Mental Disabilities Board of Visitors

SITE REVIEW REPORT

Gallatin Mental Health Center

Bozeman, Montana

April 27 – 28, 2006

Gene Haire_____

Gene Haire, Executive Director

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OVERVIEW

Mental Health GMHC reviewed:

Gallatin Mental Health Center (GMHC)
(a program of Western Montana Mental Health Center)
Bozeman, Montana
Dan Aune – Director
Paul Meyer – Executive Director, Western Montana Mental Health Center

Authority for review:

Montana Code Annotated, 53-21-104

Purpose of review:

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

BOV review team:

Staff:	**Board:**	**Consultants**:
Gene Haire, Executive Director	Joan-Nell Macfadden	Tom Bartlett
	Brodie Moll	Pat Frawley, LCSW
	Teresa Lewis, LCSW	Bill Docktor, PharmD, BCPS

Review process:

- Interviews with GMHC staff
- Observation of treatment activities
- Review of treatment records
- Review of written descriptions of treatment programs
- Informal discussions with consumers
- Inspection of physical plant
- Interviews with the Help Center staff, AWARE Bozeman community director, and the Gallatin County LAC Chairman

GENERAL COMMENTS

Gallatin Mental Health Center has been in transition during the past year as it has addressed administrative and leadership problems by hiring a new Director, refocusing on development of services, addressing service gaps, and addressing its financial challenges.

Some areas the Mental Disabilities Board of Visitors encourages GMHC to develop in the near future as it continues to stabilize and strengthen are psychiatric rehabilitation ("day treatment"), Supported Employment, integrated treatment for people with co-occurring psychiatric and substance use disorders, transitional housing, and other Evidence-Based Practices.

Over many years, there has been a tendency for the community of Bozeman and its community mental health center to minimize the occurrence of and to downplay services specifically designed for people with severe, disabling mental illness (SDMI). While GMHC is clearly in the process of addressing these attitudinal and service development barriers, BOV did observe several potential red flags as indicated in this report. Bozeman and Gallatin County not unique when it comes to the occurrence of major mental illnesses in the population. While it may be true that over time there appears to have been a migration of people with SDMI from the Bozeman area to other communities, BOV believes that this has more to do with the historic unavailability of services for people with SDMI in Bozeman, rather than some local epidemiological anomaly in the prevalence of these illnesses. BOV encourages GMHC's continued progress.

2005 ACCOMPLISHMENTS

- Reversal of negative financial position of GMHC.
- Developed and implemented management tools for tracking consumer services, clinical necessity, and productivity.
- Restructured consumer treatment plans into a Plan for Recovery format.
- Completed consumer satisfaction survey.
- Managed healthy recovery from staff leadership exits (psychiatrist and agency director).
- Restructured Hope House and added a fifth bed.
- Hope House presented with the "Swimming Upstream" award by Gallatin County in recognition of this program's stability, staffing, and therapeutic programming.
- Received $5000 grant from the People's Law Center for support of consumers' medical needs.

ASSESSMENT OF SERVICES

Adult Case Management

Brief Overview of Services (from GMHC literature)

"Case Managers help coordinate community services, act as agency liaisons, and consumer advocates. They assess the consumer's mental status, monitor the consumer's ability to function in the community, support the consumer in her/his efforts to remain stable, plan when and why to meet next, and link the consumer to needed community services. Case Managers spend most of their time in the community with their consumers. The also provide outreach services for those who are homeless and mentally ill."

* All Case Managers have access to PATH[1] funding to assist consumers who are homeless or at risk for homelessness.

Staffing

- 1.0 FTE Lead Case Manager
- 4.8 FTE Adult Case Managers

Strengths

- *Case managers are bright, enthusiastic, and eager to learn.*
- *Case managers are very dedicated to their director's leadership.*
- *Case managers are actively involved with consumers and their recovery.*
- *'Open Case Management' is a very creative idea that addresses several capacity limitations in the short term.*
- *The SOAR[2] program has been very helpful.*
- *Location in a university town is very helpful in providing quality - if many times temporary - employees.*
- *Weekend assess to Case Managers.*
- *Case managers are considered by management as the foundation of GMHC program.*
- *Case management services have recently been started in Three Forks.*

Concerns

- The case management team worked to 95% of its expected productivity in FY 2006 and still ran a significant deficit due to the Medicaid (40%) / MHSP (60%) mix of clients, and the inadequate funding for MHSP.
- The closed-in, isolated nature of the lower level of the GMHC building where case mangers offices are located creates a safety risk. There is only one egress, a relatively inaccessible call button in the center of the room that alerts the police department.
- The arrangement of case management work space - open cubicles with shoulder-high dividers in close proximity - creates a serious confidentiality problem. Case managers have access to

[1] PATH - Projects for Assistance in Transition from Homelessness http://www.pathprogram.samhsa.gov/
[2] SOAR - "SSI/SSDI Outreach, Access, and Recovery" http://www.pathprogram.samhsa.gov/soar/

scheduled private offices on the main and 2nd level of the building, but this does not address the need for confidentiality in the day-to-day conversations case managers have with consumers.

- The most senior case manager has been at GMHC less than two years. Case Managers see the job as a stepping stone. Case Management is not seen as a career position.
- All case managers are female. Efforts at hiring a male case manager have not been successful.
- The $500/year PATH budget is seriously insufficient. GMHC can afford to put someone up for only one night in a motel and then ask the Salvation Army to provide a bus ticket to Livingston, Billings, or Butte.
- There is not a Program for Assertive Community Treatment (PACT) in Bozeman.

Suggestions

- Consider purchasing a van.
- Consider expanding PATH funds available to GMHC case managers.

Questions:

- How does the training titled, "Management of Aggressive Behavior" compare with Mandt [3], Crisis Prevention Institute[4] or other nationally-recognized behavior de-escalation training?

Recommendations

1. **Remodel case management area to address the safety and confidentiality issues.**

Crisis Response

Brief Overview of Services (from GMHC literature)

"The Gallatin Mental Health Center provides 24-hour crisis response to all residents of Gallatin County. Evaluations are conducted at Bozeman Deaconess Hospital emergency room, Gallatin County Detention Center and our office. Assessments for involuntary inpatient hospital admissions and second opinions for court hearings are also provided.

Mental Health Professionals respond twenty-four-hour, seven-day-a-week to calls for face-to-face and/or telephone requests for crisis intervention, assessment, and recommendations for treatment. All initial calls for services come in through either the Help Center, Gallatin Mental Health Center, Law Enforcement, or the Bozeman Deaconess Hospital Emergency Room."

Staffing

- 1.0 FTE Lead Mental Health Professional Person
- 2.0 FTE Mental Health Professional Persons

[3] http://www.mandtsystem.com/
[4] http://www.crisisprevention.com/

Strengths

- *The Crisis Response Team has excellent working relationships with and is well respected by the community.*
- *There is a high level of commitment by the Crisis Response Mental Health Professionals (MHP).*
- *Crisis Response MHP demonstrates genuine concern for the consumers they work with.*
- *There is discussion of expanded crisis service components as a joint venture with Bozeman Deaconess Hospital.*
- *The Lead MHP is well suited to his role – competent, calm under pressure, respectful of the people he serves.*
- *The Lead MHP has dual licensure - both as a Licensed Clinical Social Worker and Licensed Addiction Counselor.*

Concerns

- There are not enough resources in the community to support people in psychiatric crisis. The absence of an inpatient psychiatric facility with secure beds and detoxification capability in Bozeman is a major impediment to effective psychiatric crisis management. There is no public transportation, no homeless shelter, and inadequate housing for low income people. These shortcomings result on a regular basis in people with mental illnesses needing to go or be referred to other communities (Butte, Billings and Great Falls) or receive no services. There is clearly a role for GMHC and Addictive and Mental Disorders Division administrators to play in pushing the community into further commitments to help their citizens with mental illnesses.
- There is some concern in the community about MHP response time due to high demand. GMHC is expanding its MHP staff to address this concern.

Crisis Stabilization (Hope House)

Brief Overview of Services (from GMHC literature)

"Hope House is a voluntary crisis facility designed to house up to five adults who are experiencing a psychiatric emergency, who are non-violent, and who are in need of supervision. The facility provides psychiatric care, therapy, case management, and linkage to other services in the community. for all consumers."

Staffing

- 1.0 FTE Program Manager
- 1.0 FTE Assistant Program Manager / Licensed Practical Nurse
- 1.0 Crisis Intervention Specialist (.50 FTE) / Vocational Rehabilitation Specialist (.50 FTE)
- 1.0 FTE Case Manager
- 3.0 FTE Crisis Intervention Specialists
- 1.4 FTE Relief Crisis Intervention Specialists

Strengths

- *Hope House is an excellent addition to the service array in Bozeman, and is appreciated by everyone - family members, consumers, the community, and staff.*
- *As an indicator of the previously unmet need in Bozeman, Hope House is utilized fully and is almost always at capacity.*
- *Consumers receiving services Hope House report feeling well-served and spoke highly of it with the BOV team.*
- *Staff reports Hope House enjoys good relationships with its neighbors.*
- *Establishing a position that focuses time on employment is a step in the right direction (see **Treatment and Support - General** (p 37), and **Employment** (p 40).*
- *GMHC has a strategic plan for breaking ground in August 2007 for a new Hope House at a new campus location near Bozeman Deaconess Hospital. The Gallatin County Commission has pledged over $1 million for the building of the new 12 bed facility. Plans are for 4 of the beds to be secure and the other 8 as step downs or step ups for individuals with a mental health emergency.*

Concerns

- At the time of the review, there is no comprehensive orientation and training curriculum for new staff (see **Staff Competence, Training, Supervision, Relationships with Consumers**, p 27), however this was initiated in mid May 2006.
- The older home that houses Hope House is attractive and homey, but probably has already become too limited in space to meet the needs of consumers and staff.
- There is a need for more crisis stabilization capacity.
- Staff and consumer access to computers is limited.
- Ongoing maintenance and repair needs should be addresses in a routine and timely manner, ex: screens on the windows, functioning bathroom doors.
- There is a need for at least one room for private counseling.
- There is a need for a private visitation room.
- The building does not meet Americans with Disabilities Act requirements for physical accessibility.
- There is a variety of small, incidental - but necessary - household items that appear not to be available to Hope House.
- Finding housing for consumers after they leave Hope House is very difficult.

Suggestions

- Consider ways to increase staff and consumer access to computers.
- Put screens on all windows. Fix bathroom door knobs.
- Consider ways to develop a therapy room and a private visitation room.
- Staff and consumer morale would be greatly improved if a lot of smaller items such as spatulas, night stands, etc. could be purchased.
- Work with staff and consumers to identify incidental household and furniture items that Hope House needs, and develop a specific plan to provide and replace these as needed.

Medical Services

Brief Overview of Services (from GMHC literature)

"General psychiatric evaluation including face-to-face interview and members of the treatment team including the psychiatrist, a review of medical records, a review of any physical examination data, diagnostic tests, and history from collateral sources.

Medication evaluations, medication follow-ups, medication setups, and medication education groups."

