not been an effective approach in the short-term crisis stabilization setting. Individualized education with patients and their families has been more effective and appropriate. All patients receive NAMI literature to help them connect to the on-going educational and support resources that NAMI offers.

Recommendations 8

- *Crow Agency and other Tribal Behavioral Health staff-* Billings Clinic is striving to connect with these organizations to collaborate regarding the care of our Native American patients. Representatives from Fort Peck IHS and NAHE recently met with Billings Clinic Case Management staff (January 2008). Billings Clinic Psychiatric Services leadership plans to invite the

  Crow Agency Mental Health staff to a joint agency meeting to improve communication and foster a collaborative relationship between the two organizations.

Recommendations 9, 10

- *Mental Health Worker Role-* We have recently added a safety observation role which is primarily filled by a MHW who interfaces with the Nurses and Team Leaders regarding their observations, interactions and treatment concerns. Mental Health Workers are assigned patients and have reporting and documentation responsibilities as part of the treatment team, but essentially they function in a support role. Psychiatric Services leadership are currently reviewing the scope of practice for RN, LPN and MHW personnel which may lead to improved clarity for staff at all levels as well as better utilization of the MHW in patient care.

Recommendations 11

- *NAMI Provider Course-* Due to the challenges of staffing our department and the requirements of a 12-week course, Billings Clinic is unable to provide this excellent learning opportunity. As a department, Psychiatric Services does offer monthly all-staff education on a variety of topics related to mental health. The department will continue to explore additional educational opportunities for staff through NAMI and other organizations.

Recommendations 12

- *Treatment Plans-* The department of Psychiatric Services is in the process of examining treatment plans, aftercare planning and involvement of the family when appropriate. Will consider availability of the plan to families upon the patient's request.

Recommendations 13

- *AIMS Assessment-* Billings Clinic will review the regulatory requirements for Behavioral Health related to AIMS assessment and examine current practice.