

Center for Mental
Health, Great Falls
and Havre,
Montana

November 19 & 20, 2015

2015

Standards established by the Mental Disabilities
Board of Visitors for reviewing and evaluating the
services provided by licensed mental Health Facilities
in Montana

Mental Disabilities Board of
Visitors

OVERVIEW

Mental Health Facility reviewed:

Center for Mental Health
Great Falls & Havre, Montana

Sydney Blair, Director

Authority for review:

Montana Code Annotated, 53-21-104

Purpose of review:

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

Site Review Team:

Board:

Dan Laughlin
Amy Tipton

Consultant:

Irene Walter, APRN

BOV Staff:

Janette Reget, LCSW
Executive Director
Lisa Swanson, Advocate
Craig Fitch, Attorney

Review process:

- Interviews with Center for Mental Health staff and clients
- Observation of treatment activities
- Review written description of treatment programs
- Inspection of the physical plant
- Review treatment records, policies and procedures, organizational structure, allegations of abuse/neglect

Center for Mental Health Great Falls, Montana

Organizational Planning and Quality Improvement

The Center for Mental Health (center) developed a five year strategic plan in 2013 that identifies challenges and opportunities in mental health within the agency as well as within communities. The center has offices in Great Falls, Havre, Chinook, Conrad, Cut Bank and Shelby. Each community has its own challenges and opportunities which are addressed in the strategic plan. The center recognizes the importance of being active in the communities, developing a strength-based employment culture and an integrated community of care.

The center hired a dedicated director of quality assurance who directs the quality improvement process throughout the organization. The center has actively collected quality improvement data through the use of surveys and other means to help direct services. Each area director is requested to submit information for quality assurance review within 60 days of the close of the fiscal year. This information is compiled into a thorough report that is reviewed by the CEO and Medical Director, and released to the regional management team, the board of directors, and any individual or agency that requests a copy. This report includes information on staff longevity, demographics, incident reports, medication errors, and other information, broken down by each service delivery area. The center has identified three areas of service delivery—southern, rural, and Cascade County. As a result of this report, the center has identified challenges and goals specific to each area of service delivery.

Since the last inspection by BOV, the center has restructured its leadership, administration, and service delivery. Interviewed staff expressed appreciation of the new leadership and the general culture of their work environment. The center has initiated the Person Outcome Management System (P-COMS) to measure mental health outcomes for individuals served. Before and after each session, the client completes the questionnaire to indicate progress and satisfaction with the session. This creates a positive feedback loop by the client which helps develop trust and value in the client's perspective. Information obtained is used to determine therapeutic approach and to ensure individuals are receiving effective treatment. In addition, the center, along with Cascade County, is developing a youth diversion program and a six bed transitional group home for youth in crisis.

The center is also utilizing the Lavender and Wyatt Systems, Incorporated (LWSI) program for electronic record keeping. This is also referred to as "Essentia". Most interviewed clinical staff is enthused about this system, which improves clinical information between staff and provides reminders about follow-up appointments, provides easier access to forms such as releases of information or guardian information and alerts staff when treatment plan reviews are due. Some interviewed staff complained that poor communication exists between administration and staff who are located at other sites, such as at group homes, case management, and NDC.

Interviewed staff seemed unable to speak to what were the center's strategic plan and goals. Staff did not identify goals for their specific departments or disciplines.

1. *Recommendation: Include staff in the organizational planning and goal-setting, and make certain they are aware of agency mission statement, values statement, and mission. When all employees understand and support the mission it will move forward more readily, and staff will have a greater sense of being part of change and growth.*

Rights, Responsibilities and Safety

Rights and Responsibilities

Client rights and responsibilities are visibly posted. Upon admission, each client receives a copy of client bill of rights and additional rights. Clients indicated they are aware of their rights. Clients understand the BOV procedure and the purpose of BOV. Information regarding accessing the BOV is posted in center facilities.

Safety

The center has an excellent policy that adequately addresses the procedure for recognizing, reporting and investigating allegations of abuse and neglect. Interviewed staff recognizes the process for reporting incidents. The center reports all incidents of alleged abuse and neglect and the subsequent investigation to the Department of Public Health and Human Services licensure bureau and to the BOV. These reports are thorough and well-documented. The center provides a 24 hour crisis line through a contract with Voices of Hope. All center locations have access to this crisis line.