Staffing

- 1.0 FTE Medical Director
- .5 FTE Licensed Practical Nurse (open at the time of the review)

Strengths

- *Solid, committed, relatively new psychiatrist (with GMHC since 11/05) who is very interested in providing leadership along with the Director in shaping GMHC into a quality program.*
- *Psychiatrist is working to decrease the redundancy of the intake process.*
- *Medication education classes are being planned.*
- *Peer review of charts is being planned.*
- *Excellent philosophy of never discontinuing services to consumers for not complying with medications or for using intoxicating substances.*

Concerns

- At the time of the review, the vacant nurse position significantly limited the development of the medical services, including medication education for consumers. Since the review, GMHC hired an RN who started August 15, 2006.

Suggestions

- Psychiatrist states that a part-time child and adolescent psychiatrist is needed.
- Consider adding a mid-level practitioner assist the psychiatrist in prescribing, education, treatment planning, and monitoring medications.

NOTE

Psychiatrist states that 75% - 90% of the consumers he sees have a co-occurring mental illness and substance use disorder.

Outpatient Services

Brief Overview of Services (from GMHC literature)

"Individual, couple, adult, adolescent, child, and family therapy; group therapy available during both day and evening hours; psychological testing available on referral."

Staffing

- .5 FTE Clinical Supervisor
- 4.4 FTE Therapists (four individuals who are licensed, two who are not)

Strengths

- *Energetic, motivated clinicians.*
- *Open-ended, 'in the moment' supervision.*
- *Clinical staff appear excited to be building a solid clinical team and approach.*

Concerns

- While BOV had positive impressions from outpatient therapist staff, the BOV team has some provisional concern about the clinical practice model being developed. GMHC appears to envision a private practice model of production and compensation as an adjunct to core services for people with SDMI. While BOV understands the need to solve the unfunded MHSP dilemma, BOV is concerned that such an approach has the potential to move GMHC away from people most in need of and least able to afford treatment.
- Because the clinical staff are young and relatively inexperienced, they are in need of a more structured 1:1 approach to supervision.
- Clinical supervisor had no idea how many American Indian people lived in the area, and there were no clear relationships between the GMHC and the native American community (see **Sensitivity to Cultural, Ethnic, and Racial Issues,** p 23).
- All outpatient therapists are female. A single gender staff is an inadequate response to the needs of consumers in the community.
- There seems to be minimal awareness of the need for a co-occurring disorders treatment approach within Outpatient Services (see **Co-Occurring Psychiatric and Substance Use Disorders**, p xxx).

NOTE: Since this review GMHC has initiated the following in its Outpatient department:

- 40% of a clinicians practice is now group therapy: two Dialectical Behavioral Therapy groups, one anxiety group, one depression group, one grief and loss group, one Triad Support group, one Bipolar treatment and support group (starting October 1), one PTSD group (starting October 1), and one pain management group (starting October 1).
- an "Alternative Therapies" clinic will start in November

Suggestions

- In consultation with the WMMHC management team, thoroughly analyze the clinical practice model being developed at GMHC. Implement strategies to ensure that people with SDMI are the focus of service development, and that Evidence Based Practices form the core of services.
- Assess the need to implement a more structured individual supervision approach with therapists.
- Assertively explore ways to establish a more balanced male-female mix of therapist staff.

MENTAL DISABILITIES BOARD of VISITORS STANDARDS

Organizational Structure, Planning, Service Evaluation

Criteria	Comments
Organizational Structure	***GMHC is just emerging from a period of organizational stress and is making significant progress toward stabilizing services and community relationships. As GMHC continues to grow and improve it will be able to more consistently address many of the issues listed in this section.***
Are the lines of authority and accountability in both the GMHC organizational chart and in practice:	
➢ simple and clear for all staff?	**YES** GMHC staff are aware of the chain of command within the local organization as well as within the WMMHC parent organization. GMHC is small enough and the programs are located close enough to each other that it this easy to communicate.
➢ lead to a single point of accountability for GMHC across all sites, programs, professional disciplines and age groups?	**YES**
Does GMHC have a structure that identifies it as a discrete entity within the larger system of mental health services?	**YES**
Does structure of GMHC :	
➢ promote continuity of care for consumers across all sites, programs, and age groups?	sites - **YES** programs - **YES** Continuity of care is focused on the adult population.
➢ reflect / support a multidisciplinary approach to planning, implementing, and evaluating care?	The structure and size of the organization lends itself to a multidisciplinary approach, but GMHC evaluation, treatment planning, and review done primarily on an individual basis by each staff person or discipline. There is little evidence of routine, coordination among GMHC staff in developing coordinated treatment approaches, ensuring communication among staff working

	with the same consumers, or assessing progress as a team.
Planning	
Does GMHC produce and regularly review a strategic plan that is made available to the defined community?	A recent WMMHC-wide strategic planning session was held in Missoula that the Director participated in. The staff were aware that this process had been going on. The Director acknowledged several areas of need, including greater staff development, and new documentation software (targeted for 2007) that will better address outcome measurements. Other areas such as co-occurring disorders treatment and assertive community treatment programs are on the GMHC radar screen.
Is the GMHC strategic plan developed and reviewed through a process of consultation with staff, consumers, family members/carers, other appropriate service providers and the defined community?	It appears that this process has just begun, but nobody was aware of any consumers or staff being involved with this process.
Does the GMHC strategic plan include:	
➢ consumer and community needs analysis?	Since the review, GMHC in conjunction with the Gallatin County Local Advisory Council on Mental Health have been conducting an annual needs assessment from a consumer and provider frame of reference.
➢ strategy for increasing the use of evidence-based practices? [5] [6]	Since the review, WMMHC office directors completed the updating of the Clinical Procedure and Policy manual which addresses the issue of evidence-based practices through the advent of an agency trainer who job is to focus on evidence-based training in all offices. The budget includes a position and a director work team continues to develop the points of impact.
➢ strategy for the measurement of health and functional outcomes for individual consumers?	GMHC is working to identify a process for outcome measurement.

[5] Adults: Illness Management and Recovery, Medication Management, Assertive Community Treatment / Case Management, Family Psycho-education, Supported Employment, Co-occurring Disorders.
[6] Children: Family Education and Support Services, Family-Based Prevention and Intervention Programs, In-Home Crisis Services, Home and Community-Based Services Waiver, Intensive Case Management, and School-Based Mental Health Services.

➢ strategy for maximizing consumer and family member / carer participation in the mental health service?	The updates on the Plan for Recovery include invitations for family member/carer. The staff understand the necessity of family member/carer involvement. GMHC is working to make this a regular practice.
➢ strategy for improving the skills of staff?	**NO** GMHC had no money in its budget in FY 2006 for development of staff. Each staff has $500 in FY 2007 and a skill development plan. The Director is working to develop this area.
Does GMHC have operational plans based on the strategic plan, which establish time frames and responsibilities implementation of objectives?	**NO**
Evaluation	
Are designated staff of GMHC responsible and held accountable for the evaluation of all aspects of the service?	**NO** There is no internal service evaluation process, beyond a chart audit. **NOTE**: Effective August 1, 2006 a Risk Management work team was initiated to address Quality Assurance, Extra-ordinary incidents, performance trends and areas of risk.
Does GMHC involve the following in the evaluation of its services:	
➢ consumers?	A consumer satisfaction survey of case management consumers was completed in the Fall of 2005, but there is no ongoing data collection. Staff conduct exit interviews with consumers at Hope House. Effective August 1, 2006, the Risk Management work team has initiated random days for satisfaction surveys to be completed at the Center.
➢ family members / carers?	**NO**
➢ GMHC staff?	**NO**
➢ other service providers?	**NO**
Does GMHC routinely measure health and functional outcomes for individual consumers using a combination of accepted quantitative and qualitative methods?	It appears that the clinical supervisor measures some general consumer demographics, but there does not appear to be a standardized approach to measuring functional outcomes.

	GMHC is developing "Critical Indicators" for their practice areas.
Does GMHC routinely measure its consumers' use of higher levels of service including residential services for children, community hospital inpatient psychiatric hospital admissions (length of stay and recidivism), and Montana State Hospital admissions (length of stay and recidivism)?	**NO**
Does GMHC routinely measure its consumers' encounters with law enforcement including legal charges related to mental illness and time in jail and/or prison?	**NO**
Is GMHC able to demonstrate continuous improvement regarding health and functional outcomes for individual consumers?	**NO**

Strengths

- *The Program Director has been with GMHC for approximately 9 months. Since this time under his leadership, the center has made significant improvement in its organizational coherence and mission, staffing and programmatic stability, community relationships, staff morale, and financial status.*
- *Management of GMHC recently conducted a strategic planning session that resulted in a strategic plan for the Bozeman program.*
- *There has been a significant increase in the number of consumers served by GMHC.*
- *GMHC hours of operation are 8am - 8pm, Monday, Tuesday, and Thursday; 8 am – 6 pm Wednesday and Friday.*

Rights, Responsibility, Safety, and Privacy

Criteria	Comments
Rights and Responsibility	
Does GMHC define the rights and responsibilities of consumers and family members/carers?	**YES**
Does GMHC actively promote consumer/parent/carer access to independent advocacy services and prominently display posters and/or brochures that promote independent advocacy services including the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program?	**NO**
Does GMHC have an easily accessed, responsive, and fair complaint / grievance procedure for consumers and their family members/carers to follow?	**YES**
Does GMHC <u>provide to consumers and their family members/carers</u> at the time of entering services in a way that is understandable to them:	
➢ a written and verbal explanation of their rights and responsibilities?	There seems to be some

	inconsistency of information from the staff. One case manager said she didn't and two others said yes they did.
➢ information about outside advocacy services available?	Since the review, GMHC initiated inclusion of this information in each intake with consumer signature.
➢ information about the complaint / grievance procedure?	**YES**
➢ information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances?	Since the review, GMHC has initiated inclusion of this information in each intake with consumer signature.
Does GMHC display in prominent areas of GMHC 's facilities:	
➢ a written description of consumers' rights and responsibilities?	rights **YES** responsibilities **NO**
➢ information about advocacy services available (the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program)?	**NO**
➢ the complaint / grievance procedure?	**YES** However, GMHC may want to consider making the poster easier to read.
Are staff trained in and familiar with:	
➢ rights and responsibilities?	Inconsistent
➢ advocacy services available?	**NO**
➢ complaint / grievance procedure?	**NO** Case managers were not clear on grievance information and procedures. The comments were: "I'm not sure." "Don't know, they do an evaluation when they leave." "This is something that is done during admission, at the main office."
Safety	
Does GMHC protect consumers from abuse, neglect, and exploitation by its staff and agents?	**YES**
Has GMHC fully implemented the abuse / neglect reporting requirements of 53-	WMMHC has a policy that is in

21-107, MCA?	compliance with 53-21-107, MCA, but staff are not familiar with it.
Are GMHC staff trained to understand and to appropriately and safely respond to aggressive and other difficult behaviors?	'Management of Aggressive Behavior' is required training for Hope House staff and encouraged for other staff. Staff expressed some concern about safely in the Case Management office area (See **Adult Case Management**, p. xxx)
Do GMHC staff members working alone have the opportunity to access other staff members at all times in their work settings?	
Does GMHC 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?	
Do consumers have the opportunity to access staff of their own gender?	All case management and clinical staff are female; all but one regular Hope House staff is female.
Does GMHC 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?	A debriefing process is described in the Clinical Procedure and Policy manual. GMHC is initiating a monthly facilitated "talking circle for Hope House staff, CRT, and other center staff to help with "caregiver" stress syndrome.
Consent and Privacy	
Does GMHC provide to consumers and their family members/carers verbal and written information about consent to treatment and informed consent generally?	**YES**
Do GMHC staff maintain consumers' wishes regarding confidentiality while encouraging inclusion of support system members?	**YES**
Does GMHC provide consumers with the opportunity to communicate with others in private unless contraindicated for safety or clinical reasons?	Hope House does not have a set aside private visitation area.
Do GMHC locations used for the delivery of mental health care ensure sight and sound privacy?	Clinical offices - **YES** Case management work area - **NO** Hope House - difficult given the nature of the older home.
Does GMHC provide consumers with adequate personal space in both indoor and outdoor care environments in residential and inpatient settings?	Hope House - **YES** Although space can be a little cramped with a full house.
Does GMHC support consumers in exercising control over their personal space and personal effects in residential and inpatient settings?	**YES**
Do confidential processes exist by which consumers and family members/carers can regularly give feedback to the mental health service about their perception of services and the care environment?	Hope House - **YES** Other services - not developed.

