Eastern Montana Mental Health Center

May 13th and 14th, 2015
Montana Mental Disabilities Board Of Visitors Site Inspection

OVERVIEW

Mental Health Facility Reviewed:

Eastern Montana Mental Health Center
Miles City, Montana
Jim Novelli, CEO

Authority for Review
Montana Code Annotated, 53-21-104
Purpose of the Review:
1. To learn about Eastern Montana Community Mental Health Center (EMCMHC)
2. To assess the degree to which the services provided by EMCMHC are humane, consistent with professional standards, and incorporate BOV standards for mental health services.
3. To recognize excellent services.
4. To make recommendations to EMCMHC for enhancing and/or improving services.
5. To report to the Governor regarding the status of services provided by EMCMHC.

BOV Review Team:
Janette Reget, LCSW, Executive Director
Craig Fitch, Attorney
Michelle Blair, BA, PharmD
Amy Tipton, LCSW

Review Process:
1. Interviews with EMCMHC Staff
2. Observation of treatment activities
3. Review of written descriptions of treatment programs
4. Informal discussions with clients
5. Inspection of physical plant
6. Review of treatment records

Summary

Eastern Montana Community Mental Health Center (EMCMHC), located in Miles City, MT, is undergoing a significant transition. Former management has left the center, and has been replaced by a new Chief Executive Officer (CEO), Jim Novelli. Currently, the Clinical Director position is vacant. Because of its location and isolation, EMCMHC has not kept up with current trends and practices in service delivery. The CEO is aware of these issues and is assessing the strengths and weaknesses of the program, and openly discussed these with the Mental Disabilities Board of Visitors site inspection team (BOV team). Many of his assessments are consistent with the BOV team's findings. In addition, he has been "mending fences" with other health-care facilities and stake-holders in the Miles City area. He has been successful in opening a dialogue with Holy Rosary Hospital in Miles City, regarding mental health and crisis services. The CEO stated clearly his goal is to open a crisis-stabilization facility in Miles City. He would like to improve community collaboration, attract quality staff, and increase the outpatient children's services. The CEO is moving the agency towards the Recovery Model, and is encouraging a peer-to-peer support program.

EMCMHC provides adult and children mental health services, chemical dependency services, and Comprehensive School and Community-based Treatment services over the large "frontier" region. There are satellite offices in Glasgow, Sidney, Glendive, Forsyth, Broadus, Terry, Baker, Broadus, Malta, Colstrip, Scobey, Circle, Wolf Point and Jordan. Some of these satellite offices are open only a few days per week, and clinicians may work in several different offices. Overall, the BOV team was impressed with the energy and enthusiasm of both the CEO and the staff at EMCMHC. The staff seems to be proud of their program and the services they provide. For the most part, they are respectful and positive. At the same time, some are apprehensive about changes that are occurring and that will occur during this transition period. Some staff reported there has been turmoil that has affected morale. It seems many staff believes the mental health center's foundation is strong, the services they provide are effective, and the changes are mostly for the good. Improving staff morale is one of many challenges EMCMHC faces during this transition.

Organizational Planning and Quality Improvement

EMCMHC does not have a current, formalized strategic plan or organizational plan. EMCMHC has a Vision Statement with Beliefs and a Mission Statement, all in one document. In this document, the words "patient", "consumer", "individual" are used to refer to persons served by EMCMHC. Current policies and procedures are over a decade old and should be reviewed and revised to reflect the new changes and bring them up to date. The CEO plans to increase and improve staff training, and is exploring the "Relias" Learning Management System, an online training site. Achievement of these goals will allow EMCMHC to provide more effective services with greater collaboration between all stakeholders. EMCMHC has a dedicated Quality Improvement director who also manages information technology.

There is no formalized quality improvement process, but it appears that most of the quality improvement process is less formal; the programs have a group of staff that report to their immediate supervisor, and that supervisor identifies areas that need to be addressed and improved upon. The treatment team has regular staff meetings where they can discuss issues and resolve problems.

> ***Suggestion:*** *Include clients, family members, staff, and other stakeholders in the strategic planning process and when updating Policies and Procedures, using person-centered language (for example, using same term to refer to persons receiving services from the agency instead of a number of different terms).*
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> **Recommendation:** Implement a formal, written Quality Improvement plan that includes continual, on-going review of services, by developing work plans with specific and measurable goals for each program that can be reviewed and updated monthly.
>
> **Recommendation:** Use annual client and family/friend satisfaction surveys as part of quality improvement process. Encourage clients/families to comment on their satisfaction and dissatisfaction with programs, and use these comments in program development.

