Mental Disabilities Board of Visitors

SITE REVIEW REPORT

Eastern Montana
Community Mental Health Center
Miles City, Montana

June 17-18, 2008

_____
Gene Haire, Executive Director

TABLE OF CONTENTS

Mental Disabilities Board of Visitors
Site Review Report
Eastern Montana Community Mental Health Center
June 17-18, 2008

OVERVIEW

Mental Health EMCMHC reviewed :

Eastern Montana Community Mental Health Center (EMCMHC)
Miles City, Montana
Frank Lane - Executive Director

EMCMHC Type - Mental Health Center

Authority for review :

Montana Code Annotated, 53-21-104

Purpose of review :

1) To learn about EMCMHC services.
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 improvement of services.
5) To report to the Governor regarding the status of services provided by EMCMHC .

BOV review team :

Staff:	**Board:**	**Consultants**:
Gene Haire, Executive Director	Suzanne Hopkins, Vice-Chair	Rhonda Champagne, LCSW
Craig Fitch, Legal Counsel	Brodie Moll	Bill Docktor, PharmD, BCPS

Review process :

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

ASSESSMENT OF SERVICES

Outpatient Services

General observations and comments about EMCMHC outpatient services.	**Strengths:** ▪ Staff are committed to the people served. ▪ Crisis response, intervention, and follow up are very well-developed and executed. ▪ Throughout the catchment area (the size of the state of Pennsylvania), EMCMHC staff have developed a good network of offices and services, devised creative ways to bring services to consumers, and put in significant "windshield time" going to where consumers are - often to extremely rural, distant locations.

Medication Management Services

General observations and comments about EMCMHC medication management services.	**Strengths:** ▪ EMCMHC has three employees who are Advance Practice Registered Nurses (APRN) with medication prescription privileges (one in Miles City). In a region with no psychiatrists, this allows consumers to be seen in-house for medications and have continuous follow-up by one provider.

Transitional Care (Clark Street Inn)

General observations and comments about EMCMHC Transitional Care (Clark Street Inn) services.	**Strengths:** ▪ Friendly, warm, caring environment. ▪ Dedicated, confident staff. ▪ Willingness to take a chance on consumers with long, complex mental health histories and intense treatment needs. ▪ EMCMHC provided BOV with examples of consumers who did not do well in other settings who are being served successfully by EMCMHC.

Intensive Case Management Services

General observations and comments about EMCMHC intensive case management services.	**Strengths:** ▪ Dedicated staff. ▪ Staff work hard to make sure consumers have access to medications and other services.

Community Rehabilitation and Support Services (Day Treatment)

General observations and comments about EMCMHC community rehabilitation and support services (day treatment).	**Strengths:** ▪ EMCMHC submitted a proposal and was funded by AMDD to extend hours to evenings and weekends, and to hire consumer staff for a consumer-operated drop-in program. This is an excellent addition to the rehabilitation program. ▪ The day treatment program offers one structured recovery activity per week. ▪ The symptom management group provides information on recovery, opportunities to practice "cognitive processing" skills, and provides an environment in which consumers can share successes with each other. ▪ The day treatment program includes staff-facilitated "brain game" exercises that appeared to represent a significant component of program activity during this two-day review. Day treatment staff report that as a "recognized approach to assist in recovery" these exercises "develop new neurological pathways in the brain". Staff also report that consumers tell them that symptoms such as "hallucinations, thought insertion, and delusions are improved by the brain games". ▪ Clean, friendly, welcoming, informal atmosphere. ▪ Genuinely caring staff with longevity who appear to enjoy working in this environment. ▪ Adequate physical space; good selection of hobby/leisure activities available. ▪ Good staff interaction and consumer to consumer interaction ▪ Consumers feel safe. Many of the consumers are employed in the community through personal connections and efforts of staff. ▪ Many people make use of the services (~ 30 average daily attendance). ▪ Program provides a source of one healthy meal per day for consumers whose resources and/or skills are limited. ▪ Consumers BOV spoke to appreciate and enjoy having day treatment available. ***EMCMHC Comment:*** ***"Almost 50% of Day Treatment consumers are employed."*** **Observations:** ▪ BOV did not observe consumers in meaningful, empowering roles during day treatment activities; there did not appear to be a significant level of ownership in these activities by consumers. ***EMCMHC Comment:*** ***"Consumers are empowered to the level their illness will allow."*** ▪ The general environment in the day treatment program appears to be one of taking care of consumers by staff. BOV observed that employees appear to do activities that are associated with any level of responsibility. ***EMCMHC Comment:*** ***"This statement is not true in our view. It promotes paternalism, which is not our goal."***

	Suggestions: ▪ Consider the following ways to increase the depth of the recovery atmosphere in the day treatment program: ➢ Bring the peer support activities into the mainstream of the day treatment program. ➢ Work with consumers to develop a "consumer council" that meets regularly and assumes a meaningful role in operation and evaluation of the day treatment program. ➢ Look at each role and function that staff now are responsible for and ask the questions, "Is there anything about how staff works with consumers that could be more empowering of consumers?" and "How can consumers fully participate in this role or function?"[1]. ***EMCMHC Comment:*** ***"This has happened with the hiring of four paid consumers to run the weekend program."***

Substance Abuse and Chemical Dependency Services

General observations and comments about EMCMHC substance abuse and dependency services.	**Strengths:** ▪ Treatment of co-occurring psychiatric and substance use disorders is addressed by individual addiction counselors and mental health therapists. ▪ All team members – including addiction counselors and mental health therapists – meet weekly. ▪ Case managers are in frequent contact with addiction counselors and mental health therapists. ▪ An addition to the EMCMHC Miles City facility was constructed to provide enough room to include addiction services in the same building. ▪ EMCMHC is developing an addiction recovery house. This is a positive initiative and a needed service in the continuum of care. ▪ Use of telemedicine technology to conduct addiction groups allows additional therapy and support for geographically isolated consumers, and leveraging of staff resources. ▪ EMCMHC uses a consistent model across addiction services region-wide. ▪ Attempts are made to include families in consumers' addiction treatment.