Concerns

- There is no Mandt or equivalent training for de-escalation of aggressive verbal or physical behavior.
- There is inadequate information available to consumers and training for staff in the areas of consumer rights, grievances, advocacy services, and BOV services.

Suggestions

- Develop a procedure for debriefing events involving aggression by consumers against other consumers or staff; and consumer self-harm; and for supporting staff and consumers during and after such events.

Recommendations

2. Improve consumer/parent/carer access to independent advocacy services by doing the following:
   - **a) provide to consumers and their family members/carers at the time of entering services in a way that is understandable to them written and verbal explanation of their rights and responsibilities, information about outside advocacy services available, information about the complaint / grievance procedure, information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances.**
   - **b) display posters and/or brochures in all service locations that promote independent advocacy services including the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program**
   - **c) improve and simplify posted information on the complaint / grievance procedure**
   - **d) implement staff training on consumer rights and responsibilities, advocacy services available, consumer complaint / grievance procedure, requirements of and WMMHC policy related to 53-21-107, MCA 2005.**

3. Develop a procedure for debriefing events involving aggression by consumers against other consumers or staff; and consumer self-harm; and for supporting staff and consumers during and after such events.

Recommendation from 2002 Site Review

- Establish a center-wide policy for handling allegations of abuse and neglect of consumers by center staff per 53-21-107, MCA 2001.

  2006 Update:

  WMMHC has developed a policy that complies with 53-21-107, MCA 2005.

Informational Documents

Criteria	Comments	
Does GMHC have and proactively provide the following in writing to consumers and family members/carers:	**Have**	**Provide**
➢ information about consumer rights and responsibilities including complaint / grievance procedure?	yes	no

➢ information about assistance available from BOV	no	no Initiated since the review.
➢ descriptions of program services?	yes	no
➢ mission statement ?	yes	no
➢ information about all mental health/substance abuse treatment service options available in the community?	yes	no
➢ information about psychiatric / substance use disorders and their treatment?	yes	no
➢ information about medications used to treat psychiatric disorders?	yes	no
➢ information about opportunities for consumer / family member / carer participation in management and evaluation of the service?	yes	yes
➢ staff names, job titles, and credentials?	yes	no
➢ organization chart ?	yes	yes
➢ staff code of conduct ?	yes	yes
Does GMHC maintain and use the following documents to facilitate internal quality improvement and to support positive consumer outcomes? (* documents available to consumers and family members / carers and others on request).	**Have**	**Available**
➢ * strategic plan?	yes	yes
➢ * quality improvement plan?	yes	yes
➢ * service evaluation report(s) including outcome data?	no	no
➢ * description of minimum competency and knowledge for staff position providing service to consumers and staff positions supervising direct care staff?	yes (job descriptions)	yes
➢ records documenting relevant competency and knowledge of individual staff including: (1) training received, (2) training needs, (3) deficits identified, (4) training provided to correct deficits?	no	
➢ * written orientation and training material for all direct service staff addressing mental illnesses, treatment modalities, and other topics related to provision of mental health services specific to each position?	no	no

➢ * written orientation and training material for consumers / family members / carers relative to roles in service provision, management, advising, or evaluating of the service?	no	no

Consumer / Family Member Participation

Criteria	Comments
Does GMHC recognize the importance of, encourage, and provide opportunities for consumers to direct and participate actively in their treatment and recovery?	**YES** - although the specific tenets of 'recovery' are not consistently incorporated into plans. Both MHPs that we spoke with said that if a family member is at the emergency room with a consumer in crisis, they will consult with the family member for better insight as to what has been going on with the individual the MHP is evaluating.
Does GMHC 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?	**NO** Hope House staff does discuss family involvement with consumers. Case Managers discuss family involvement if a consumer does not want someone involved. There is not a proactive and consistent procedure for ensuring that the following kinds of questions are asked: ▪ *If you could have someone close to you involved in your treatment, who would that be?* ▪ *Would you be willing to sign a limited release of information to further involve them in your treatment?* ▪ *Of your family and friends, who is supportive to you?* ▪ *Of those who are supportive, who do you think would be interested in learning more about mental health and treatment services?* ▪ *What would be helpful for your family or supportive friends?*
Does GMHC :	
➢ promote, encourage, and provide opportunities for consumer and family member/carer participation in the **operation** of the mental health service (ex: participation on advisory groups, as spokespeople at public meetings, in staff recruitment and interviewing, in peer and staff	**NO**

education and training, in family and consumer peer support)?	
➢ have written descriptions of these activities?	**NO**
➢ promote, encourage, and provide opportunities for consumers and family member/carer participation in the **evaluation** of GMHC (ex: evaluation of 'customer service', effectiveness of communication with consumers and family members/carers, achievement of outcomes)?	consumers - **YES** family member/carer - **NO**
➢ have written descriptions of these activities?	**NO**

Suggestions

- Revise the recovery plan format to include identification of consumers' family members/carers and description of the parameters for communication with them regarding consumers' treatment and for their involvement in treatment and support.

Recommendations

4. **Develop procedures and train staff to proactively explore with consumers their family members' involvement in treatment.**

Promotion of Community Understanding of Mental Illness

Criteria	Comments
Does GMHC work collaboratively with the defined community to initiate and participate in a range of activities designed to promote acceptance of people with mental illnesses by reducing stigma in the community?	Incidental program-sponsored consumer participation in community activities exposes community to people with mental illness. No high-visibility projects designed specifically to address stigma.
Does GMHC provide understandable information to mainstream community workers and the community in general about mental disorders and mental health problems?	GMHC has initiated a project with other community providers to facilitate access to GMHC services.

Questions

- Is care taken to reduce the "group outing" phenomenon that actually increases the stigma associated with community members seeing and recognizing "the mentally ill" when they are out being "exposed" to the community?
- Is care taken to recognize the stigmatizing downside of procuring free or reduced access to community activities that people without mental illness pay for?

Suggestions

- Reevaluate group community activities and procurement of free or reduced-cost community activities. Explore ways to assist consumers to participate in these activities in ways that do not exacerbate stigma or "dependency on community generosity". Focus on ways to assist consumers to integrate more "normally" into community activities individually through 1:1 mentors, through 2 - 3 consumers maximum in community activities, through existing scholarships available to

community members at large, and through aggressive establishment of Supported Employment that will allow consumers to pay their own way, and that will introduce community employers and others to the importance and benefits of normalized integration for both people with mental illness and the community.

Promotion of Mental and Physical Health, Prevention of Exacerbation of Mental Illness

Criteria	Comments
Promotion of Mental Health	
Does GMHC work collaboratively with state, county, and local health promotion units and other organizations to conduct and manage activities that promote mental health?	GMHC is very active with the local advisory council (LAC) and the Central Service Area Authority (CSAA [7]). Other stakeholders from county government reported to BOV that they are very pleased to hear GMHC talking about more proactive approaches to service delivery.
Does GMHC provide information to mainstream community workers and the community in general about factors that prevent exacerbation of mental illnesses?	The Director is working on a number of projects in this area.
Does GMHC provide to consumers and their family members/carers information about mental health support groups and mental health-related community forums and educational opportunities?	**YES** - through the crisis response team, but there are no consistent efforts to provide this information to all consumers and their family members.
Promotion of Physical Health	
For all new or returning consumers, does GMHC perform a thorough physical / medical examination or ensure that a thorough physical / medical examination has been performed within one year of the consumer entering / re-entering the service?	**NO** The intake form includes a question of when a consumer's last medical appointment was. Case managers report that they make and take consumers to medical appointments regularly. **NOTE**: The new RN has this as a "critical indicator" in her role as promoting wellness.
Does GMHC link all consumers to primary health services and ensure that consumers have access to needed health care?	**YES** Case managers do this. If consumer does not already have a relationship with a family doctor, GMHC connects with the Community Clinic. **NOTE**: The new RN will insure all consumers who are receiving med management services have this access. GMHC has been meeting with the Gallatin Community Clinic to

[7] http://csaa.helenet.com/index.html

	tighten our relationship and ease of access for clients.
Does GMHC proactively rule out medical conditions that may be responsible for presenting psychiatric symptoms?	The psychiatric evaluation addresses medical evaluation generally, and the implication is that medical conditions that may be responsible for presenting psychiatric symptoms are either identified or ruled out. However, the evaluation format does not prompt specifically for this.
For all new or returning consumers, does GMHC make arrangements for a thorough dental examination or ensure that a thorough dental examination has been performed within one year of the consumer entering / re-entering the service?	The intake form asks when the last dental appointment was. GMHC does not proactively ensure that current dental health is assessed. The Director is on a Community Health Record work team looking at how all healthcare providers in Bozeman can get access to health care records for consultation in the provision of services.
Does GMHC ensure that consumers have access to needed dental care?	Case Managers attempt to do this. It is difficult for people with SDMI to get access to dental care throughout Montana. Most dentists do not take Medicaid. Dental appointments at the Community Clinic take usually take two to three months. Most/all consumers do not seek dental care until there is an urgent need, i.e., until there is significant pain and a more drastic procedure is necessary than would have been if ongoing preventative and maintenance care were accessible.
Prevention of Exacerbation of Mental Illness	
Does GMHC actively and assertively identify and appropriately reach out to vulnerable individuals in the defined community, including 'unattached' individuals with mental illnesses, elderly adults with mental illnesses, children and parents of consumers?	**NO** There is a financial disincentive to do this, since there is no funding source for outreach to unenrolled people. Vulnerable people with mental illness must enter into a psychiatric / legal emergency before crisis services engage with them. At this point, higher end, more expensive interventions are commonly necessary. GMHC does not have proactive efforts in place to reach out to 'unattached' individuals with mental illnesses,

	elderly adults with mental illnesses, or children and parents of consumers.
Does GMHC assist each enrolled 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?	**YES** Included in the Recovery Plan.