Most interviewed staff and clients felt safe while at various center buildings, but some staff expressed uncertainty about the level of safety during work hours when a dis-regulated individual shows up. Not all staff has been trained in CPI within their first year of employment. Some staff reported they are unable to alert others if help is needed when there is a difficult situation with a client.

2. *Recommendation: Ensure that all staff are trained in CPI within the first 6 months of employment, and update training as required.*
3. *Develop a system that will alert others for help when staff is involved with a dis-regulated client (buzzer, alarm).*

Individual, Family Members/Guardian Participation

The center provides Comprehensive School and Community-Based Treatment (CSCT) in local schools. The families are involved in the initial referral and are given periodic updates regarding

progress. Treatment plans are signed by appropriate family members. The center has provided in-service and appropriate training throughout the facility and school district. The CSCT therapists make every effort to accommodate the special needs of the family. Students and their family members/guardians are included in all phases of treatment and in treatment planning meetings to the greatest extent possible. The CSCT staff provides family based treatment for eligible and interested families. The CSCT program requires 100% family involvement in treatment services.

Adults receiving services from the center have less family member participation. Staff estimates that approximately 10% of clients have family members involved in their treatment. Whenever possible, the center staff encourages family participation at every level. Family members are invited to be part of the center's governing board.

The center has strong partnerships with community-based agencies and treatment facilities. These partnerships have led to advances in service delivery, better relationships with the schools, hospitals, and other facilities, allowing a smooth referral process among service providers.

Cultural Effectiveness

The center provides complete cultural competency and diversity training to all new employees. This training is made available to all staff as part of their annual training. The center is a community partner with the Native American Center in Great Falls. There is a weekly Native American Club at the schools, and CSCT clients participate in that club. The Native American Clinic is another available resource. Staff report that a large number of Native Americans participate in the New Directions Center, the day treatment program connected to the center. However, there are no specific culturally based activities provided at the center. There is a large population of Native Americans in Great Falls, staff estimates that 20% of case management clients are Native American, and it is near the Blackfeet Reservation. Many Native Americans travel to Great Falls for appointments and shopping. The clinical team has chosen to focus more on trauma-informed care instead of cultural diversity. It is possible, however, to incorporate both trauma-informed care and cultural competency equally in training and service-delivery.

4. *Incorporate cultural diversity with trauma-informed care training, with emphasis on the history of trauma among Native American people.*
5. *Develop therapeutic interventions to help Native Americans realize their cultural strengths so they can identify with positive native cultures.*

Staff Competence, Training, Supervision, and Relationships with Individuals

Competence and Training

Each newly hired staff person receives orientation and core matrix training. Interviewed staff reported that they felt their orientation and training was good. They felt they were adequately prepared to start working with the client population. Some staff reported that there hasn't been enough specific training in working with persons with mental illness or emotional disturbance. Some staff stated they have not received critical training in their areas of service. Brown Bag Lunch training occurs once per month and covers a variety of topics. Staff can choose individual trainings from "My Learning Point", an online training program. Carl Rosston, Suicide Prevention Officer, provided Question, Persuade, Respond (QPR) training in suicide awareness and intervention strategies that teach how to recognize warning signs of suicidality and how to respond. BOV did receive a copy of "My Learning Point" miscellaneous trainings, 2015, but does not have records that indicate other trainings provided by the center, nor who attended.

6. *Recommendation: Develop specific training requirements for each service delivery area and require supervisors to ensure staff complete required trainings annually.*
7. *Recommendation: Maintain a list of all trainings provided by the center (such as face-to-face trainings, guest speakers, etc.) as part of the Quality Improvement process.*

Supervision

All staff expressed great satisfaction with the supervision they receive. Supervisors are accessible, available, and helpful. Staff believes their supervisors are competent, knowledgeable and trustworthy. Staff meets with their supervisors as a group on a weekly basis, and individual supervision is always available. The case management program meets daily for report. Day treatment staff meets three times per week.

Active Engagement with Individuals

The CSCT program staff actively engages their clients, families, and school staff in a way that makes the school day important and meaningful. CSCT is a reliable and trustworthy resource for the schools. CSCT is in the classrooms during much of the school day. CSCT provides a summer program for all CSCT clients, and includes therapeutic groups, community activities, and includes a meal program.