[1] SAMHSA – Center for Mental Health Services. "Philosophy and Values". 2009. http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/family/usersguide/project.asp

"It is important to know what is meant by "support." While the support of others is a valuable element in recovery, it does not include solving problems for another person or giving advice."

"Empowerment is another critical component to recovery. A person becomes dis-empowered when choices are made for them, even when well-meaning supporters do it. Disempowerment also occurs when assumptions or judgments are made concerning an individual and their choices."

Emergency Services

General observations and comments about EMCMHC emergency services.	**Strengths:** ▪ EMCMHC has an excellent, well-developed system for providing emergency services. ▪ Clearly written, detailed procedure manual. ▪ Excellent effort by all staff to do whatever needs to be done when a psychiatric crisis occurs. ▪ Creative and proactive involvement when a community tragedy with psychiatric dimensions occurs. **Concerns:** ▪ Though not the responsibility of EMCMHC, local ambulance service is not available at night to transport consumers to inpatient services in Billings; families often have to take family members in crisis to Billings Clinic. ***EMCMHC Comment:*** ***"Transportation problems are not exclusive to Miles City. It is a statewide problem."***

MENTAL DISABILITIES BOARD of VISITORS STANDARDS

Organizational Structure, Planning, Quality Improvement	
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?	**Yes** **Strengths:** ▪ EMCMHC has many long-term staff who maintain good continuity of care and provide ongoing support to fellow staff and people served.
Does structure of EMCMHC reflect / support a multidisciplinary approach to planning, implementing, and evaluating care?	**Yes**
Planning:	
Does EMCMHC produce and regularly review a strategic plan that is made available to the defined community? Is the strategic plan developed and reviewed through a process of consultation with staff, consumers, family members/carers, other appropriate service providers and the defined community?	EMCMHC does not have a formal strategic planning process. The Executive Director feels that there is enough communication among the staff and with his open door policy that he and the remainder of the leadership of the organization know what the agency needs without formal planning. In developing new services, EMCMHC has sought and considered input from the community. **Suggestion:** ▪ Consider initiating a formal strategic planning process involving all staff and including consumer/family member input.
Quality Improvement:	
Has EMCMHC implemented an ongoing, formal continuous quality improvement process?	EMCMHC uses an informal process of identifying organizational improvement needs. **Suggestion:** ▪ Consider developing a formal continuous quality improvement process to evaluate and improve all activities related to services to consumers and families. ***EMCMHC Comment:*** ***"CQI is not going to become a take away from productivity issue."***
Does EMCMHC involve the following in its quality improvement process?:	
➢ consumers?	▪ EMCMHC conducts an annual consumer satisfaction questionnaire and incorporates the comments into its informal planning.
➢ family members / carers?	▪ EMCMHC does not solicit family member input into its informal planning.

➢ EMCMHC staff?	▪ EMCMHC incorporates staff input into its informal planning through staff meeting minutes and during other interactions with staff.
➢ other service providers?	▪ EMCMHC maintains ongoing communication with various community organizations and incorporates input from these organizations into its informal planning.

Rights, Responsibilities, Safety, and Privacy

***Rights, Responsibilities*:**	
Does EMCMHC define the rights and responsibilities of consumers and family members/carers?	**Yes** **<u>Strengths:</u>** ▪ EMCMHC staff give consumers verbal and written information about rights and responsibilities when they are being enrolled in services. ▪ Every staff member BOV asked knew of the grievance process and felt comfortable knowing what to do when a grievance is filed.
Does EMCMHC actively promote consumer/family member/carer access to independent advocacy services (Disability Rights Montana, Mental Health Ombudsman, Mental Disabilities Board of Visitors) by:	
➢ providing written information about independent advocacy services at time of admission?	EMCMHC does not provide information about independent advocacy services at time of admission.
➢ displaying posters and/or brochures that promote independent advocacy services?	Posters are placed in central administrative areas; BOV did not see them in day treatment or residential areas.
➢ providing written information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances?	EMCMHC does not provide written information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances.
	<u>Recommendation 1:</u> Actively promote consumer/family member/carer access to independent advocacy services by: ➢ providing written information about independent advocacy services at time of admission ➢ displaying posters and/or brochures in day treatment and residential programs that promote independent advocacy services ➢ providing written information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances
Does EMCMHC have an easily accessed, responsive, and fair complaint / grievance procedure for consumers and their family members/carers to follow?	EMCMHC provided BOV with a "Montana Community Mental Health Center Uniform Grievance Procedure" that is out of date. **<u>Recommendation 2:</u>** Develop an in-house grievance procedure for consumers and family members to use when they have a complaint.
Are staff trained in and familiar with rights and responsibilities, advocacy services available, and the complaint / grievance procedure?	Staff are enthusiastic about the fact that consumers have rights, but were generally unable to verbalize specifics. It appears that in this area, as with training in general, information provided to staff is verbal, informal, and brief.