Strengths

- *GMHC has taken active steps to increase its involvement and leadership in the larger community that should positively impact the community's awareness and understanding of mental illness, and support for mental health treatment.*

Suggestions

- Consider revising the intake procedure to proactively address each consumer's dental health.
- Consider developing a routine approach to providing to consumers and their family members/carers information about mental health support groups and mental health-related community forums and educational opportunities available in Bozeman.

Sensitivity to Cultural, Ethnic, and Racial Issues

Criteria	Comments
Does GMHC ensure that its staff are knowledgeable about cultural, ethnic, social historical, and spiritual issues relevant to the mental health of and provision of treatment of mental illness relevant to all people in the defined community, with a specific emphasis on American Indian people?	No formal efforts in this area, however, the Director has some personal experience working with tribal entities in Indian Country and appears ready and willing to develop - with assistance from the Indian community - training for staff in cultural, ethnic, and spiritual issues. Director has made positive efforts to offer mental health services by presenting services available at student orientation at Montana State University (MSU). Interviewed staff were unable to provide social or historical factors with an emphasis on mental health care for American Indian people.
In the planning, development, and implementation of its services, does GMHC consider the unique needs of, promote specific staff training for, and involve representatives of relevant cultural / ethnic / religious / racial groups, with a	**NO** Staff have limited time and budget for training and there is no specific strategy

specific emphasis on American Indian people?	for relevant staff training in cultural, ethnic, and spiritual issues relevant to Indian people.
Does GMHC investigate under-utilization of mental health services by people in minority cultural / ethnic / racial groups, with a specific emphasis on American Indian people?	**NO** GMHC data base from Jan 2006-April 2006 listed 9 Indian families served; no analysis of dynamics of utilization of mental health services by American Indian people is done. GMHC is unsure if any of the identified Indian families are enrolled with a federal tribe.
Does GMHC display posters, or provide literature or other information specific to resources for Indian people relative to mental health treatment?	There were no posters, literature, or other information provided or available that are specific to American Indian people.
Does GMHC employ specialized treatment methods and communication necessary for people in minority cultural / ethnic / racial groups, with a specific emphasis on American Indian people?	**NO**
Does GMHC deliver treatment and support in a manner that is sensitive to the unique 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?	Except for bullet one below under **Concerns**, staff do not seem insensitive to these issues. The issues just have not been addressed proactively as a priority.
Does GMHC employ staff or develops links with other service providers / organizations with relevant experience and expertise in the provision of treatment and support to people from all cultural / ethnic / religious / racial groups represented in the defined community, with a specific emphasis on American Indian people?	**NO** See recommendations below.
With regard to its own staff, does GMHC 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?	**NO** See recommendation below.

Strengths

- *Good background and awareness of Director in issues affecting mental health treatment for Indian people; motivation to do more.*

NOTE:

John Watts Director-Ed.D., American Indian Research Opportunities (AIRO) [8] *will notify GMHC once a website specific to the seven Montana tribes is up and running. It will have a brief and informative quiz that staff can take online. The information will be sanctioned by tribal members of each of the seven reservations.*

[8] 406-994-5847

Concerns

- Case manager supervisor provided an example of frustration that one case manager experienced interfacing with a tribal entity. After the frustrating experience, case manager vented with other case managers about that experience, but did not appear to resolve the experience, and did not appear to have the necessary information or tools to resolve the barriers to helping this Indian consumer.

Suggestions

- Consider ways to revise the intake assessment format so that it specifically addresses specific issues relevant to Indian consumers.
- Often people who identify as Indian but who don't 'look Indian' are more likely to be served, than are Indian people who are more visibly Indian. It would be helpful to compare services provided to the 9 Indian consumers vs non-Indian consumers to investigate whether there is a pattern or theme of providing briefer interventions to Indian consumers instead of long-term case management due to barriers involving staff's insufficient understanding about how to provide case management to Indian consumers.
- Consider approaching MSU about setting up a practicum for an American Indian student studying to be a mental health clinician.

Recommendations

5. **Make the following contacts with Indian resource people:**
   a) **Jennifer Woodcock, MA, Administrative Associate III, American Indian Research Opportunities (AIRO). Jennifer has volunteered to provide a one hour presentation to promote cultural competency (406-994-5847).**
   b) **Indian Health Service for assistance to GMHC staff when dealing with tribal entities in the course of serving Indian consumers (406-353-3164).**
   c) **Jim Burns, Director, Native American Studies, MSU for referral information to provide opportunities for Indian consumers to engage in MSU activities specific emphasis on American Indian people (406-994-4880).**
6. **Proactively assess staff attitudes toward Indian people; follow-up with contact people above or BOV to develop ways to address problematic or ignorance-based attitudes.**

Sensitivity to Disability-Related Issues

Criteria	Comments
Does GMHC ensure that its staff are knowledgeable about issues relevant to people with visual or hearing impairment, people with other disabilities including developmental disabilities,, and people who are illiterate in the defined community?	**NO**
In the planning, development, and implementation of its services does GMHC consider the needs of, promotes specific staff training for, and involves representatives of people with visual or hearing impairment, people with other disabilities including developmental disabilities,, and people who are illiterate and their family members/carers?	**NO**
Does GMHC investigate under-utilization of mental health services by people with visual or hearing impairment, people with other disabilities including developmental disabilities, and people who are illiterate and their family members/carers.?	**NO**
Does GMHC deliver treatment and support in a manner that is sensitive to the special needs of people with visual or hearing impairment, people with other disabilities including developmental disabilities,, and people who are illiterate	**NO**

and their family members/carers?	
Does GMHC employ staff or develops links with other service providers / organizations with relevant experience and expertise in the provision of treatment and support to people with visual or hearing impairment, people with other disabilities including developmental disabilities,, and people who are illiterate and their family members/carers?	**NO**
With regard to its own staff, does GMHC monitor and address issues associated with prejudice and misunderstanding related to people with visual or hearing impairment, people with other disabilities including developmental disabilities,, and people who are illiterate?	**NO**

Concerns

- Hope House is not ADA compliant.

Suggestions

- Consider contacting representatives from disability groups to assess ways GMHC can be more aware of the needs of people with various disabilities 9

Integration and Continuity of Services

Criteria	Comments
Within the Organization	
Does GMHC ensure service integration and continuity of care across its services, sites, and consumers' life spans?	Because GMHC is small, integration and continuity of care across its services and sites is a natural process (see **Assessment, Treatment Planning, Documentation, and Review - General**, p xxx).
Does GMHC convene regular meetings among staff of each of its programs and sites in order to promote service integration and continuity?	Very limited interdisciplinary / multidisciplinary meeting times established.
Within the Community	
Does GMHC actively participate in an integrated **human services system** serving the defined community, and nurture inter-community links and collaboration?	**YES** Director has done an excellent job of pursuing these connections and establishing GMHC as a player in the community human services system.
Are GMHC staff knowledgeable about the range of other community agencies available to consumers and family members/carers?	**YES**
Does GMHC support its staff, consumers, and family members/carers in their	**YES**

9 Contact Marlene Disberg, Liaison, Governor's Advisory Council on Disability: 444-0062, mdisberg@mt.gov .

involvement with other community agencies wherever necessary and appropriate?	
Within the Health System	
Is GMHC part of the general health care system and does it promote and support comprehensive health care for consumers (including access to specialist medical resources) and nurture inter-agency links and collaboration?	**YES**
Are GMHC staff knowledgeable about the range of other health resources available to consumers and provide information on and assistance in accessing other relevant services?	**YES**
Does GMHC ensure continuity of care for consumers referred outside the mental health service for a particular therapy?	**YES** see Concerns below
Does GMHC ensure continuity of care for consumers following their discharge from GMHC services?	**NO** The Risk Management work team is developing a QA process to follow-up.

Strengths

- *Director has done an excellent job of establishing GMHC participation in a number of community health, mental health, and general activities.*

Concerns

- There is room for significant improvement in the relationship and communication between GMHC and AWARE. Both organizations are licensed mental health centers operating parallel, but almost exclusively non-intersecting services for adults with mental illnesses in Bozeman. Consumers do not receive information from either organization about services offered by the other. While the concept of "choice" is touted as a system value, in Bozeman - where there actually are multiple options for consumers to access, the choice is essentially absent because the two organizations do not inform consumers about those options. There are some situations where the same consumer is served by both organizations. In these situations, treatment coordination is minimal / absent.

Recommendations

7. **Initiate contact with and establish protocol for ongoing communication / coordination with AWARE, especially with regard to providing information to consumers and family members and to coordinating treatment for consumers who receive services from both organizations.**

Staff Competence, Training, Supervision, Relationships with Consumers

Criteria	Comments
Competency and Training	

Does GMHC define minimum knowledge and competency expectations for each staff position providing services to consumers? Does GMHC define specific roles and responsibilities for each staff position providing services to consumers?	**NO** Position descriptions have very general, boilerplate lists of 'responsibilities, knowledge, and abilities'. Nothing in any of the PDs provided to BOV stated duties/knowledge/expectations relative to serious disabling mental illness. Case Manager PD was geared to another program WMMHC has working with Montana State Prison inmates.
Does GMHC have a written training material for new staff focused on achieving minimum knowledge and competency levels?	**NO** There is a basic list of topics that is checked off for new employees; these topics mostly address administrative and organizational information specific to Western Montana Mental Health Center. **NOTE**: Since the review, Hope House has a completed orientation manual and one for the rest of the center is in development.
Does GMHC train new staff in job-specific knowledge and skills OR requires new staff to demonstrate defined minimum knowledge and competency prior to working with consumers?	**NO** New staff learn basics on the job from other staff. For many of the staff that were hired during a period of great turmoil in the management of GMHC over the last several years, training was almost non-existent. Untrained staff were teaching new staff. Through the new Director s leadership, it appears that GMHC is working to address these deficiencies.
Does GMHC 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?	DBT training is a specific AMDD-provided curriculum that GMHC staff have participated in. Otherwise limited to workshops that are available and within very limited budget. Not specifically geared toward working with people with serious disabling mental illness. Staff reported that training/educational materials are shared with staff on a regular basis. Staff also have the opportunity to participate in trainings that are held in other communities. Since GMHC is still very much in transition mode, and has only recently gotten its financial head above water, training opportunities have been low

	on the priority list.
Does GMHC periodically assess staff and identify and addresses knowledge and competence deficiencies?	Only informally. No evidence of a proactive, formal, scheduled approach to monitoring ongoing staff knowledge and competence. In a reactive way, GMHC seems able to identify and respond to substandard staff behavior or knowledge and competence deficiencies, but staff performance appraisals are not conducted regularly, and do not appear to be tied to personal growth and professional development.
Supervision	
Does GMHC provide active formal and informal supervision to staff?	**YES** The clinicians have a very good "group supervision" process that promotes strategic clinical thinking and identification of EBPs.
Are GMHC supervisors trained and held accountable for appropriately monitoring and overseeing the way consumers are treated by line staff?	**YES** Supervisors concentrate on developing a supportive atmosphere, ensuring that staff relationships with consumers are positive and respectful; focus on monitoring treatment plan progress and required documentation.
Are GMHC supervisors trained and held accountable for appropriately monitoring, overseeing, and ensuring that treatment and support is provided effectively to consumers by line staff according to their responsibilities as defined in treatment plans?	
Relationships with Consumers	
Do GMHC staff members demonstrate respect for consumers by incorporating the following qualities into the relationship with consumers: positive demeanor, empathy, calmness, validation of the experiences, feelings, and desires of consumers?	**YES** All of these positive qualities appear to be in place.