Adult day treatment staff, adult case management and therapeutic aides provide an array of face-to-face services to clients. Staff in the case management program provides services in the home and in the community. All clients receiving services at the center are an important part of the treatment planning process, and clients' wishes are respected by staff. P-COMS ensure that clients are able to provide feedback regarding service delivery.

The center has open access that allows walk-ins to access service quickly. Wait lists for intake are shorter. However, appointments with psychiatrist have a longer wait.

8. *Provide opportunity for NDC clients to have an advisory board to make suggestions regarding day treatment activities and to address and help manage client concerns.*

Treatment and Support

Trauma Informed Care

The center's clinical team has chosen to focus on trauma-informed care training, especially with youth. The Quality Improvement Director has been trained as a trainer for Youth Mental Health 1st Aid. However, a review of the list of miscellaneous trainings, 2015, indicates that no staff has yet been trained in Mental Health 1st Aid. Staff that provides services to youth has received training in Trauma Focused Cognitive Behavior Therapy, and Trauma 101. A review of the listing of miscellaneous training, 2015, indicates that no training in trauma-informed care or trauma informed precautions is provided.

- 9 *Assessment by the center's leadership regarding the organization, treatment and services to assure that staff has a basic understanding of the effects of trauma on the lives of individuals seeking services. Provide trauma-specific training to all employees, and review annually.*

Evidence-Based Services

The staff at the center brings a wealth of experience and training to their service areas. Evidence-based services and treatment approaches include Dialectical Behavior Therapy, Cognitive Behavior Therapy (CBT), Trauma Focused CBT, Illness Management and Recovery (IMR), Safe Care, solution-focused treatment, and Achievement, Regulation, Competence (ARC) training

within the CSCT program, family based services and parenting skills building. NDC provides an afternoon drop-in program called “the Recovery Branch” which encourages client independence and vocational skills. The once thriving peer support program has dwindled to a handful of peer support specialists working with the center.

10. Peer support is an evidence-based service which is an important component to recovery. Re-establish peer support as part of a recovery-focused program, as soon as feasible.

Housing

The center has been pro-active regarding establishment of transitional and residential group homes in the Great Falls area. Passages Group Home for males, ages 18-26 is full. The center has seven beds, now full, in the Adult Recovery-Home program, and will be providing two more beds? The three adult group homes are full, with a waiting list. The center is developing a six bed youth crisis diversion facility which will be opening soon.

Housing in Great Falls is difficult to find. The Rescue Mission is building a new facility, and the YWCA provides “safe space” housing for women in crisis. Case managers are able to use the center’s transitional housing for clients who are homeless or at risk of homelessness, until more permanent housing can be found.

Education/Employment

Vocational services are available through the center, which has a dedication supported employment specialist.

Co-Occurring Psychiatric and Substance Use Disorders

The center itself does not provide co-occurring psychiatric and substance use disorders treatment, but has an open and collaborative relationship with Gateway Addiction Services. Staff from the center participates on Gateway’s board. The center is involved with the drug court in Great Falls.

Crisis Response and Intervention Services

There is no crisis response team in Cascade County. Some Cascade County law enforcement staff and center staff have been trained in Crisis Intervention Training and Mental Health 1st Aid. During business hours, a center therapist will respond to persons in crisis. During intake, the therapist will develop a crisis plan with the client to identify available resources, natural supports, and important contact information. The center contracts with Voices of Hope crisis line, which provides immediate access to trained crisis-response workers.

Medication

The center will soon be providing space for a local pharmacy on site in Great Falls. The center has added a new position of **medical assistant** to help in the nursing office. The center has a number of psychiatric providers who **will begin working full-time with the center, and will no longer be on call at the hospital**. Records of prescribed medications are maintained and updated in the electronic medical record, Essentia Rx. Most center clients take their medications independently, but some allow the center medical staff to set up their medications. Medication set-up can be done at the pharmacy on-site, once it is opened. Medications at the center are stored in a secure, locked cabinet. Group home staff monitor residents' compliance with medications and document compliance.