Safety:	
Does EMCMHC protect consumers from abuse, neglect, and exploitation by its staff and agents?	**Yes** **<u>Strengths:</u>** ▪ Staff know their consumers well and have a protective approach in working with them. Staff have no hesitation about contacting their supervisors in the case of abuse or neglect or complaints.
Has EMCMHC fully implemented the requirements of 53-21-107, MCA?	**No** **<u>Recommendation 3:</u>** Revise abuse and neglect policy as follows: ➢ develop guidelines for detecting abuse/neglect ➢ include time frame for required initial reporting to BOV ➢ develop guidelines for determining validity of allegations of abuse/neglect ➢ develop mechanisms for reporting allegations of abuse/neglect that do not deter or discourage individuals from reporting the allegations ➢ develop guidelines for avoiding conflict of interest, including criteria for deciding when to use outside investigators
Are EMCMHC staff trained to understand and to appropriately and safely respond to aggressive and other difficult behaviors?	**Yes** **<u>Strengths:</u>** ▪ Staff receive Mandt training. ▪ This is a close-knit staff that work very well together as a team. ▪ Staff knows all of the people they serve very well.
Does EMCMHC utilize an emergency alarm or other communication system for staff and consumers to notify other staff, law enforcement, or other helpers when immediate assistance is needed?	**Yes**
Do consumers of EMCMHC have the opportunity to access staff of their own gender?	**Yes** **<u>Strengths:</u>** ▪ Staff appear very sensitive to issues related to trauma-informed care.
Does EMCMHC have a procedure for debriefing events involving restraint, seclusion, or emergency medications; aggression by consumers against other consumers or staff; and consumer self-harm; and for supporting staff and consumers during and after such events?	**Yes**
Does EMCMHC conduct appropriate criminal background checks on all prospective staff?	**Yes**

Consumer / Family Member Participation	
Does EMCMHC recognize the importance of, encourage, and provide opportunities for consumers to direct and participate actively in their treatment and recovery?	**Yes**
When a diagnosis is made, does EMCMHC provide the consumer and, with the consumer's consent, family members/carers with information on the diagnosis, options for treatment, and possible prognoses?	It appears that this occurs as part of therapy or medication review. It is not well-documented but staff report that it occurs. **Concern:** ▪ Therapists report that they include family with consumer consent, but only as they deem appropriate to the issues at hand.
Does EMCMHC identify in the service record consumers' family members/carers and describe the parameters for communication with them regarding consumers' treatment and for their involvement in treatment and support?	**Yes** **Strengths:** ▪ The APRN includes a family diagram in the chart for each consumer. **Concern:** ▪ There does not appear to be a consistent, proactive process for identifying interested family members and formally reaching out to and including them as active partners in consumers' services. **Recommendation 4:** Develop a consistent, proactive procedure for identifying interested family members and formally reaching out to and including them as active partners in consumers' services. ***EMCMHC Comment:*** ***"Family member's involvement is at the discretion of the patient. We have three consumers or secondary consumers on our Board that are active partners in consumer services."***
Does EMCMHC promote, encourage, and provide opportunities for consumer and family member/carer participation in the **operation** of EMCMHC (ex: participation on advisory groups, as spokespeople at public meetings, in staff recruitment and interviewing, in peer and staff education and training, in family and consumer peer support)?	**Strengths:** ▪ The day treatment program recently started receiving funding from AMDD to hire consumers for a consumer-operated drop-in program for evening and weekend hours; consumers were involved in the planning and hiring, and are involved in the operation of this program. ▪ EMCMHC has two primary consumers and one secondary consumer on its Board of Directors. ▪ EMCMHC encourages consumers to participate in the Eastern Service Area Authority and Local Advisory Council. **Suggestion:** ▪ Consider additional ways to promote, encourage, and provide opportunities for consumer and family member/carer participation in the operation of EMCMHC (ex: participation on advisory groups, as spokespeople at public meetings, in staff recruitment and interviewing, in peer and staff education and training, in family support). ***EMCMHC Comment:*** ***"Consumers and family members are involved at every level of the Center's operation. We will consider this and seek additional ways. We are currently grooming consumers to be full time employees."***

Does EMCMHC promote, encourage, and provide opportunities for consumer and family member/carer participation in the **evaluation** of EMCMHC (ex: evaluation of 'customer service', effectiveness of communication with consumers and family members/carers, measurement of outcomes)?	EMCMHC does not have a formal process. **Suggestion:** ▪ Consider ways to promote, encourage, and provide opportunities for consumer and family member/carer participation in the evaluation of EMCMHC (ex: evaluation of 'customer service', effectiveness of communication with consumers and family members/carers, measurement of outcomes). ***EMCMHC Comment:*** ***"We will consider this."***

Cultural Competence	
Does EMCMHC define expectations for staff knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the mental health treatment of people in the community, with a specific emphasis on American Indian people?	**No** **Recommendation 5:** Define expectations for staff knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the mental health of and provision of treatment of mental illness that are relevant to ~~all~~ people in the community, with a specific emphasis on American Indian people.
Does EMCMHC provide staff training conducted by recognized experts that enables staff to meet expectations for knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the provision of mental health treatment to all people in the community, with a specific emphasis on American Indian people?	**No** **Recommendation 6:** Provide staff training conducted by recognized experts that enables staff to meet expectations for knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the provision of mental health treatment to ~~all~~ people in the community, with a specific emphasis on American Indian people. ***EMCMHC Comment:*** ***"We will not do this because of the costs involved and the training is not needed. The BOV was not culturally sensitive during this visit."***
Does EMCMHC 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 consumers and their family members/carers, with a specific emphasis on American Indian people?	**Yes** **Strengths:** ▪ In a general sense, staff are aware, sensitive, and open to taking cultural issues into account; with specific individuals, this appears to be done.
Does EMCMHC employ staff and have links with other service providers / organizations that have relevant experience and expertise in the provision of mental health treatment and support to people from all cultural / ethnic / religious / racial groups in the community, with a specific emphasis on American Indian people?	**Strengths:** ▪ EMCMHC has developed a relationship with the Crow and Northern Cheyenne reservations for visits to consumers in the program and staff interaction. ▪ EMCMHC has two people on staff who are American Indian. **Suggestion:** ▪ Consider creating a dedicated staff position or positions to be filled by American Indian people. ***EMCMHC Comment:*** ***"We have one."*** ▪ Consider developing one staff position that is a cultural specialist to enhance cultural competence of EMCMHC services. ***EMCMHC Comment:*** ***"We do this already."*** ▪ Consider developing formal links with other service providers / organizations that have relevant experience and expertise in the provision of mental health treatment and support to people from all cultural / ethnic / religious / racial groups in the community, with a specific emphasis on American Indian people.