Strengths

- *Concerned, compassionate, enthusiastic staff who are anxious to move forward in positive directions under visionary leadership.*

Concerns

- A significant part of the ongoing training for staff is a plan for a representative of a drug company (Eli Lilly) to come in monthly and provide an in-service. This source of education is always biased, and questionably relevant to the kind of training that staff really need.
- Staff receive no training in how to work with people with SDMI prior to assuming job duties.

- Case Management and Hope House supervisors - while admirably energetic, enthusiastic, and conscientious - are very young and inexperienced - and could benefit from training and ongoing mentoring in supervision skills.
- In the understandable effort for GMHC supervisors to concentrate on their responsibilities related to the monitoring worker productivity, it appears that more attention could be given also to the finer points of how supervisors should guide staff in how to work with consumers, and how supervisors should ensure that treatment and support is provided effectively to consumers by line staff according to their responsibilities as defined in treatment plans.

Recommendations

8. Do the following to improve staff competencies:

a) Define minimum knowledge and competency expectations for each staff position providing services to consumers.

b) Develop written training material for new staff focused on achieving minimum knowledge and competency levels.

c) Begin to train new staff in job-specific knowledge and skills OR require new staff to demonstrate defined minimum knowledge and competency prior to working with consumers.

d) Assess and provide for the training needs of Case Management and Hope House supervisors.

Assessment, Treatment Planning, Documentation, and Review

Criteria	Comments
General	
Does the GMHC use a multidisciplinary approach in its treatment planning and review process?	**NO** Administrators, supervisors, and line staff all acknowledged the need for such a process, but pointed to productivity standards that did not allow enough time for people to meet as a team for the purpose of planning and review. The therapist or case manager who first sees the consumer puts a treatment plan together. This is usually signed by the consumer and the initial contact person at the time it is reviewed with the consumer. If the plan is developed by the Case Manager, the therapist and psychiatrist sign it, but are not present for the discussion with the consumer. The psychiatrist includes a treatment plan with his workup and follow-up notes. **NOTE**: Since the review, this process was initiated in June 2006.
Does GMHC have a procedure for appropriately following up people who decline to participate in an assessment, treatment planning session, or a treatment review?	**NO**
With consumers' consent, do GMHC assessments, treatment planning sessions, and treatment reviews proactively include the participation of and provision of information by family members/carers, other service providers, and others with relevant information?	GMHC takes the approach - as do most mental health providers - that family members are NOT included in the process unless consumers specifically

	state their desire that they be involved - rather than <u>proactively</u> pursuing family involvement as a routine discussion with consumers, thereby at least potentially expanding the level positive family involvement (see **Consumer / Family Member Participation** p 19). Charts do not reflect input from other family members or other service providers.
Assessment	
Are GMHC assessments conducted in accordance with the unique cultural, ethnic, spiritual, and language needs relevant to all people in the defined community, with a specific emphasis on American Indian people?	See comments under **Sensitivity to Cultural, Ethnic, and Racial Issues** p 23.
When a diagnosis is made, does GMHC provide to consumers and, with the consumer's consent, family members/carers with information on the diagnosis, options for treatment and prognosis?	The psychiatrist notes indicate that he does this with the consumer. No evidence in the records reviewed that this is done with the families. The nurse at Hope House reported that she discusses this with consumers.
Do GMHC assessments:	***Assessment form prompts for some, but not all, of the areas noted below.***
➢ identify consumer preferences, strengths, and needs regarding safety, food, housing, education, employment, and leisure?	Inconsistent depending on staff person conducting assessment.
➢ 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?	Medical - **YES** Dental - **NO** Psychiatric evaluations do not specifically address ruling out medical disorders as contributing to or causing psychiatric symptoms (see **Promotion of Mental and Physical Health, Prevention of Exacerbation of Mental Illness**, p 21). Complete physical examinations are not routinely conducted, but medical problems and needs are identified.
➢ include current nutritional status?	**NO**
➢ include current level of physical fitness?	**NO** There is some attention to weight especially when on medications that cause weight gain.

➢ include assessment of abuse/neglect?	
➢ identify factors that place the consumer at high risk for suicide, violence, victimization, medical disorders such as HIV, gambling, or substance abuse?	
➢ include detailed family history, including family history of mental illness and/or substance abuse?	Noted if relevant. Since assessment format is not designed to prompt for ruling this out, impossible to determine whether this is consistently addressed.
➢ include detailed description of current family relationships including consumers' children and their caretaking and custody status?	
➢ identify family supports available, with specific names, contact, and permission information?	
➢ 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)?	Data base list ethnicity; if applicable, listed American Indian/Alaska Native but no tribal identification (see **Sensitivity to Cultural, Ethnic, and Racial Issues**, p 23).
➢ identify all psychiatric and/or substance abuse treatment and specific plans for obtaining pertinent treatment documentation and for communicating with relevant clinicians and other professionals or paraprofessionals who have provided such treatment in the past or who are currently providing services, including psychiatric medication prescribers?	No evidence in charts.
➢ include detailed information that either confirms or rules out the presence of co-occurring psychiatric and substance use disorders?	Not per Co-occurring standards being developed by AMDD. (see **Co-Occurring Psychiatric and Substance Use Disorders**, p 43) No evidence in charts that individual clinicians or a team determined the existence of co-occurring psychiatric and substance use disorders.
➢ include functional assessment of consumers' daily living skills with detailed description of consumers' strengths and deficits?	**NO** With regard to Global Assessment Functioning scores in one chart, one clinician gave consumer a score of 40, while another gave the same consumer a score of 62. **NOTE**: Since the review, this discrepancy has been remedied with integrated Recovery Plan updates.
➢ addresses consumers' feelings of hope about the future and their ability to lead a productive life?	**NO**
➢ identify sources of motivation, resources, talents, interests, capabilities?	**NO**
➢ identify coping strategies and supports that have been successful in the past and can be successful in the future?	**NO**

➢ address consumers' choices regarding services including history of satisfaction and dissatisfaction with services, including medications?	Inconsistent. If consumer is active in her/his own treatment and appears to have been assertive with the assessor - yes. Assessments do not proactively prompt for this discussion. The psychiatrist documents discussion of medication preferences.
➢ address consumers' understanding of their illness, their medications and other treatments, and potential medication side effects?	Inconsistent. If consumer is active in her/his own treatment and appears to have been assertive with the assessor - yes. Assessments do not proactively prompt for this discussion. The psychiatrist includes this in his notes with each contact with the consumer. Psychiatric evaluations and notes did address potential medication side effects; but BOV found no documentation to support consumer understanding of their illnesses.
Are GMHC diagnoses congruent with information obtained through the assessment and consistent with Diagnostic and Statistical Manual of Mental Disorders (DSM IV)?	Inconsistent from one staff provider to another (see comment under **Documentation** below).
Treatment Planning	
Does GMHC proactively involve consumers, and with consumers' consent, family members/carers, and others in the development of initial treatment plans?	Consumers - inconsistent; some charts had no indication of consumer participation - see below. Family Members - **NO** GMHC evidenced consumer involvement in chart #72356 by noting "consumer's own words" in reference to treatment goals. Long term goals in assessment consumer states goal "get better". That description although helpful to identify that consumer was participating would have been a perfect opportunity to define what "get better" means. This was not documented as having been pursued.
Do treatment plans focus on interventions that facilitate recovery and resources that support the recovery process?	Goals, objectives, and interventions are clearly focused on assisting consumers to progress toward improved mental health, however interventions are not consistently related to concepts of recovery [10].

[10] National Consensus Statement on Mental Health Recovery
http://www.mentalhealth.samhsa.gov/publications/allpubs/sma05-4129/

Does GMHC 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?	The Adult Consumer Recovery Plan includes crisis plans.
Are consumers, and with consumers' consent, family members/carers are given a copy of the treatment plan?	family members - **NO** consumers - inconsistent approach

Documentation

Does GMHC use an electronic, computerized health record system with online capability for recordkeeping and documentation of all mental health services provided to all of its consumers?	**NO**
Is the computerized health record system is capable of coordinating information with other health care providers?	**NO**
Is treatment and support provided by GMHC recorded in an individual clinical record that is accessible throughout the components of the mental health service?	**YES**
Is GMHC documentation a comprehensive, sequential record of consumers' conditions, of treatment and support provided, of consumers' progress relative to specific treatment objectives, and of ongoing adjustments made in the provision of treatment and support that maximize consumers' potential for progress?	**NO**
Is there clear congruence among assessments, diagnosis, service plans, discharge plans, service plan revisions, and treatment documentation?	**NO** Plans and documentation appear to be a collection of separate documents that relate to separate, non-intersecting interventions. Notes describing services provided are not clearly connected with treatment objectives. In one case GMHC staff assigned a variety of diagnoses that did not appear to be reconciled in the chart. One staff person diagnosed Bipolar, another Schizoaffective, another Major Depression, and another PTSD due to "anxiety associated with the pregnancy and lack of adequate housing".
Is there clear documentation of a proactive approach to involving consumers and family members/carers in a meaningful way in the service planning and revision?	**NO**
For children, is there clear documentation of a proactive approach to involving consumers' parents / carers / guardians, in the service planning and revision?	n/a
Does GMHC document the following to track consumer outcomes:	
➢ attainment of treatment objectives?	**NO**

➢ changes in mental health and general health status for consumers?	**NO**
➢ changes in consumers' quality of life?	**NO**
➢ consumer satisfaction with services?	A consumer satisfaction survey was conducted in Fall 2005 as part of a graduate school project by a staff member. There is no ongoing consumer satisfaction assessment.

Review

Do GMHC treatment progress reviews support conclusions with documentation?	**NO** BOV found forms incomplete, records with no initial treatment plans, reviews that appeared to have been done quickly and with little attention to progress/lack of progress. One reasonably good 90 day review 'meeting' was attended by only one staff member.
Do GMHC treatment progress reviews actively solicit and include the input of consumers, family members / carers, all GMHC practitioners involved in the consumer's services, and outside service providers?	**NO**
Are GMHC treatment progress reviews conducted with the treatment team members and the consumer present?	Inconsistent.
Do GMHC treatment progress reviews proactively support continuing treatment and support adjustments that will ensure progress, not just "maintenance"?	**NO**
When continuation of ongoing treatment strategies are appropriate, do GMHC treatment progress reviews clearly address this fact and document the rationale?	**NO**

Strengths

- *Excellent Recovery Plan format newly designed to incorporate a 'recovery' approach to treatment.*

Concerns

- A multidisciplinary approach in its treatment planning and review process is not in place.
- Clinical records are not a comprehensive, sequential record of consumers' conditions, of treatment and support provided, of consumers' progress relative to specific treatment objectives, and of ongoing adjustments made in the provision of treatment and support that maximize consumers' potential for progress.
- There does not appear to be a proactive approach to involving consumers and family members/carers in a meaningful way in the service planning and revision.
- Treatment reviews are not dynamic analyses of the effectiveness of interventions and do not result in correlating adjustments.