Vital signs, Base Metabolic indexes and recommended laboratory studies are not routinely monitored. Nursing staff are trying to implement this monitoring, but have not yet been able to do so. The new medical assistant will be available to implement these procedures. Laboratory work is ordered by the client's primary care physician, but this is not always reliable.

11. Recommendation: Establish procedures to address evidence based care related to medications and metabolic monitoring is done to ensure safe and appropriate care of clients.

Access and Entry

The center has open access on Tuesday and Thursday mornings to help with immediate care. An individual can see a therapist for clinical intake during open access hours. There is a short waiting list for clinical intakes. Wait time to see a psychiatrist can be six to eight weeks.

Continuity of Services through Transitions

The center has a good process for assuring smooth transitions from inpatient to outpatient programs in the community. The center staff requests the client to sign releases of information in order to communicate with other service providers. Case managers often accompany clients to doctor and dentist appointments, which helps with communication and continuity of care. The area services director has primary responsibility for continuity of care between inpatient (such as Montana State Hospital) or residential treatment to community based services. Children's case managers continue to follow their clients after referrals to other agencies.

Recommendations:
Center for Mental Health, Great Falls, MT

1. *Recommendation: Include staff in the organizational planning and goal-setting, and make certain they are aware of agency mission statement, values statement, and mission. When all employees understand and support the mission it will move forward more readily, and staff will have a greater sense of being part of change and growth.*
2. *Recommendation: Ensure that all staff are trained in CPI within the first 6 months of employment, and update training as required.*
3. *Develop a system that will alert others for help when staff is involved with a dis-regulated client (buzzer, alarm).*
4. *Incorporate cultural diversity with trauma-informed care training, with emphasis on the history of trauma among Native American people.*
5. *Develop therapeutic interventions to help Native Americans realize their cultural strengths so they can identify with positive native cultures.*
6. *Recommendation: Develop specific training requirements for each service delivery area and require supervisors to ensure staff complete required trainings annually.*
7. *Recommendation: Maintain a list of all trainings provided by the center (such as face-to-face trainings, guest speakers, etc.) as part of the Quality Improvement process.*
8. *Provide opportunity for NDC clients to have an advisory board to make suggestions regarding day treatment activities and to address and help manage client concerns.*
9. *Assessment by the center's leadership regarding the organization, treatment and services to assure that staff has a basic understanding of the effects of trauma on the lives of individuals seeking services. Provide trauma-specific training to all employees, and review annually.*
10. *Peer support is an evidence-based service which is an important component to recovery. Re-establish peer support as part of a recovery-focused program, as soon as feasible.*
11. *Recommendation: Establish procedures to address evidence based care related to medications and metabolic monitoring to ensure safe and appropriate care of clients.*

Center for Mental Health Havre, Montana

Organizational Planning and Quality Improvement

The Center for Mental Health (center) developed a five year strategic plan in 2013 that identifies challenges and opportunities in mental health within the agency as well as within communities. The center has offices in Great Falls, Havre, Chinook, Conrad, Cut Bank and Shelby. Each community has its own challenges and opportunities which are addressed in the strategic plan. The center recognizes the importance of being active in the communities, developing a strength-based employment culture and an integrated community of care.

The center hired a dedicated director of quality assurance who directs the quality improvement process throughout the organization. The center has actively collected quality improvement data through the use of surveys and other means to help direct services. Each area director is requested to submit information for quality assurance review within 60 days of the close of the fiscal year. This information is compiled into a thorough report that is reviewed by the CEO and Medical Director, and released to the regional management team, the board of directors, and any individual or agency that requests a copy. This report includes information on staff longevity, demographics, incident reports, medication errors, and other information, broken down by each service delivery area. The center has identified three areas of service delivery—southern, rural, and Cascade County. As a result of this report, the center has identified challenges and goals specific to each area of service delivery.

The Center for Mental Health Center (center), in Havre, Montana seems to be well run, clean, professional and with a positive work environment. The front area where clients wait for appointments was warm, had comfortable clean chairs, was well lit with lamps and overhead lights, and offered a variety of reading materials. The center offers a variety of services to the Havre community. Interviewed clients seemed content and generally pleased with the services they are receiving.

Although statistically, the average client is male, white, age 50 and depressed, the center serves a diverse population with approximately 20% of the client base Native American, and a large number of children teenagers and the elderly.