With regard to its own staff, does EMCMHC 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?	**Strengths:** ▪ Staff appear kind, sensitive, and open to feedback.

Staff Competence, Training, Supervision, and Relationships with Consumers

Competence and Training:

Does EMCMHC define minimum knowledge and competence expectations for each staff position providing services to consumers?	**Strengths:** ▪ There is informal encouragement for staff to learn about mental illnesses on their own (staff in day treatment are given Surviving Schizophrenia to read), and an informal approach to on-the-job training. ▪ The on-call crisis line procedure manual is specific, thorough and complete. Procedures and expectations for interventions during the phone call, as well as with follow-up, are specific and clear. **Concern:** ▪ EMCMHC does not define minimum knowledge and competence expectations for each staff position providing services to consumers. ***EMCMHC Comment:*** ***"Due to the scarcity of labor pool for paraprofessionals it is difficult to find the people who have previous knowledge of mental illness. They learn on the job."***
Does EMCMHC have written training curricula for new staff focused on achieving minimum knowledge and competence levels defined for each position providing services to consumers?	**Concern:** ▪ EMCMHC does not have written training curricula for new staff focused on achieving minimum knowledge and competence levels defined for each position providing services to consumers. ***EMCMHC Comment:*** ***"You can train yourself to bankruptcy."***
Does EMCMHC train new staff in job-specific knowledge and skills OR require new staff to demonstrate defined minimum knowledge and competence prior to working with consumers?	**Strengths:** ▪ There is informal encouragement for staff to learn about mental illnesses, and an informal approach to teaching staff to work with people with mental illnesses on-the-job. **Concern:** ▪ EMCMHC does not train new staff in job-specific knowledge and skills OR require new staff to demonstrate defined minimum knowledge and competence prior to working with consumers. **Recommendation 7:** ➢ Define minimum knowledge and competency expectations for each staff position providing services to consumers. ➢ Based on minimum knowledge and competency expectations, develop written training curricula for new staff focused on achieving minimum knowledge and competency levels. This training should include basic information about all major mental illnesses. ➢ Begin to train new staff in job-specific knowledge and skills OR require new staff to demonstrate defined minimum knowledge and competence prior to working with consumers. ***EMCMHC Comment:*** ***"We will try to develop these."***

Does EMCMHC 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.?	**Strengths:** ▪ EMCMHC provides good topic-specific in-house and local training opportunities. ▪ Staff and consumers have had WRAP training. **Recommendation 8:** Arrange with NAMI-Montana to conduct provider training for EMCMHC staff.
Does EMCMHC periodically assess current staff and identify and address knowledge and competence deficiencies?	**Yes** **Strengths:** ▪ EMCMHC takes advantage of various employees' skill sets in providing in-house skill-building assistance.
Supervision:	
Does EMCMHC train supervisors and hold them accountable for appropriately monitoring and overseeing the way consumers are treated by line staff?	**Yes** **Strengths:** ▪ One of the great strengths of EMCMHC is the level of staff support. All staff BOV spoke to had no hesitation about bringing an issue straight to Gordon Jackson if necessary.
Does EMCMHC train supervisors and hold them accountable for appropriately monitoring, overseeing, and ensuring that defined treatment and support is provided effectively to consumers by line staff according to their responsibilities as defined in treatment plans?	**Yes**
Relationships with Consumers:	
Do mental health service staff demonstrate respect for consumers by incorporating the following qualities into the relationship with consumers: positive demeanor, empathy, calmness, validation of the desires of consumers?	**Yes** **Strengths:** ▪ Staff is respectful and show empathy, calmness, and validation of the desires of consumers. Staff takes care of all the needs of their consumers. **Concern:** ▪ The atmosphere in EMCMHC programs is very caring and staff take care of all consumers' identified needs. However all BOV team members feel that more could be done to develop a milieu that more strongly emphasizes empowerment.

	Suggestion: ▪ Research model mental health programs that emphasize best practice approaches to staff-consumer relationships, community integration, consumer empowerment, and recovery. BOV recommends studying the Village program [2] and - ideally - arranging a visit to this program by staff and consumers. Center for Mental Health staff (Great Falls and Helena) and Western Montana Mental Health Mental Health Center staff (Butte and Missoula) have participated in immersion training at the Village – they could be a good resource. ***EMCMHC Comment:*** ***"This suggestion assumes we don't stay current. That is such a misstatement. Our staff stays current within the limits of our budget."***