Recommendations

9. **Develop a multidisciplinary approach to planning, implementing, and evaluating services.**
10. **Revise procedures and train staff so that clinical records are a comprehensive, sequential record of consumers' conditions, of treatment and support provided, of consumers' progress relative to specific treatment objectives, and of ongoing adjustments made in the provision of treatment and support that maximize consumers' potential for progress.**
11. **Develop a proactive approach to involving consumers and family members/carers in a meaningful way in the service planning and revision.**
12. **Revise procedures and train staff so that treatment reviews are dynamic analyses of the effectiveness of interventions and result in correlating adjustments.**

Recommendation from 2002 Site Review

- Conduct an internal documentation compliance audit of the GMHC office charts. Focus on the following areas: treatment plans, documentation of delivery and effectiveness / non-effectiveness of identified needed services.

  2006 Update:

  GMHC reports that the WMMHC Quality Assurance staff person conducts annual QA audits. GMHC attached the results from these internal audits for 2004, 2005, 2006.

  Though these audits indicate overall compliance improvement on items in charts required by its Mental Health Center license (52% in 2004, 53% in 2005, and 62.5% in 2006), charting remains at 37.5% out of compliance with license requirements. Of concern to BOV - relative to these internal audits - are the following areas noted by WMMHC as "problematic":

  - Missing or incomplete Clinical Intake Assessments
  - Assessments
  - Missing Adult Consumer Plans for Recovery [treatment plans]
  - Missing monthly progress notes for case management

  BOV is impressed with the fact that WMMHC conducts internal charting audits.

Treatment and Support

Criteria	Comments
General	*GMHC offers dialectical behavioral therapy (DBT) group for consumers. DBT, while not on SAMHSA list of Evidence Based Practices, is generally considered to be one.*

Does treatment and support provided by GMHC include the following evidence-based practices [11]?	
➢ **Illness Management & Recovery**	**NO**
➢ **Medication Management Approaches in Psychiatry**	GMHC uses the traditional approach to psychiatric medication prescription and management. GMHC does not use a medication algorithm approach[12] nor systematic medication-related outcome measures.
➢ **Assertive Community Treatment** [13]	**NO**
➢ **Family Psycho education**	**NO**
➢ **Supported Employment**	At the time of this review, .5 FTE had been designated as a Vocational Rehabilitation Specialist, with the objective of initiating a Supported Employment component.
➢ **Integrated Treatment for Co-Occurring Disorders**	**NO**
Is treatment and support provided by GMHC recovery-oriented?	Some components of the recovery approach can be found in treatment plans. Treatment is not designed consciously around the recovery concept.
Does GMHC provide education for consumers, family members/carers, and staff which maximizes the effectiveness of consumer / family member / carer participation in consumers' treatment ?	**NO**
Case Management	
Does GMHC provide comprehensive, individualized case management and support to consumers with severe mental illness?	**YES** 'Open case management' is available to consumers (every Wednesday from 2-4pm) who do not currently have a case manager - either because they are on the waiting list or because they are determined not to be in need of ongoing case management services.
Based on individualized needs assessment, does GMHC provide or facilitate access to assertive community treatment based on the Program of Assertive Community Treatment (PACT©) model?	**NO** PACT not available in Bozeman. Director questions whether there are enough consumers in the Bozeman area who require this level of service to justify a PACT program. **NOTE**: The Director met with the Mental Health Services Bureau staff on 9/13/06 to finalize a "mini-PACT for

[11] For the purposes of its Standards for Site Reviews of Mental Health Facilities, BOV references criteria based on 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://www.mentalhealthpractices.org/ .

[12] Texas Medication Algorithm Project at : http://www.dshs.state.tx.us/mhprograms/TMAPover.shtm

[13] PACT Information: National Alliance for Mental Illness (NAMI) - http://www.nami.org/Template.cfm?Section=ACT-TA_Center ; SAMHSA - http://www.mentalhealthpractices.org/act.html .

	Gallatin/Madison/Park counties.
Does GMHC establish maximum caseload sizes?	**NO** GMHC manages case load size, but does not set a maximum.
Does GMHC monitor caseloads to ensure that excessive caseload sizes do not compromise service quality or consumer access to case managers?	It appears that this is an important goal that management seriously tries to control within the parameters of staffing budgets, however the average caseload size indicated above would indicate that much more needs to be done to address excessive caseload size (see **Adult Case Management**, p 5).
Independent Care	
Do GMHC independent care programs or interventions provide sufficient scope and balance so that consumers develop or redevelop the necessary competence to meet their own everyday community living needs?	**YES**
Housing - General	
Does GMHC identify housing needs and desires of consumers in the service plan?	**YES**
Does GMHC ensure that consumers have access to an appropriate range of agencies, programs, and interventions to meet their needs for housing?	Availability of affordable housing is very limited in Bozeman. Sometimes consumers are sent to either Butte or Livingston when housing is needed urgently. There is a 2 ½ year wait for Section 8 housing. Except for the extremely limited PATH funding allocated by WMMHC to GMHC, there are really no community resources for people who have mental illnesses and who are homeless. There is no homeless shelter in Bozeman.
Does GMHC provide a range of treatments and support that maximize opportunities for the consumer to live independently in their own housing?	**YES** Within the limitations of available housing.
Unless safety is a concern, is GMHC assistance in maintaining housing non-contingent upon compliance with other treatment components?	**YES**
Does GMHC ensure that consumers have access to safe, affordable, decent housing in locations that are convenient to community services and amenities?	**YES** Within the limitations of available housing.
Does GMHC operate or provides access for consumers to specialized supported/supervised housing that includes active support and treatment components?	Neither GMHC nor other providers in Bozeman provide supported housing.
Does GMHC provide support and advocacy to consumers in communicating and problem solving with landlords?	**YES**
Does GMHC work closely with landlords to ensure that consumers do not lose their housing during periods of hospitalization or other temporary out of community treatment?	**YES**

Does GMHC provide access to and assistance with options for consumer home ownership? [14]	**NO**
Supported Housing Provided by the organization	
Does GMHC fully integrate the housing program into other treatment and support programs?	GMHC does not provide supported housing.
Does GMHC deliver a range of treatment and support services to the consumers living in the housing according to individual need?	
Does GMHC offer to consumers living in the housing maximum opportunity to participate in decision making with regard to the degree of supervision in the GMHC, decor, visitors, potential residents and house rules?	
Does GMHC -provided housing in the proximity of consumers' social and cultural supports, and community activities?	
Does GMHC ensure that housing maximizes opportunities for the consumer to exercise control over their personal space?	
Does GMHC -provided housing accommodate the needs of consumers with physical disabilities (complies with the Americans With Disabilities Act)?	
Supported Housing Provided by Agencies other than the organization	
Does GMHC not refer a consumer to housing where he / she is likely to be exploited and/or abused?	**YES**
Does GMHC refer a consumer to temporary housing such as homeless shelters only for short-term temporary periods pending a move to permanent housing?	There is no homeless shelter in Bozeman.
Education	
Does GMHC identify education needs and desires of consumers in the treatment plan?	**NO**
Does GMHC support consumers' desires to participate in and facilitate access to opportunities for further or continuing education?	**YES** As reported by staff.
Employment	
Does GMHC identify employment needs and desires of consumers in	In development as GMHC initiates a

[14] Contact: Michael M. O'Neil, State Director, Montana Home Choice Coalition, (406) 449-3120 ext. 11, oneil_michael@msn.com, www.montanahomechoice.org.

the treatment plan, and assist consumers in defining life roles with respect to work and meaningful activities?	Supported Employment component.
Does GMHC assist consumers to find and keep competitive employment through a Supported Employment approach. [15]?	
Does GMHC accommodate consumers' individual choices and decisions about work and support based on consumers' needs, preferences, and experiences?	
Does GMHC emphasize a focus on rapid attachment to the workforce in integrated settings and support for consumers in obtaining and keeping integrated employment in community settings. [16]?	
Does GMHC ensure consumers' right to fair pay and working conditions?	
Does GMHC works closely with employers to ensure that consumers do not lose their jobs during periods of hospitalization or other temporary out of community treatment?	
Family and Relationships	
Does GMHC identify needs and desires of consumers relative to family relationships in the service plan?	**YES**
Does GMHC 's treatment and support provide consumers with the opportunity to strengthen their valued relationships?	**YES**
Does GMHC offers Family Psycho-education to consumers' family members and family members/carers [17, 18.]?	**NO** However, GMHC is active with NAMI and the Family to Family series by identifying and referring consumer families.
Social and Leisure	
Does GMHC identify social and leisure needs and desires of consumers in the service plan?	Inconsistent.
Does GMHC ensure that consumers have access to an appropriate range of agencies, programs and/or interventions to meet their needs for social contact and leisure activities?	**YES**
Does GMHC provide or ensure that consumers have access to drop-in facilities for leisure and recreation as well as opportunities to participate in leisure and recreation activities individually and/or in groups?	There is no mental health drop-in program in Bozeman.

[15] Information on Supported Employment at : http://www.mentalhealthpractices.org/se.html
[16] Bond, G.R., Becker, D.R., Drake, R.E., Rapp, C.A., Meisler, N., Lehman, A.F., et al. (2001). Implementing supported employment as an evidence-based practice. *Psychiatric Services*, 52(3), 313-322.
[17] Dixon, L., McFarlane, W.R., Lefley, H., Lucksted, A., Cohen, M., Falloon, I., et al. (2001). Evidence-based practices for services to families of people with psychiatric disabilities. Psychiatric Services, 52(7), 903-910.
[18] Information on Family Psycho-education at : http://www.mentalhealthpractices.org/fam.html

Does GMHC facilitate consumers' access to and participation in community-based leisure and recreation activities?	**YES**
Medication	
Is GMHC medication prescription protocol evidence-based and reflect internationally accepted medical standards?	**YES** The use/indication/need for each medication is apparent in the psychiatrist's documentation. Adjustments seemed appropriate on the basis of the progress notes. *Observation:* *Almost every consumer whose medications were reviewed by BOV has an agent for sleep which possibly should be reassessed*
At GMHC facilities, is medication prescribed, stored, transported, administered, and reviewed by authorized persons in a manner consistent with legislation, regulations and professional guidelines?	At Hope House, medications are received from the pharmacy in vials and stored in a locked cabinet. . Medications are put into calendar packs by the nurse or by the consumer under supervision of a staff member. These are stored in a different locked cabinet. Staff remind consumers about time for medications. Staff get the medication packs and give them to the consumer who takes the needed dosages out and return the pack to the staff. Samples are not stored at Hope House. When used they are provided by the psychiatrist. (see **Concern** and **Suggestion** below.)
Are GMHC 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?	Verbal - **YES** Written - **NO** The psychiatrist plans to get some good written handouts. He also wants to employ a nurse to provide some of this education (see **Medical Services**, p 9) **NOTE**: Since the review, GMHC has initiated a internet service called Epocrates that offers family and consumer friendly descriptions of the medications and their implications.
Where the consumer's medication is administered by GMHC, is it administered in a manner that protects the consumer's dignity and privacy?	**YES**
Is "medication when required" (PRN) is only used as a part of a documented continuum of strategies for safely alleviating the consumer's distress and/or risk?	Not apparent from the psychiatrist's treatment plan or notes.
Does GMHC ensure access for the consumer to the safest, most effective, and most appropriate medication and/or other technology?	**YES** Samples are used but not to a great extent. Case Managers help consumers fill out forms for assistance from the drug companies. Case Managers also have access to one-time funds from several community organizations to assist consumers with medication costs when needed.