Rights and Responsibilities

Information about client rights and responsibilities is provided to the client when s/he is given the initial intake paperwork. Posters and brochures about advocacy services available clients and family members are displayed on bulletin boards in the waiting area. Upon intake, clients are informed of the grievance process, and staff is available to assist. If there is a complaint by a client, staff tries to help resolve the problem. If the problem is not resolved, a grievance is filed with the CEO conflict resolution is implemented with the client and a neutral party.

EMCMHC has a fair and responsive grievance process. The grievance form includes a prompt for the grievant to appoint a personal representative to assist them in the grievance process. Staff interviewed was able to immediately discuss the basic grievance process, their responsibility, and how they would be able to assist a client. All interviewed staff seemed pleased with their access to a supervisor and their

ability to discuss any grievance. Again, no information regarding outside advocacy services is included on the grievance form. This information is important because it allows the client to seek further assistance when filing a grievance, especially if the client is dissatisfied with EMCMHC response. The Consumer Rights form that is given to the client instructs the client to notify the Chairman of the Board of Directors with unresolved concerns. However, no information about advocacy services provided by the BOV or Disability Rights Montana was included on the form. In addition, the Notice of Privacy Practices form provides information about filing complaints, but no information regarding outside advocacy services is included on the form.

> **Recommendation:** Include contact information about Montana Mental Disabilities Board of Visitors, Mental Health Ombudsman, and Disability Rights Montana, on the Consumer Rights form, the Notice of Privacy Practices form and the Grievance form.

Safety

EMCMHC policies clearly direct all complaints of abuse/neglect go directly to the supervisor. There have been no staff abuse complaints reported by clients at EMCMHC. Staff is trained annually in Mandt de-escalation techniques. Staff has developed a format to follow in case of emergency that includes code words and available buzzers that alert the center in case someone is in danger. EMCMHC policies include Employee Code of Ethics, Consumer Rights, and Reporting Abuse/Neglect. These policies were developed in 2002, and need to be updated. Staff understood the basic components of abuse and neglect, primarily as being mandatory reporters. Fewer staff was aware of the definitions and reporting requirements of 53-21-107 MCA, and how those requirements relate to them. All staff said they would report an abuse or neglect issue to their immediate supervisor. The abuse and neglect investigation policy is thorough and covered all necessary requirements, including submitting a summary of the allegation and investigation to BOV.

Individual, Family Members/Guardian Participation

EMCMHC staff reported that whenever a client gives consent, they try to involve family members and significant others in clients' treatment planning and treatment provision. Staff noted that many of the clients they serve have alienated their families. However, staff reported that they take a cue from the client—if the client has family, staff will do their best to involve them in client treatment.

EMCMHC is communicating with the community advocate in Miles City to establish a local chapter of the National Alliance on Mental Illness (NAMI). This will help increase family awareness and involvement with clients at EMCMHC. The center would benefit from more client and family participation as part of development of the strategic plan, policies and procedures, and quality improvement. Family members could also participate in advisory groups, public meetings, and educational and training opportunities.

Cultural Effectiveness

Staff at EMCMHC has knowledge about cultural, ethnic, social, and other cultural issues of the persons served. EMCMHC serves clients from diverse cultures,

including ranchers, farmers, laborers, American Indians and others. EMCMHC provides mental health and chemical dependency services at many satellite offices, including Glasgow, Sidney, Glendive, Wolf Point, Forsyth, and Broadus. Some of these communities are on the reservations or near the reservations. Miles City is considered "frontier", referring to low population, spread out over a large area. Poverty is a significant problem. At the same time, the recent oil drilling in Northeastern Montana has created a great strain on local resources, and an increase in need for services.

Mental Health and Chemical Dependency services are provided to these communities through both face-to-face contacts and through Skype, Vision Net, and tele-med services, which are used effectively. Chemical Dependency groups are conducted at the satellite offices in the evenings via tele-med services. In the Wolf Point office, staff providing chemical dependency services are more culturally focused, emphasizing a more American Indian approach to treatment. The Director of the EMCMHC Chemical Dependency services was successful in getting a SAMHSA grant in 2005 to provide methamphetamine treatment via tele-med services.

Staff Competence, Training, Supervision, and Relationships with Individuals

The CEO intends to increase and improve staff training, probably through the "Relias" Learning Management System, an online training program. Other mental health centers in Montana use Relias with good results. Currently, some staff is trained in Mental Health First Aid. Some staff has taken the Crisis Intervention Training (CIT) course for crisis intervention. EMCMHC provides funding for the Clinical staff has to maintain their yearly Clinical Education Units (CEUs) for licensure. The CEO would like to extend training opportunities to the community and he has been reaching out to other mental health centers for assistance, direction and information.