[2] The Village Integrated Service Agency http://www.village-isa.org/

Treatment and Support	
General	
Does EMCMHC use a multidisciplinary approach in its treatment planning and review process?	**Yes** **<u>Strengths:</u>** ▪ EMCMHC provides mental health treatment to a population that is difficult to reach. It has a solid and dedicated staff that are experienced and professionally varied in their disciplines. ▪ Administration is supportive in all areas; staff feels valued and financially supported with progressive equipment, such as the "tele-med" system. ▪ EMCMHC has found creative ways to reach out and support people in their surrounding communities - especially with it's excellent crisis services. ▪ Therapists do initial workups and determine if other services are required. The consumer is referred for addiction services or medication services as needed. ▪ There are weekly multidisciplinary team meetings.
With consumers' consent, do EMCMHC assessments, treatment planning sessions, and treatment reviews proactively include the participation of and provision of information by consumers' family members/carers, other service providers, and others with relevant information?	Therapists include family members when they decide it is appropriate to the issues at hand. **<u>Suggestion</u>:** Develop a process that more proactively includes the participation of and provision of information by consumers' family members in initial assessments, planning, and review.
Assessment	
Do assessments*:*	
identify consumer preferences, strengths, and needs regarding safety, food, housing, education, employment, and leisure?	**Yes**
include thorough medical evaluations that determine the nature of consumers' current medical and dental needs, and rule out or identify medical disorders – as contributing to or causing psychiatric symptoms?	**Yes** Since many workups are done by non-medical personnel, this is done mostly by patient history. The APRN uses an initial assessment which is more inclusive of this history.
include assessment of history of abuse/neglect including sexual abuse?	**Yes**
identify factors that place the consumer at high risk for suicide?	**Yes**
identify specific ethnic background, including unique cultural, ethnic, spiritual, and language needs relevant to consumers and their families, with a specific emphasis on American Indian people (including consumer identified nation/tribe and relevant tribal contact information)?	**No**

detailed information that either confirms or rules out the presence of co-occurring psychiatric and substance use disorders?	**Yes** Screening tools are used by the therapist for alcohol (the MAST) and inquiry is made about other drug use. The addiction counselors also use a screening tool for mental health issues.
addresses consumers' feelings of hope about the future and their ability to lead a productive life?	Indirectly addressed in some treatment plans.
identify sources of motivation, resources, talents, interests, and capabilities?	Capabilities are sometimes addressed.
identify coping strategies and supports that have been successful in the past and can be successful in the future?	**Yes**
address consumers' choices regarding services including history of satisfaction and dissatisfaction with services, including medications?	BOV did not see this in documentation; APRN reported that consumers have a say in which medications are chosen.
address consumers' understanding of their illness, their medications and other treatments, and potential medication side effects?	**Yes** The APRN provides medication education, but it is not documented in the notes.
Service Planning:	
Does EMCMHC proactively provide consumers, and with consumers' consent, family members/carers a copy of the service plan?	**No** **<u>Strengths</u>:** ▪ Treatment plans are reviewed with and signed by consumers. **<u>Concern</u>:** ▪ A copy of the treatment plan is not routinely given to consumers or family members, **<u>Recommendation 9:</u>** Begin to routinely give a copy of the treatment plan to each consumer and, with permission, to involved family members.
Does EMCMHC work with consumers, 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 consumers and family members/carers to take?	**Yes** **<u>Strengths</u>:** ▪ Each crisis prevention plan incorporates the appropriate relapse prevention and action planning.
Documentation:	
Is there clear congruence among assessments, service plans, service plan revisions, and treatment documentation?	**Yes** **<u>Concern</u>:** ▪ Sampled treatment plans included a number of treatment goals that are vague and not measureable.
Does EMCMHC document the following to track consumer outcomes:	
attainment of treatment objectives?	EMCMHC procedure is for goals to be signed off when attained at the 90 day reviews. BOV did not see such documentation in the charts reviewed.

changes in mental health and general health status for consumers?	**Yes**
changes in consumers' quality of life?	**Yes**
Review:	
Do EMCMHC treatment progress reviews actively solicit and include the input of the consumer, family members / carers, all service practitioners involved in the consumer's services, and outside service providers?	Reviews include an update from the therapist's perspective. **Concern:** ▪ Sampled charts did not document input into treatment review from consumers or family members.
Are EMCMHC treatment progress reviews conducted with the treatment team and the consumer present?	Therapists update treatment plans as needed and complete the 90 day reviews. **Concern:** ▪ Sampled charts did not document that progress reviews are conducted with the treatment team and the consumer present.
Do EMCMHC treatment progress reviews proactively support continuing treatment and support adjustments that will ensure progress, not just maintenance?	**Concern:** ▪ "90 day reviews" in sampled charts did not consistently result in a revised treatment plan.

Evidence-Based Services	
Does EMCMHC treatment and support incorporate SAMHSA-identified evidence-based practices?	**Strengths:** ▪ EMCMHC has participated in the project led by AMDD to implement integrated treatment for people with co-occurring psychiatric and substance use disorders. ▪ EMCMHC has eight staff members scheduled to participate in the upcoming Illness Management and Recovery training in Miles City. **Recommendation 10:** Use the SAMHSA information to develop Illness Management & Recovery, Psychosocial Education for Families, Integrated Treatment for Co-Occurring Disorders, and Supported Employment components[3].
Employment:	
Does EMCMHC identify employment needs and desires of consumers in the service plan, and assist consumers in defining life roles with respect to work and meaningful activities?	**Strengths:** ▪ Many of the day treatment consumers are employed or do volunteer work the community.
Does EMCMHC assist consumers to find and keep competitive employment through a supported employment model?	**Strengths:** ▪ Staff works in a variety of ways to assist consumers with employment. ▪ Staff estimates that ~ 50% of the day treatment clients have some kind of paid employment. **Observation:** ▪ EMCMHC does not use the Supported Employment model.
Does EMCMHC accommodate consumers' individual choices and decisions about work and support based on consumers' needs, preferences, and experiences?	**Yes**
Does EMCMHC ensure consumers' right to fair pay and working conditions?	**Yes**
Does EMCMHC work closely with employers to ensure that consumers do not lose their jobs during periods of hospitalization or other temporary out-of-community treatment?	**Yes**

[3] Evidence-based practice guidelines developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS). Detailed information is on the following website: http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/ .