The In-Home Services program has a contract with the Department of Public Health and Human Services, Child Protection Services Division, which allows In-Home Services to bill Medicaid.

Two professionals at the center participate in the Hill County Drug Court Team. Being on the team allows them to work with families whose loved ones are involved in drug court. By working with the center, parents learn budgeting, parenting skills, and setting positive goals to assist them with healthy family relationships, therapeutic needs, and successful completion of drug court. The center strives to help children remain in the home, to work with families and to reunite families.

The center is fulfilling both its vision and mission by partnering with outside sources, people and communities to improve the lives of their clients. The center treats staff and clients with dignity and respect. The center engages in open dialogue with other staff and clients, recognizes the importance of family, strives to reduce stigma of mental illness, and contributes in a positive way to their community.

Rights, Responsibilities and Safety

Rights and responsibilities are provided and explained by the receptionist during intake. The center has policies that are available to staff and clients, providing information about rights and responsibilities. Posters and brochures, including those of BOV, are displayed for clients and family members so they may access advocacy services.

The grievance process informs clients of the paperwork they fill out to initiate a formal grievance. Staff is available to assist in completing the grievance process. If there is a complaint by the client, staff tries to resolve the problem within a ten day window of time. If the problem is not resolved, a grievance is filed with the executive director and a conflict resolution is implemented with the client and a neutral party.

Abuse and neglect complaints go to the supervisor who must respond within ten days; however, a response usually occurs earlier. Most complaints are reviewed, and if necessary, mandatory reporting takes place to the appropriate entity. Staff is protected by secured working areas with locked doors that do not allow clients to access freely. Staff is trained in MANDT upon hire. At the time of hire, they have a two-hour training on abuse, neglect, and exploitation.

- 1. Recommendation: More suicide awareness training for all employees in the Havre office. Training should include recognizing and talking with children, teens and adults who express suicidal ideation or who exhibit signs and symptoms of being at risk of suicide.*
- 2. Recommendation: Improve communication and coordination between the center and the hospital when clients present as suicidal to the emergency department. This would help the treatment process for the client when discharged from the hospital, so follow-up is in accordance with hospital recommendations.*

Staff Competence and Training

All employees are trained in MANDT, which is re-certified yearly. This model is used to de-escalate clients. Clinicians must maintain their yearly Continuing Education Units (CEUs) for licensure. At the time of hire, staff training includes HIPAA, the Four Agreements, Crisis Prevention Intervention, My Learning Point, Safety First, Mental Health 1st Aid, and Multi-Cultural Diversity trainings. Education for Havre staff is usually provided through the Helena or Great Falls offices of the Center for Mental Health. Most staff is in graduate programs for licensure.

Cultural Effectiveness

It is reported that the center in Havre has the highest percentage of Native American clients than any other diverse population. Employees are culturally competent and sensitive through training and learning from their clients, who also teach the staff their own culture. Staff learns most from the clients. They welcome diversity. They work with rural ranchers, Native Americans, and lower socio-economic status individuals. They respect gender, race, creed and cultural beliefs.

- 3. Recommendation: More cultural diversity training for all Havre staff. Many interviewed reported that most of their knowledge came from their college education.*

Treatment and Support

Treatment plans are developed by the clinicians. All documentation is stored in the electronic records database, Lavender and Wyatt Systems, Incorporated (LWSI). Staff has a 48 hour documentation completion policy. The treatment team may view the treatment plans at any time. Treatment and discharge plans are developed during the intake process. The initial two-hour assessment with the assigned clinician produces a diagnosis and treatment plan information. The center is able to schedule clients for intake within two weeks. The center provides a psychiatric nurse who is able to prescribe medications to clients, including injectable medications, bubble-packs, medication management and monitoring, and consultation.

Trauma Informed Care

Many clinicians at the center have had training in Trauma Focused Cognitive Behavioral Therapy and Dialectical Behavior Therapy. Training in domestic violence is provided. Staff expressed a need for more training in trauma informed care and learning more about trauma awareness.

Evidence-Based Services

The center provides evidence-based services through support groups, therapy, case management, school-based behavioral health services, foster care services, recreational services, medication management and monitoring. The therapists expressed using human-centered therapy and solution-focused brief therapy as primary models.