The Director of the Comprehensive School and Community Treatment program~~,~~ stated his staff receives 18 hours of training per year, including de-escalation training, Mandt training, training in using electronic records, ethics, policy and procedures, and Mental Health First Aid. The Director is a certified Mandt trainer.

He agreed that staff could use more training, and mentioned CPR, safety, and blood- borne pathogens precautions.

The BOV team did not receive copies of position descriptions, so we were unable to assess expectations for each position. There is training for new hires, but it seems limited in scope and does not appear to be directly related to a defined set of minimum knowledge expectations for each staff position. The training seems to be more of a basic agency- wide program that covers basic employment duties and responsibilities. All staff agrees more training is needed, particularly training pertaining to mental illness, co-occurring disorders, and other job-specific trainings. EMCMHC would benefit from utilizing webinar trainings presented by SAMHSA, Mental Health America, NAMI, and other organizations to ensure that all staff receives necessary training opportunities.

The Director of Day Treatment and Residential Services, stated that EMCMHC is undergoing a paradigm shift. The programs are moving away from "caretaking" of clients to greater client recovery and independence. Staff training during this process, especially in Illness Management and Recovery (IMR), Wellness Recovery Action Planning (WRAP), and other recovery-based treatment approaches is essential to help with this paradigm shift. Food handlers' training would benefit the staff in the group homes.

Currently, there is no formal training or written protocol for staff in regards to medication education and administration, which is critical for group home staff. However, EMCMHC participates in weekly grand rounds hosted by Billings Clinic, which is provided via Vision-Net. The providers are encouraged to seek opportunities for continuing education, and the facility supports the providers if they are interested in attending conferences for continuing education.

All staff stated they are satisfied with the availability of supervisors. Staff meet twice weekly as part of that supervisory process. For the most part, staff seems hopeful about the future of the mental health center and the changes that are occurring.

> ***Suggestion:*** *Set knowledge/competence standards for each employment position. Use these standards as a basis for hiring and for new-hire training and orientation, as well as part of the Quality Improvement program.*

Treatment and Support

General

Clinicians develop the initial treatment plans and discharge plans during the initial assessments. The initial two-hour assessment with the assigned clinician produces a diagnosis and treatment plan. Treatment plans, assessments, and other documentation are stored in the electronic medical record database "Credible". The clinician will determine what other services would be beneficial for the client.

If a case manager is involved with the client, the case manager will update the treatment plan during reviews every 90 days. EMCMHC has experienced licensed clinicians on staff as well as license-eligible clinicians who receive supervision at EMCMHC. Clinicians provide a variety of evidence-based services, including Cognitive-Behavior Therapy (CBT), Dialectical Behavior Therapy (DBT), guided imagery, play therapy, moral recognition therapy, neuro-feedback, and mindfulness. These are identified as evidence- based practices by SAMHSA.

The Comprehensive School and Community-Based Treatment program (CSCT) has a large program in Miles City, Broadus, and Forsyth. CSCT provides services to two grade schools, one junior high, and one high school. The program is staffed by four therapists, five behavior specialists, and a youth case manager. CSCT also provides summer programs. In Miles City alone, CSCT services are provided to 50-60 children. The program also provides Home Support Services to include family members in treatment.

Trauma Informed Care

EMCMHC staff is knowledgeable about universal trauma precautions. They recognize what the client's "triggers" are and guide them to distract and utilize coping skills. In the initial assessment, the client's experiences with trauma are identified. Trauma-specific interventions are identified in the treatment plan. Group therapy, individual therapy, CBT, DBT, case management, and other services are provided. One of the licensed clinicians has experience in trauma-related work and crisis work, and provides supervision to license-eligible clinicians. New staff is not currently trained in trauma-informed precautions. EMCMHC would be on the cutting edge of trauma-informed care provision once it

develops ongoing training in universal trauma precautions using the guidelines established by SAMSHA (http:www.samhsa.gov).

Housing

EMCMHC manages two group homes, Clark Street Inn and Neva House. Clark Street Inn is an actual home, and Neva House appears to be a renovated motel. Both provide a safe housing option for clients. They are staffed 24 hours per day. Clients in the group homes are encouraged to move towards independent living. Case managers assist with applications for benefits, obtaining Section 8 housing, and accessing other resources such as the food bank and the community soup kitchen. Case managers will assist with medication management for clients who are living independently. There is minimal homelessness among EMCMHC clients.