Co-Occurring Psychiatric and Substance Use Disorders:	
Has EMCMHC fully implemented the protocols established by AMDD for treatment of people who have co-occurring psychiatric and substance use disorders?	**Strengths:** ▪ EMCMHC provides "co-located" substance abuse treatment services at most of its mental health center locations. ▪ Consumers who present to one or the other service are evaluated for co-occurring disorders and cross-referred accordingly. ▪ EMCMHC mental health and CD staff meet regularly to coordinate services for "co-occurring" clients. **Suggestion:** ▪ EMCMHC has moved toward increased integration of services for people with co-occurring psychiatric and substance use disorders; look for ways to continue moving toward full implementation of the Comprehensive Continuous Integrated System of Care model[4, 5].
Crisis Response and Intervention Services:	
Does EMCMHC have clear policies that describe its activities for responding to emergency mental health services within in the defined community?	**Yes** **Strengths:** ▪ Very strong and clearly defined step-by-step procedures encompassing all areas of crisis response: availability, intervention, referral, follow-up and prevention, education and resources.
Does EMCMHC operate a 24 hour / day, 7 day / week crisis telephone line?	**Yes**
Does EMCMHC list and advertise its crisis telephone number in a manner designed to achieve maximum visibility and ease of location to people in crisis and their families?	**Yes**
Does EMCMHC list and advertise its crisis telephone number in a manner consistent with the way in which similar telephone numbers are listed and advertised throughout Montana?	**Yes**
Does EMCMHC respond directly to its own consumers, consumers of other service providers, and to "unattached" individuals who call its crisis telephone line?	**Yes**
After responding appropriately to each caller's immediate need, and after addressing life safety concerns, does EMCMHC carefully refer consumers who call the crisis telephone line and who are engaged in services with another entity to that entity?	**Yes**

[4] http://www.kenminkoff.com/ccisc.html

[5] Minkoff, MD, Kenneth. What Is Integration?. Journal of Dual Diagnosis, Vol. 2(4) 2006. http://www.kenminkoff.com/articles/dualdx2006-4-whatisintegration.pdf :

"...integration is distinct from "parallel" services or functions in which mental health and substance components or services are "co-located" within the organization, or provide care in tandem to the client, but without the interwoven fabric between them and the provision of integrated interface within each component."

After responding appropriately to each caller's immediate need, and after addressing life safety concerns, does EMCMHC either open the caller for services or carefully refer consumers who call the crisis telephone line and who are not engaged in services with any service provider to another provider?	**Yes**
Does EMCMHC follow-up on crisis line callers whom it refers out to ensure that the outside provider received the referral?	**Yes**
Relapse Prevention:	
Does EMCMHC assist each consumer to develop a relapse management plan that identifies early warning signs of relapse and describes appropriate actions for the mental health service, consumers, and family members/carers to take in case mental health problems arise?	**Yes**
Does EMCMHC provide training to each consumer and his/her family members/carers in awareness of signs of relapse and in using the relapse management plan?	**Yes**
Medication:	
Is the medication prescription protocol evidence-based and reflect internationally accepted medical standards?	**Yes** **<u>Strengths:</u>** ▪ Choice of medications seem appropriate for the symptoms presented.
Is medication prescribed, stored, transported, administered, and reviewed by authorized persons in a manner consistent with legislation, regulations and professional guidelines?	**Yes** **<u>Strengths:</u>** ▪ Prescription and review are appropriate. Samples are stored in a locked cabinet in the APRN's office. Patient prescriptions are stored in a locked cabinet in the case manager's office. **<u>Observation</u>:** ▪ Although the APRN uses a very efficient notebook system that allows her to have quick access to individual consumer medication notes, the system makes it difficult for other providers within the center to access this information. It would be helpful if this information could be also be kept in the chart. **<u>Concerns</u>:** ▪ Metabolic monitoring (lipid, blood sugar) is not routinely completed for persons on antipsychotic medications. ▪ At the time of this review, an unlicensed case manager was repackaging medication into medication calendars in violation of the Montana pharmacy practice act (§37-7, Montana Code Annotated, 2007).

	<u>Recommendation 11</u>: Revise the medication calendar program as follows: a) ensure that unlicensed staff are only providing ***assistance*** to consumers in filling their own medication calendars; b) ensure that actual filling of medication calendars is completed only by staff licensed to handle medications (pharmacist or nurse); c) when staff provide assistance to consumers in filling medication calendars, develop this assistance component into an educational part of the treatment program for consumers and incorporate into each consumer's treatment plan. **<u>Recommendation 12</u>:** Implement monitoring of patients on antipsychotic medication according to the consensus guidelines of the American Diabetes Association and American Psychiatric Association.
Are consumers 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**
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?	**<u>CONCERN:</u>** ▪ Medications are given to consumers to take on their own. A PRN medication should be accompanied with instructions of when and when not to take them. This is not documented, nor did BOV see any written continuum of strategies.
Does EMCMHC ensure access for consumers to the safest, most effective, and most appropriate medication and/or other technology?	**Yes**
Does EMCMHC consider and document the views of consumers and, with consumers' informed consent, their family members/carers and other relevant service providers prior to administration of new medication?	Not formally, but since the consumer is taking his/her medication on their own, it is their decision. The APRN discusses medications with the consumer and presumably the consumer agrees with the prescription if it is written.
Does EMCMHC acknowledge and facilitate consumers' right to seek opinions and/or treatments from other qualified prescribers and promote continuity of care by working effectively with other prescribers?	If the consumer has another provider for medication, the consumer continues with that prescriber. If the consumer is dissatisfied with medication services at the center, there are few options unless the consumer has money or insurance.
Where appropriate, does EMCMHC actively promote adherence to medication through negotiation and the provision of understandable information to consumers and, with consumers' informed consent, their family members/carers?	**Yes**
Wherever possible, does EMCMHC not withdraw support or deny access to other treatment and support programs on the basis of consumers' decisions not to take medication?	**Yes**
For new consumers, 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**