Employment

With case management, employment is encouraged through resources in the community. Some clients have employment opportunities, but many do not due to their disabilities. Peer support is encouraged and utilized in the day treatment center and in co-occurring support group.

Co-Occurring Psychiatric and Substance Use Disorders

The center in Havre has a nurse practitioner who is a co-occurring prescriber, and also provides medically assisted treatment. Drug court prescribing is also available through the nurse practitioner. The center is involved in drug court through a grant that was awarded in October that involves a practitioner in training and an addictions counselor in training. Case management is also provided for drug court clients.

Crisis Response and Intervention Services

The center does not provide crisis response after hours. Clients are encouraged to call 9-1-1, go to the emergency department, or call the Voices of Hope crisis line. Clients who are in crisis during the day receive crisis response services from their primary therapist. After hours, the hospital provides 24 to 48 hour holds where two therapists are available.

Medication

The center provides medication through the prescribing psychiatric nurse practitioner. Approximately 380 clients on the center's caseload receive medications from the nurse practitioner. The nurse practitioner provides services at the center, the hospital and the jail. Medications at the center are stored in a locked room. Samples are provided for those who can't afford their medications while awaiting enrollment in the Mental Health Services Plan or Medicaid.

Recommendations

Center for Mental Health, Havre, Montana

1. *Recommendation: More suicide awareness training for all employees in the Havre office. Training should include recognizing and talking with children, teens and adults who express suicidal ideation or who exhibit signs and symptoms of being at risk of suicide.*
2. *Recommendation: Improve communication and coordination between the center and the hospital when clients present as suicidal to the emergency department. This would help the treatment process for the client when discharged from the hospital, so follow-up is in accordance with hospital recommendations.*
3. *Recommendation: More cultural diversity training for all Havre staff. Many interviewed reported that most of their knowledge came from their college education.*
4. *Recommendation: Improve transparency and communication between the Havre and Great Falls office of the Center for Mental Health through monthly staffings between the two facilities.*
5. *Recommendation: The Center for Mental Health could be more open to embrace change. The Havre office has some dynamic and creative staff with current ideas and skills that could be better utilized in an atmosphere of “let’s do this!” The needs of the community are continuously changing, and mental health facilities must be open and receptive to this environment in order to remain current, effective, and fresh.*



Partnering to Improve Lives

center4mh.org

February 9, 2016

Janette Reget, Executive Director
PO Box 200804
Helena, MT 59620

Dear Ms. Reget;

The Center for Mental Health (hereafter, C4MH) appreciates the suggestions and recommendations from the Board of Visitors Site Visit in November 2015. Please accept the following as our response.

Should you need anything further, you may contact me at: (406)791-9603.

Sincerely,

Sydney Blair, LCSW, MHP
Chief Executive Officer
Center for Mental Health
915 1st Ave. S
791-9603
sydneyb@center4mh.org

Center for Mental Health, 2015

[Type text]

Suggestions Great Falls Area Office:

1. **Suggestion:** *Develop therapeutic interventions to help Native Americans realize their cultural strengths so they can identify with positive native cultures.*

C4MH appreciates this suggestion and will provide further training to employees regarding cultural strengths within the Native American population served.

Recommendations Great Falls Area Office:

1. **Recommendation:** *Ensure that all staff are trained in CPI within the first 6 months of employment, and update training as required.*

This is a reasonable and realistic expectation and employees are informed of this upon hire. CPI is included for all direct care employees as part of the core training required for new hires.

2. **Recommendation:** *Develop a system that will alert others for help when staff is involved with a dis-regulated client (buzzer, alarm).*

C4MH has a system in place to alert others for help when an employee is involved with a dysregulated client including calling 911. Employees are informed of this protocol during New Hire Orientation as well as in further detail during specific program orientation due to slight differences depending on building location and population served. Generally speaking, employees can use the page function on their phone within offices, instant message from their computer or call a supervisor from the field and use the phrase 'Dr. Strong,' as we have defined 'Client in crisis.' There are employees identified in all programs as first responders to these crisis situations as well as other situations that may or may not directly involve a client such as a medical emergency or bomb threat.