Co-Occurring Psychiatric and Substance Use Disorders

EMCMHC has implemented protocols established by AMDD for treatment of people who have co-occurring psychiatric and substance use disorders. The mental health and substance use programs are in the same building, so co-occurring services are readily available. The availability of Skype, Vision Net, and Tele-med programs allows the center to provide services to clients who are unable to attend face-to-face appointments. Both programs are short-staffed; nevertheless, the wait time for a mental health or substance use assessment is usually one to two weeks. The Director of Chemical Dependency Services stated that they are still "getting the bugs out" of co-occurring treatment, but it seems like good progress is being made. He stated that the newer staff is better trained in the co-occurring treatment, or as he said, the treatment center approach.

In addition to outpatient services, "the Residential Treatment Expansion Consortium (RTEC) provides residential care (group home living) for individuals suffering from drug addictions. The Lighthouse Recovery Home operated by Eastern Montana Community Mental Health Center in Miles City, MT provides a recovery-based support home for eight men**.** Boyd Andrew, [a chemical dependency program based in Helena, MT], administers the RTEC contract and provides managerial oversight of the consortium." (Taken from Boyd Andrew website)

Crisis Response and Intervention Services

EMCMHC operates a 24 hour/day, 7 day/week crisis telephone line. This line is an answering service that accesses on-call staff at the center. Clinicians rotate through the crisis response weekly rotation schedule. There are two layers of crisis response—"first call" which is a staff person who will attempt to, and usually does, manage the crisis call. However, if a clinician's assistance is needed, the staff person will contact the person on "second call". When needed, EMCMHC clinicians will provide on-site evaluations of clients who are in crisis. They respond to "unattached" clients and direct them to necessary services. Crisis intervention is provided at the county jail, schools, emergency department, and when other providers are unavailable. It is important that the crisis intervention staff communicate with service providers regarding the nature of the crisis and the interventions that occurred.

EMCMHC goal is to build and staff a crisis intervention facility that has emergency detention beds. The CEO is reaching out to the many communities in the region, including county commissioners, the police/sheriff departments, and hospitals for support. This will be a tremendous asset for EMCMHC and for the frontier region of eastern Montana.

Medication

EMCMHC has a medical director and three advanced nursing practitioners on staff. In addition, EMCMHC participates in weekly grand rounds hosted by Billings Clinic, which is broadcast via Vision-Net.

It appears medication prescribing is evidence-based and reflects accepted medical standards. When a new medication is started, the providers appear to be thorough in providing information to clients and families about the medication indications, benefits, potential adverse side effects, and costs. The providers regularly look for medication assistance programs on multiple online programs if a client has a hardship and cannot afford medication.

Providers do a good job obtaining medication histories on admission to EMCMHC. The process includes interviewing the client, requesting records from previous facilities, and calling pharmacies to get an updated medication list.

EMCMHC provides accurate medication lists when a client transfers to another facility. The providers try to reduce pill burden on clients and staff by scheduling once daily or twice daily dosing. If three times per day dosing has to be done with group home residents, the staff will give the mid-day dose at 3 pm when residents return to the group homes. This decreases the risk of medication errors, medication non-compliance, and medication diversion. The providers communicate verbally and via Credible with staff at the group homes whenever a medication change occurs. The treatment team meets weekly with clinicians to review and discuss clients' cases and medication therapy management.

At both group homes, medications are stored in a locked cabinet, in a locked office for which only the staff have keys. The staff reviews the medications to be administered with each resident. The medications are then opened, and placed in a small bin, and the client self-administers the medication.

Recently, the facility started using unit dose bubble packed medications provided by a local pharmacy to help reduce medication administration errors, and also to help the providers monitor for medication compliance. The main facility has one medication room which contains a cabinet with sample medications. The lock on the cabinet was broken, and there is an unlocked refrigerator in one of the provider's office that contains long-acting injectable antipsychotics. By law, medications are required to be stored in a locked room containing a locked storage unit.

Chart review indicated that there appeared to be some inconsistencies in documentation regarding medication changes. Multiple notes excluded the rational for starting/stopping/changing medication therapy. Consistent documentation on side effects and the management of those side effects were also excluded in multiple notes.

If legitimate problems with medications arise, the staff at the main facility and at the group homes sends a message via Credible to the providers. If the problem is severe, the client will be transferred to the hospital emergency room. Emergency medications are not administered at the facility. PRN medications have appropriate indications and are used only when needed, along with other non-medication options to alleviate the client's symptoms.

Currently, it appears there are no protocols in place for monitoring parameters and laboratory monitoring for antipsychotics, based on the American Diabetes Association and American Psychiatric Association. The providers obtain labs/monitoring parameters on an inconsistent basis, with no set schedule in place.