For current consumers, does EMCMHC provide regularly scheduled appointments with a psychiatrist or mid-level practitioner to assess the effectiveness of prescribed medications, to adjust prescriptions, and to address consumers' questions / concerns in a manner that neither compromises neither clinical protocol nor consumer – clinician relationship?	**Yes**
When legitimate concerns or problems arise with prescriptions, do consumers have immediate access to a psychiatrist or mid-level practitioner?	**Yes**
Are medication allergies, side effects, adverse medication reactions, and abnormal movement disorders well documented, monitored, and promptly treated?	**Yes**
Is there a quality improvement process in place for assessing ways to decrease medication errors?	**No** **s**ee comment above
Is the rationale for prescribing and changing prescriptions for medications documented in the clinical record?	**Yes**
Is medication education provided to consumers including "adherence" education?	**Yes**
Is there a clear procedure for the use of medication samples?	**Yes** **Strengths:** ▪ The APRN prescribes them and puts a label on the medication which identifies it, the patient, directions, and phone number.
Is there a clear procedure for using and documenting 'involuntary' medication use, including documentation of rationale, efficacy, and side effects?	Involuntary medications are not used.
Are there procedures in place for obtaining medications for uninsured or underinsured consumers?	**Yes** **Strengths:** ▪ EMCMHC does a good job obtaining assistance for medications for their consumers with extensive use of samples and indigent programs.
Is assertive medication delivery and monitoring available to consumers based on need for this service?	Assertive medication delivery is a component of a PACT-type program. EMCMHC does not offer PACT services.

Access and Entry	
Does EMCMHC ensure equality in the access to and entry into treatment and support regardless of consumer's age, gender, culture, sexual orientation, social / cultural / ethnic / religious / racial status, religious beliefs, previous psychiatric diagnosis, past forensic status, and physical or other disability?	**Yes**
Are mental health services convenient to the community and linked to primary medical care providers?	**Yes**
Does EMCMHC inform the community of its availability, range of services and the method for establishing contact?	**Yes**
For new consumers, is there timely access to psychiatric assessment and service plan development and implementation within a time period that does not, by its delay, exacerbate illness or prolong distress?	**Yes**
Is an appropriately qualified and experienced staff person (mental health professional or case manager) available at all times - including after regular business hours - to assist consumers to enter into mental health care?	**Yes** **Strengths:** ▪ EMCMHC has an excellent after-hours response system.
Does EMCMHC ensure that consumers and their family members/carers are able to, from the time of their first contact with EMCMHC, identify and contact a single mental health professional responsible for coordinating their care?	**Yes**
Does EMCMHC have a system for prioritizing referrals according to risk, urgency, distress, dysfunction, and disability, and for commencing initial assessments and services accordingly?	**Yes**

Continuity of Care Through Transitions	
General:	
Are consumers' transitions among components of EMCMHC facilitated by a designated staff member and a single individual service plan known to all involved?	**Yes**
Transition Into and Out of Inpatient Treatment:	
Does EMCMHC assume primary responsibility for continuity of care between inpatient treatment and community-based treatment?	**Yes**
Does EMCMHC ensure that consumers' case managers stay in close contact via telephone and personal visits with consumers while they are in inpatient treatment?	**Yes**
Leading up to and at the time of discharge from inpatient treatment, do both the community service and the inpatient treatment service communicate and coordinate in such a way as to ensure continuity of care when consumers are discharged from inpatient treatment?	**Yes**
Does EMCMHC facilitate discharge planning prior to discharge from EMCMHC services?	**Yes**

STATUS OF IMPLEMENTATION OF 2003 RECOMMENDATIONS

1) **To the Mental Health Services Bureau**: Engage EMCMHC and YDI in a dialogue to establish necessary coordination of services to children served by both EMCMHC and YDI.

2008 Status:
In 2004, DPHHS established a task force to address questions in this area.

2) Include in charts: history of medications that have been used in the past and reasons for their discontinuation; document allergies and adverse drug reactions in all clinical assessments.

2008 Status:
Modifications were made to documentation that addressed this area.

3) To the greatest degree possible pending implementation of a fully integrated "co-occurring disorders" continuum of care per guidelines being developed by AMDD:
   (a) specifically identify in initial assessments each patient who has a co-occurring mental illness and chemical use disorder;
   (b) develop treatment plans for these patients that integrate treatment for the co-occurring disorders;
   (c) conduct all counseling and treatment activities within the structure of an integrated treatment plan.

2008 Status:
a) Diagnostic guidelines for identifying the presence of co-occurring psychiatric and substance use disorders are in place.
b, c) EMCMHC uses separate 'mental health' and 'chemical dependency' treatment plans for its consumers who are identified as having co-occurring psychiatric and substance use disorders.

See Recommendation 16.

4) Increase EMCMHC involvement in working with the AFC provider relative to respite.
   (a) establish minimum standards for taking respite time off;
   (b) provide training for respite workers.
5) Require the case manager for AFC consumers to attend all treatment plan meetings.

2008 Status:
Weekly meetings with AFC provider occur that address these issues.

6) Conduct an assessment of the "Comprehensive Case Review" process in the Miles City office. Revise the process so that the reviews are truly comprehensive and so that the result is *either* a genuinely revised plan *or* a clearly described rationale for an unchanged plan. Consider consulting with the Glendive office clinicians and replicating their process and format in the Miles City office.