Does GMHC 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 and/or other technologies?	consumers **YES** family members/carers **NO**
Does GMHC acknowledge and facilitate consumers' right to seek opinions and/or treatments from other qualified prescribers and GMHC promotes continuity of care by working effectively with other prescribers?	Not assessed.
Where appropriate, does GMHC 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** The psychiatrist states that patients are never "fired". If they do not take their medications, education about the medication and disorder are provided by himself and others repeatedly to try to help them towards taking them. Therapy is provided for treatment as an alternative. If not taking medications creates a situation where that results in the consumer or others are at risk, involuntary civil commitment is considered.
Wherever possible, does GMHC not withdraw support or deny access to other treatment and support programs on the basis of consumers' decisions not to take medication?	See above.
For new consumers, does GMHC ensure 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** The records reviewed were selected because they were consumers taking medications. In each of these, the psychiatrist saw them within a very short time frame.
For open consumers, does GMHC 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 GMHC consumers have immediate access to a psychiatrist or mid-level practitioner?	**YES** The case managers address these issues and determine if the psychiatrist needs to be involved. When he is needed, the case managers say they can get in contact with him.
Are medication allergies and adverse medication reactions are well documented, monitored, and promptly treated?	**YES**
Are medication errors are documented?	Consumers are responsible for their own medications at the outpatient facility and Hope House.
Is there a quality improvement process in place for assessing ways to decrease medication errors?	n/a
Are appropriate consumers screened for tardive dyskinesia?	**NO**
Is the rationale for prescribing and changing prescriptions for	**YES**

medications documented in the clinical record?	
Is medication education provided to consumers including "adherence" education?	**YES**
Is there a clear procedure for the use of medication samples?	**YES** Per psychiatrist discretion.
Are unused portions of medications disposed of appropriately after expiration dates?	No medications are stored by the MHC except those of current consumers in Hope House.
Are individual consumers' medications disposed of properly when prescriptions are changed?	Since medication at Hope House are self administered, this is unclear. (see **Concern** and **Suggestion** below.)
Is there a clear procedure for using and documenting emergency medication use, including documentation of rationale, efficacy, and side effects?	**NO**
Is there a clear procedure for using and documenting 'involuntary' medication use, including documentation of rationale, efficacy, and side effects?	Medications are not administered against consumers' wishes.
Are there procedures in place for obtaining medications for uninsured or underinsured consumers?	See above.
Is assertive medication delivery and monitoring available to consumers based on need for this service?	**NO**
Co-Occurring Psychiatric and Substance Use Disorders[19]	
In assessing each individual, does GMHC assume that a co-occurring mental illness and substance use disorder exists, and orients assessments and uses tools and methodologies that proactively confirm either the presence or absence of a co-occurring psychiatric and substance use disorder?	Not in place yet.
If co-occurring psychiatric and substance use disorders are determined to be present, does the GMHC assessment describe the dynamics of the interplay between the psychiatric and substance disorders?	Not in place yet.
If co-occurring psychiatric and substance use disorders are determined to be present, does the GMHC service plan describe an integrated treatment approach?	**NO** Substance use disorders are referred to MCDC or the Chemical Dependency Services of Gallatin

[19] AMDD is facilitating change in the mental health system toward the Comprehensive Continuous Integrated System of Care (CCISC) model. Development of services according to these standards is in various stages of implementation by provider organizations.

	County. GMHC charts do not include documentation of the treatment plan for substance abuse nor progress notes nor any documentation of services or outcomes from these outside agencies. **NOTE**: Since the review, GMHC has initiated an "extended care" clinic that will begin to remedy some of this.
Does GMHC provide integrated, continuous treatment for consumers who have a co-occurring mental illness and substance use disorder according to best practice guidelines adopted by the state [20]?	Not in place yet.
If co-occurring psychiatric and substance disorders are determined to be present, does GMHC treatment documentation indicate that interventions have integrated psychiatric and substance use disorder therapies; when counselors from discrete psychiatric and substance disorders disciplines are involved, does documentation indicate ongoing communication and coordination of therapies?	Not in place yet.
Does GMHC identify and eliminate barriers to the provision of integrated treatment for consumers who have a co-occurring mental illness and substance use disorders?	Not in place yet.
Does GMHC use one service plan and one relapse plan for each consumer with a co-occurring mental illness and substance use disorder?	Not in place yet.
Are clinicians managing the treatment and providing therapy to consumers with co-occurring psychiatric and substance use disorders licensed for both mental health and addiction counseling?	Not in place yet.
If the mental illness and the substance use disorder are being treated by more than one professional, does GMHC ensure that communication and treatment integration between these personnel is maximized?	Not in place yet.
Crisis Response and Intervention Services	
Does GMHC have clear policies that describe its activities for responding to emergency mental health services within in the defined community?	**YES**
Does GMHC operate a 24 hour / day, 7 day / week crisis telephone line?	**YES** for its enrolled consumers
Does GMHC respond directly to its own consumers who call the crisis telephone line?	**YES**
Does GMHC respond directly to unattached individuals who call the crisis telephone line?	**YES**
Does GMHC refer consumers who call the crisis telephone line and	**YES**

[20] Drake, R.E., Essock, S.M., Shaner, A., Carey, K.B., Minkoff, K., Kola, L., et al. (2001). Implementing dual diagnosis services for recipients with severe mental illness. Psychiatric Services, 52(4), 469-476.

who are engaged in services with another entity to that entity?	
Is GMHC 's crisis telephone number is listed clearly in the local telephone directory?	**YES**
Relapse Prevention	
Does GMHC assist each enrolled consumer to develop a relapse management plan that identifies early warning signs of relapse and describes appropriate actions for GMHC , consumers, and family members/carers to take?	This area is addressed briefly in the Recovery Plan.
Representative Payee Services	Not reviewed

Strengths

- *'Open Case Management' (see above) is an innovative approach to the difficult situation where caseload capacity limitations preclude immediate access to regular case management services.*
- *GMHC is slowly focusing more attention on establishing a Supported Employment component; the designated staff person - who is very enthusiastic and optimistic - recently received SE orientation of at Silver House in Butte.*

Concerns

- The newly-developed Supported Employment component is being managed by a very young person with limited employment experience working with people with developmental disabilities.
- Most of the consumers admitted to Hope House and approximately 60% of all other GMHC consumers have co-occurring substance use and psychiatric disorders. GMHC does not provide either substance abuse treatment or integrated treatment for co-occurring substance use and psychiatric disorders, but makes referrals to Gallatin Drug and Alcohol Services and to Montana Chemical Dependency Center. This fragments services to two different agencies for those often least able to negotiate the hurdles to get services. There are no detoxification facilities. The Bozeman Deaconess Hospital will detox alcohol until medically stable, but will not detox methamphetamine.
- The 'self administration' of medications at Hope House appears to be an approach to medications that is too casual for individuals who are in psychiatric crisis.

Suggestions

- Consider revising the procedure for medication administration at Hope House so that a licensed nurse administers all medications.
- Consider allocating at least one full FTE to Supported Employment.

Recommendations

13. **Work with AMDD to develop a PACT program.**
14. **Obtain all materials from SAMHSA on Supported Employment; ensure that the new Supported Employment program is well-established according to the model guidelines.**
15. **Implement Tardive dyskinesia screening for appropriate consumers.**

Access / Entry

Criteria	Comments
Access	
Does GMHC ensure equality in the access to and delivery of treatment and support regardless of age, gender, sexual orientation, social / cultural / ethnic / racial background, previous psychiatric diagnosis, past forensic status, and physical or other disability?	**YES**
Are GMHC services convenient to the community and linked to primary medical care providers?	**YES**
Does GMHC inform the defined community of its availability, range of services, and the method for establishing contact?	The Director has been making good progress in this area.
For new consumers, does GMHC ensure 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 [21].	As with all mental health centers, delays in access are commonplace and do negatively impact optimum mental health care. One Case Manager reported that it takes about a week for a consumer to get an intake evaluation and see a Case Manager. Other Case Managers reported that as recently as January and February there was a one month waiting list to get in to see a Case Manager. Initial psychiatrist appointments are delayed even longer unless a consumer has been admitted to Hope House. If that is the case the psychiatrist sees an individual immediately.
Entry	
Does GMHC have policies and procedures describing its entry process, inclusion and exclusion criteria, and means of promoting and facilitating access to appropriate ongoing care for people not accepted by GMHC ?	WMMHC has revised policies and procedures that will address this.
Is an appropriately qualified and experienced GMHC 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** Mental Health Professionals are available 24/7. Established consumers have access to evening outpatient appointments. Case managers work on Saturday and Sunday.

[21] For individuals who are in crisis or at risk of crisis, access is immediate. For individuals who are relatively stable (housing in place, access to food, medications in place, short term family or other support available), access is within one week of initial contact.

	At Hope House consumers may enter services at all times through 911, or the Help Center.
Does the process of entry to GMHC minimize the need for duplication in assessment, service planning and service delivery?	If a consumer receives more than one service, there is duplication as a result of the lack of a multidisciplinary approach.
Does GMHC ensure that consumers and their family members/carers are able to, from the time of their first contact with GMHC, identify and contact a single mental health professional responsible for coordinating their care?	**NO** If a consumer receives more than one service, the consumer contacts each staff according to service..
Does GMHC have a system for prioritizing referrals according to risk, urgency, distress, dysfunction, and disability and for commencing initial assessments and services accordingly?	**YES**

Suggestions

- GMHC should consider approaching the Help Center. Staff there appear to believe that GMHC is still struggling as it was in the past. As a result they are referring consumers away from GMHC.