3. **Recommendation:** *Incorporate cultural diversity with trauma-informed care training, with emphasis on the history of trauma among Native American people.*

C4MH appreciates this recommendation and will identify training opportunities with the emphasis on historical trauma among Native American people. At this time, C4MH has partnered with various local community organizations for trauma informed care.

- 4. Recommendation: Maintain a list of all trainings provided by the center (such as face-to-face trainings, guest speakers, etc.) as part of the Quality Improvement process. Require supervisors to ensure staff complete required trainings annually*

C4MH included the training log, maintained by the Executive Secretary for 2015 in the preparation material submitted to BOV prior to the site visit. QA/UR is identifying methods for tracking regularly scheduled training opportunities to all areas served which will allow for greater accessibility from all employees. Clinical Director team also identifying methods to record live face-to-face training to be more available in future dates for employee(s) that may have missed a training.

- 5. Recommendation: Provide opportunity for NDC clients to have an advisory board to make suggestions regarding day treatment activities and to address and help manage client concerns.*

C4MH has implemented a client advisory board for NDC. Elections were held and available positions filled. Meetings will occur monthly. And those clients will begin facilitating weekly client community meetings held at NDC. Meetings allow clients to voice comments and concerns about therapeutic programming offered at NDC.

- 6. Recommendation: Assess the organization, treatment, and services to ensure that staff has a basic understanding of the effects of trauma on the lives of individuals seeking services. Provide trauma-specific training to all employees, and review annually.*

C4MH appreciates this recommendation and will research and explore training opportunities relevant to all employees based on the population they are serving. Training will be added to the core curriculum and reviewed annually.

7. **Recommendation:** *Peer support is an evidence-based service which is an important component to recovery. Re-establish peer support as part of a recovery-focused program, as soon as feasible.*

C4MH agrees that peer support is an important component to recovery. C4MH would also like to see formal administrative rules written regarding scope of practice for peer support employees while also having financial responsibility within the position. At this time, C4MH is unable to give a timeline regarding this implementation.

8. **Recommendation:** *Establish procedures to address evidence-based care related to medications and metabolic monitoring, to ensure safe and appropriate care of clients.*

C4MH appreciates this recommendation. The Medical Director and Nursing Supervisor are drafting specific procedures related to EBP's for medications and metabolic monitoring. The procedures are expected to be in place by summer 2016.

Recommendations- Havre Area Office

1. **Recommendation:** *More suicide awareness training for all employees in the Havre office. Training should include recognizing and talking with children, teens and adults who express suicidal ideation or who exhibit signs and symptoms of being at risk of suicide.*

C4MH has invested into Mental Health First Aid both adult and youth as a training tool for our non-licensed employees to identify symptoms of mental illness and approach an individual potentially facing a crisis such as suicidal ideation. C4MH is aware of additional training opportunities made available from the State's Suicide Prevention Coordinator and will schedule accordingly. Youth Mental Health First Aid has been scheduled twice in 2016 with other pending trainings in the imminent future. The adult version is being offered through the community resources officers of the State of MT. The Area Director of Services would ensure that employees would be scheduled into both these trainings upon availability with a goal of completion within 3 months.

- 2. Recommendation: Improve communication and coordination between the center and the hospital in Havre when clients present as suicidal to the emergency department.*

C4MH, through the Area Director and key employees in the Havre office, will identify a main contact person with the hospital in Havre to assist with the building of a mutual protocol to be utilized by the Center employees and emergency department in times when a person and/or client presents in crisis.

- 3. Recommendation: More cultural diversity training for all Havre staff. Many interviewed reported that most of their knowledge came from their college education.*

C4MH appreciates this recommendation and will identify training opportunities with the emphasis on historical trauma among Native American people. At this time, C4MH has partnered with various local community organizations for trauma informed care.

- 4. Recommendation: Improve communication between the Havre and Great Falls office of the Center for Mental Health through monthly staffings between the two facilities.*

Since the BOV site visit, the Area Director of Rural Services has moved onto a different career path with University of Great Falls. The Area Director of Services in Great Falls along with the Assistant Directors have assumed directorship of the rural areas. This has greatly improved the communication between the main location and our rural sites to improve communication and a consistency of processes between offices. This includes, but is not limited to, weekly face to face site visits, shared supervisor's agenda of administrative topics and increased access to trainings.