2008 Status:
Comprehensive Case Review in Miles City was reassessed and a new process was implemented. .

7) Develop abuse and neglect policies and procedures that are in compliance with 53-21-107, MCA 2003.

2008 Status:
EMCMHC wrote a new abuse/neglect policy prior to the June 2008 site review. See 2008 recommendation #6.

RECOMMENDATIONS and EMCMHC RESPONSE

1. Actively promote consumer/family member/carer access to independent advocacy services by:
   - providing written information about independent advocacy services at time of admission
   - displaying posters and/or brochures in day treatment and residential programs that promote independent advocacy services
   - providing written information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances

   ***EMCMHC Response*: "Will do."**

2. Develop an in-house grievance procedure for consumers and family members to use when they have a complaint.

   ***EMCMHC Response*: "Will do."**

3. Revise abuse and neglect policy as follows:
   - develop guidelines for detecting abuse/neglect
   - include time frame for required initial reporting to BOV
   - develop guidelines for determining validity of allegations of abuse/neglect
   - develop mechanisms for reporting allegations of abuse/neglect that do not deter or discourage individuals from reporting the allegations.
   - develop guidelines for avoiding conflict of interest, including criteria for deciding when to use outside investigators

4. Develop a consistent, proactive procedure for identifying interested family members and formally reaching out to and including them as active partners in consumers' services.

   ***EMCMHC Response*: "We always involve family members in the direct treatment with the adult consumer's permission and we involve parents or responsible parties in the treatment of all children."**

5. Define expectations for staff knowledge 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 community, with a specific emphasis on American Indian people.

   ***EMCMHC Response*: "No way to train. Most of our professional staff are native Montanans and understand the culture of Eastern Montana very well. We are very sensitive to the cultural sensitivity of Native Americans and are very successful in our treatment of them. We have never received a complaint of inappropriate actions of staff towards any consumer. We have Native Americans, Latinos, lesbian, and people of Caucasian heritage on our staff. EMCMHC is now engaged in the learning of being culturally competent in the treatment of combat veterans. We have spent thousands of dollars to train all staff in being knowledgeable and sensitive to the special needs of veterans. Priorities for training monies have to be set. We cannot train staff to be culturally sensitive to "ALL" people. We believe this recommendation to be unwarranted and poorly worded. Rest assured; we will provide cultural sensitivity training to staff for special populations when needed."**

   BOV NOTE: BOV has removed the word "all" from this recommendation. (see p. 14)

6. Provide staff training conducted by recognized experts that enables staff to meet expectations for knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the provision of mental health treatment to ~~all~~ people in the community, with a specific emphasis on American Indian people.

   ***EMCMHC Response*: "Not needed. As special populations needs become identified, we seek training for staff as quickly as possible. Whether it is learning to treat the affects of farm/ranch stress on our farmers and ranchers, treatment of combat vets, community response to adolescent suicides, WRAP training, or cultural sensitivity to races, we have provided that special training over the years. On the day of this writing, we have 7 clinicians attending training about treating returning vets and evidence based treatment interventions for those vets that are casualties of combat. In point of fact, a business can train itself into bankruptcy. We do provide training to staff as the budget will allow.**

   BOV NOTE: BOV has removed the word "all" from this recommendation. (see p. 14)

7. a) Define minimum knowledge and competency expectations for each staff position providing services to consumers.
   b) Based on minimum knowledge and competency expectations, develop written training curricula for new staff focused on achieving minimum knowledge and competency levels. This training should include basic information about all major mental illnesses.
   c) Begin to train new staff in job-specific knowledge and skills OR require new staff to demonstrate defined minimum knowledge and competence prior to working with consumers.

   ***EMCMHC Response*: "Will try to do."**

8. Arrange with NAMI-Montana to conduct provider training for EMCMHC staff.

   ***EMCMHC Response*: "Will not do. We do have staff scheduled to attend the illness management training that is coming up. As stated previously, we had a number of staff and consumers attend the WRAP training sessions. Prior discussions with representatives of NAMI in the past have proven to be unsuccessful towards setting up a good time that fit into the schedule of all concerned. We have not planned this training in the training schedule in the immediate future because of the impact on staff time, of the illness management trainings, combat vets training and other specialized trainings that clinicians have scheduled because of perceived need for further knowledge. As budget funds become tighter and inflation eats away available monies we all must become more aware of the need to utilize teleconferencing as an efficient means to train staff. As the economy weakens we all must be more careful about how we spend available dollars."**

9. Begin to routinely give a copy of the treatment plan to each consumer and, with permission, to involved family members.

   ***EMCMHC Response*: "Will be done."**

10. Use the SAMHSA information to develop Illness Management & Recovery, Psychosocial Education for Families, Integrated Treatment for Co-Occurring Disorders, and Supported Employment components.

    ***EMCMHC Response*: "We have accessed the SAMHSA site and will integrate those facets of evidence based practices that we currently aren't doing. As I travel the region to do HIPPA [sic] training for staff, we will also include, as part of the training, a discussion on the implementation of components of the SAMHSA guidelines. Each of our offices presents a special challenge of logistics and the guidelines will have to be tailored to fit and meet the need of each particular community. We are certainly committed to providing the most efficacious and meaningful treatment practices as we can."**

11. Revise the medication calendar program as follows:
    a) change the staff role to one in which assistance is provided to consumers in filling their own medication calendars;
    b) ensure that this assistance is provided by someone licensed to handle medications (pharmacist or nurse);
    c) develop this assistance component into an educational part of the treatment program for consumers;
    d) incorporate into each consumer's treatment plan.

    ***EMCMHC Response*: "Will be done."**

12. Implement monitoring of patients on antipsychotic medication according to the consensus guidelines of the American Diabetes Association and American Psychiatric Association.

    ***EMCMHC Response*: "Done."**