Continuity Through Transitions

Criteria	Comments
Does GMHC ensure that consumers' transitions within GMHC are facilitated by a designated staff member and a single individual service plan known to all involved?	Improvement in this area per comments in this report related to the need for a more integrated, multidisciplinary approach to treatment planning and review (see **Assessment, Treatment Planning, Documentation, and Review**, p 30).
Do consumers' individual service plans include exit plans that that maximize the potential for ongoing continuity of care during and after all transitions from the GMHC to other services?	**YES** Designated staff assist consumers through transitions. At Hope House, discharge plans include ongoing substance abuse programs, vocational rehabilitation, and the mental health center. Sometimes AWARE is considered for step-down. Hope House discharge plans are established and updated on a regular basis.
Does GMHC ensure smooth transitions of children into adult services if necessary and appropriate?	GMHC serves a very limited number of children.
Does GMHC review exit plans in collaboration with consumers and their family members/carers as part of each review of the individual service plan?	Not evidenced in charts.
Does GMHC review the outcomes of treatment and support as well as ongoing	Not evidenced in charts.

follow-up arrangements for each consumer prior to their exit from the service?	
Does GMHC provide consumers and their family members/carers with understandable information on the range of relevant services and supports available in the community when they exit from the service?	Not evidenced in charts. (see comments under **Integration and Continuity of Services,** p 26**)**
When a consumer is transitioning to another service provider, does GMHC proactively facilitate in-person involvement by the new service provider in transition planning and the earliest appropriate involvement of the service provider taking over treatment responsibilities?	GMHC initiates a team meeting when appropriate and orients the client to the new service.
Does GMHC ensure that consumers referred to other service providers have established contact, and that the arrangements made for ongoing follow-up are satisfactory to consumers, their family members/carers, and the other service provider prior to exiting GMHC ?	**NO**
When a consumer who is transitioning to another service provider is taking psychotropic medications, does GMHC proactively facilitate the seamless continuation of access to those medications by ensuring that: (1) the consumer has an appointment with the physician who will be taking over psychotropic medication management, (2) the consumer has enough medications in hand to carry him/her through to the next doctor appointment, and (3) the consumer's medication funding is established prior to the transition?	**YES**

Re-entry Into Service

Criteria	Comments
Does GMHC ensure that consumers, their family members/carers and other service providers and agencies involved in follow-up are aware of how to gain re-entry to GMHC at a later date?	**YES**
Prior to exit, does GMHC ensure that consumers, their family members/carers and other agencies involved in follow-up, can identify a staff person in GMHC who has knowledge of the most recent episode of treatment and/or support?	**YES**
Does GMHC schedule follow-up contact with consumers and post-exit service providers to determine continuity of service, and attempts to re-engage with consumers who do not keep the planned follow-up appointments?	**NO**
Does GMHC assist consumers, family members/carers, and other agencies	**YES**

involved in follow-up to identify the early warning signs that indicate GMHC should be contacted?	

Transition Into and Out of Inpatient Care

Criteria	Comments
Does GMHC offer and assertively explore less restrictive, community-based alternatives to inpatient treatment?	**YES** Hope House is the only other option.
Where admission to an inpatient psychiatric GMHC or residential treatment is required, does GMHC make every attempt to promote voluntary admission for the consumer?	**YES**
For it's consumers, does GMHC assume primary responsibility for continuity of care between inpatient or residential treatment and community-based treatment?	**YES** Contact with consumers who are admitted to Montana State Hospital, Montana Chemical Dependency Center, or other inpatient facility is minimal during hospitalization.
Does GMHC ensure that consumers' case managers or other designated staff persons stay in close contact via telephone and personal visits with consumers while they are in inpatient or residential treatment?	**YES**
Does GMHC ensure that consumers' case manager, therapist, and psychiatrist participate in hospital intake and assessment, especially regarding medication considerations?	MHPs do this if a consumer is an active client and the hospitalization is initiated through the emergency service system. Otherwise, **NO**
Leading up to and at the time of discharge, does GMHC communicate and coordinate with the inpatient unit in such a way as to ensure continuity of care when consumers are discharged from inpatient treatment?	**YES**
Does GMHC facilitate discharge planning meeting(s) prior to discharge that involve the consumer and family members / carers?	n/a

RECOMMENDATIONS / GMHC RESPONSE

1. Remodel case management area to address the safety and confidentiality issues.

GMHC Response:
The case management office area is acknowledged to have safety issues related to egress from hazards. Relocation of the department is the only probable answer to resolve the safety issue. Confidentiality has been address immediately by providing access to private client space on a scheduled basis.

2. Improve consumer/parent/carer access to independent advocacy services by doing the following:

a) provide to consumers and their family members/carers at the time of entering services in a way that is understandable to them written and verbal explanation of their rights and responsibilities, information about outside advocacy services

available, information about the complaint / grievance procedure, information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances.

b) display posters and/or brochures in all service locations that promote independent advocacy services including the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program
c) improve and simplify posted information on the complaint / grievance procedure
d) implement staff training on consumer rights and responsibilities, advocacy services available, consumer complaint / grievance procedure, requirements of and WMMHC policy related to 53-21-107, MCA 2005.

GMHC Response:

A new "informed consent" process was started September 1, 2007 to address information and access to advocacy agencies available as resources to our consumers. The clients sign the document to insure GMHC has adequately provided information. (See attached document).

Posters will be ordered from Advocacy Agencies for Posting.

Client Grievance/Complaint process will be printed in an "enhanced" font for posting in critical consumer areas.

Client Advocacy Agencies will be invited in for educational presentations on the GMHC in-service schedule.

3. **Develop a procedure for debriefing events involving aggression by consumers against other consumers or staff; and consumer self-harm; and for supporting staff and consumers during and after such events.**

GMHC Response:

Per agency policy on critical incidents debriefings are held at the discretion of the Director. Several such events have taken place since October 2005. A "talking circle" format will be initiated separately for Hope House staff, Center staff and MHP staff to be facilitated by non-center staff.

4. **Develop procedures and train staff to proactively explore with consumers their family members' involvement in treatment.**

GMHC Response:

The initial Recovery Plan development by GMHC team members will include discussion about "family member" involvement. Our multi-disciplinary Recovery Plan process has initiated this component in current consumer staffings. The WMMHC directors have included family member involvement as a significant component in the newly developed Clinical Policy & Procedure manual to be approved by the WMMHC Board of Directors this Fall 2006.

5. **Make the following contacts with Indian resource people:**
   a) **Jennifer Woodcock, MA, Administrative Associate III, American Indian Research Opportunities (AIRO). Jennifer has volunteered to provide a one hour presentation to promote cultural competency (406-994-5847).**

b) Indian Health Service for assistance to GMHC staff when dealing with tribal entities in the course of serving Indian consumers (406-353-3164).

c) Jim Burns, Director, Native American Studies, MSU for referral information to provide opportunities for Indian consumers to engage in MSU activities specific emphasis on American Indian people (406-994-4880).

GMHC Response:

The Clinical Supervisor, Dr. Mike Nash, and Clinical Coordinator, Pam Leach-Graber, LCPC, have initiated contacts to insure we have working relationships with Native American resources in the greater Gallatin area.

6. **Proactively assess staff attitudes toward Indian people; follow-up with contact people above or BOV to develop ways to address problematic or ignorance-based attitudes.**

GMHC Response:

The Gallatin Area Mental Health Centers Director, Dan Aune, will initiate an active education process of cultural competence with the staff of GMHC. There are many resources available at Montana State University to accomplish a regular education process.

7. **Initiate contact with and establish protocol for ongoing communication / coordination with AWARE, especially with regard to providing information to consumers and family members and to coordinating treatment for consumers who receive services from both organizations.**

GMHC Response:

The Director of AWARE and the Director of the Gallatin Area Mental Health Centers have been meeting regularly since June 2006 and participate on the LAC monthly. We share service ideas, are coordinating in the development of a PACT and educating one another in their respective agency protocols.

8. **Do the following to improve staff competencies:**
   a) **Define minimum knowledge and competency expectations for each staff position providing services to consumers.**
   b) **Develop written training material for new staff focused on achieving minimum knowledge and competency levels.**
   c) **Begin to train new staff in job-specific knowledge and skills OR require new staff to demonstrate defined minimum knowledge and competency prior to working with consumers.**
   d) **Assess and provide for the training needs of Case Management and Hope House supervisors.**

GMHC Response:

The improvements identified in a) will happen on a larger scale within WMMHC as it's Human Resource officer develops a competency based job description. The latter 3 areas of development (b),

c) & d)) will b e driven by the Director of the Gallatin Area Mental Health Centers. An orientation manual has been developed and is in use at Hope House. A similar operating and orientation manual is in development for the Center staff.

9. Develop a multidisciplinary approach to planning, implementing, and evaluating services.

GMHC Response:
The Center has addressed this in 4 active processes effective September 1, 2006. 1) An integrated multi-disciplinary Recovery Plan team has been active since June 2006; 2) A Risk Management work team has been in place since August 2006; 3) The Director has been working with Consumers to develop a "membership component that drives service development; and 4) WMMHC has developed an active Strategic Action Plan to diversify services and emphasis it's own human capital.

10. Revise procedures and train staff so that clinical records are a comprehensive, sequential record of consumers' conditions, of treatment and support provided, of consumers' progress relative to specific treatment objectives, and of ongoing adjustments made in the provision of treatment and support that maximize consumers' potential for progress.

GMHC Response:
Three new management components have been established to insure a mindful comprehensive EBP approach to service delivery with each consumer. The Outpatient department is now made up of a Clinical Supervisor whose main task is to insure EBP and clinical training. The Outpatient department added a Clinical Coordinator position to insure the programmatic practices are followed insuring treatment has continuity and congruence with the Recovery Plan. Lastly, the Risk Management work team will insure quality assurance audits of an administrative and clinically contextual nature.

11. Develop a proactive approach to involving consumers and family members/carers in a meaningful way in the service planning and revision.

GMHC Response:
The newly developed Clinical Procedure & Policy manual of WMMHC (soon to adopt) will address with active policies. The Risk Management work team of the Center is addressing this through active audit processes to ensure family member/carer involvement. The local NAMI organization is active in our decision making and informing our consumers of their services. We do acknowledge this as an area of growth and training for the Center staff.

12. Revise procedures and train staff so that treatment reviews are dynamic analyses of the effectiveness of interventions and result in correlating adjustments.

GMHC Response:
The initiation of the multi-disciplinary team approach in reviewing Recovery Plans has already demonstrated the effectiveness of a dynamic analysis of service delivery, client choice in delivery and development of meaningful Recovery Plan goals that are less driven by the instrument and more driven by EBP and measurable outcomes

13. Work with AMDD to develop a PACT program.

GMHC Response:
A proposal for a "mini" PACT has been developed for implementation in Madison/Gallatin/Park Counties.

14. **Obtain all materials from SAMHSA on Supported Employment; ensure that the new Supported Employment program is well-established according to the model guidelines.**

GMHC Response:

This Director and the now 1.0 FTE Vocational Rehabilitation Specialist attended the Montana Vocational Rehabilitation sponsored conference "Panning for Gold" to develop the service in alignment with SAMHSA standards. The guidelines have been downloaded and the Director and VR Specialist have been active in development of the new Supported Employment standards.

15. **Implement Tardive dyskinesia screening for appropriate consumers.**

GMHC Response:

The newly hired Center RN is in the process of developing "best nursing" practices with full implementation set for October 1, 2006. The Tardive Dyskinesia screening is an important element of the "best nursing" practice. The RN has a nursing facility and educational nursing background with prominent experience in medication management issues like Tardive Dyskinesia.