> **Recommendation:** Make certain that medications stored at the facilities are in a locked cabinet in a locked room, and place a lock on the refrigerator in which medications are stored.
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> **Recommendation:** Create a standardized way to document the rationale for medication changes and side effect management in Credible to provide more consistent documentation.
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> **Recommendation:** Create a protocol with set parameters for antipsychotics and other psychiatric medications requiring regular monitoring, in accordance with the American Diabetes Association and American Psychiatric Association. Consider having a laboratory company visit EMCMHC on a weekly/monthly basis for "Lab day" to allow for more constant laboratory monitoring and convenience to the client.
>
> **Recommendation:** Create a standardized way to document the rationale for medication changes and side effect management in Credible to provide more consistent documentation.

Access and Entry

The majority of referrals to services at EMCMHC come from doctors, the jail, hospitals, probation/parole, Montana State Hospital (MSH), and by self-referral. As previously mentioned, someone seeking services is scheduled for an intake assessment within one to two weeks. Unlike many mental health centers, the wait time to see a practitioner is also one to two weeks. The providers then see the client every two weeks for medication adjustment. Once the client is stable, the provider will see the client about every three months for medication management. Referrals from MSH are carefully screened to determine if EMCMHC can provide services that meet the client's level of need. Referrals from MSH are interviewed by Vision Net. This is essential in order to make an effective assessment, and is another innovative way EMCMHC manages to cover its large frontier area.

Continuity of Services through Transitions

Adult mental health services, especially the day treatment and residential services, are in the transition process to help clients move towards and achieve greater independence. Case management services for youth and adults are available to help with that transition. The CSCT program is well staffed with clinicians, case manager, and behavior specialists to allow for a smooth transition from youth to adult. Services follow the client as they move towards greater autonomy and recovery.

The adult day treatment program has made encouraging progress in adopting a more recovery-based approach to services. Staff has developed recovery-based groups that appear to be well attended. The facility is attractive, active, welcoming, comfortable, and roomy. The day treatment program encourages clients to participate in chore completion at the program. Those who do help get "Reward" tickets. Ideally, the clients would make their own choices about participating in the day treatment program, so they can "own" the program. Possibly, reward tickets would not be necessary. This could be an ongoing discussion with clients, so they will feel more empowered about the day treatment program and will hold each other accountable for its operation. If clients do voluntarily participate in therapeutic tasks to help support the program, these therapeutic tasks must be approved as a therapeutic activity, and addressed in the client's treatment plan. The goal of the day treatment program is to optimize independent living skills and offer support in the recovery process with emphasis on developing healthy coping skills. All clients the BOV team spoke with seem pleased with the services they receive, they state the staff is respectful and helpful, and the clients are becoming more involved in helping to support the programs.

> **Recommendation:** When a client participates in therapeutic tasks to help support the day treatments program (for example, helping with meal preparation), identify the task as therapeutic activity and address it in the client's treatment plan.

Suggestions

Include clients, family members, staff, and other stakeholders in the strategic planning process and when updating Policies and Procedures, using person-centered language (for example, using same term to refer to persons receiving services from the agency instead of a number of different terms).

Set knowledge/competence standards for each employment position. Use these standards as a basis for hiring and for new-hire training and orientation, as well as part of the Quality Improvement program.

Recommendations

1. Implement a formal, written Quality Improvement plan that includes continual, on-going review of services, by developing work plans with specific and measurable goals for each program that can be reviewed and updated monthly.

2. Use annual client and family/friend satisfaction surveys as part of quality improvement process. Encourage clients/families to comment on their satisfaction and dissatisfaction with programs, and use these comments in program development.

3. Include contact information about Montana Mental Disabilities Board of Visitors, Mental Health Ombudsman, and Disability Rights Montana, on the Consumer Rights form, the Notice of Privacy Practices form and the Grievance form.

4. Implement a medication administration certification training program for group home staff regarding medication education, documentation, and medication administration training, both initially and periodically to assess the current staff's knowledge.

5. Make certain that medications stored at the facilities are in a locked cabinet in a locked room, and place a lock on the refrigerator in which medications are stored.

6. Create a standardized way to document the rationale for medication changes and side effect management in Credible to provide more consistent documentation.

7. Create a protocol with set parameters for antipsychotics and other psychiatric medications requiring regular monitoring, in accordance with the American Diabetes Association and American Psychiatric Association. Consider having a laboratory company visit EMCMHC on a weekly/monthly basis for "Lab day" to allow for more constant laboratory monitoring and convenience to the client.

8. When a client participates in therapeutic tasks to help support the day treatment program (for example, helping with meal preparation), identifies the task as therapeutic activity and addresses it in the client's treatment plan.