

Mental Disabilities Board of Visitors

SITE REVIEW REPORT

GOLDEN TRIANGLE COMMUNITY MENTAL HEALTH CENTER

Helena, Montana

MAY 20, 21, 2004

Gene Haire

Gene Haire, Executive Director

TABLE OF CONTENTS

INTRODUCTION.....	3
OVERVIEW.....	4
ASSESSMENT OF SERVICES.....	5
I. SERVICES FOR CHILDREN AND FAMILIES.....	5
Family, Individual, and Group Therapy.....	5
Therapeutic Family Care.....	5
II. SERVICES FOR ADULTS.....	6
Case Management.....	6
Outpatient Therapy.....	7
Day Treatment (Montana House).....	8
Emergency Services.....	10
Adult Foster Care (AFC).....	10
Group Home (Hannaford House).....	11
Program for Assertive Community Treatment (PACT).....	13
Psychiatric Evaluation, Medication Management / Monitoring.....	14
III. OTHER AREAS.....	15
Staff Training and Supervision.....	16
Treatment for Co-Occurring Mental Illness and Substance Use Disorders.....	17
RECOMMENDATIONS.....	18
FACILITY RESPONSE TO THIS REPORT.....	19

**Mental Disabilities Board of Visitors
Site Review Report
Golden Triangle Community Mental Health Center (Helena)
May 20 - 21, 2004**

INTRODUCTION

● **Mental Health Facility reviewed :**

Golden Triangle Community Mental Health Center - Helena (GTCMHC - Helena)

Mike McLaughlin, Ph.D. - Executive Director
Darren Nealis, LCSW – Program Director

● **Reviewed by :**

Mental Disabilities Board of Visitors (BOV)

● **Date of review:**

5 / 20 – 21 / 04

● **Authority for review:**

53-21-104, Montana Code Annotated, 2003

● **Purpose of review :**

- 1) To assess the degree to which the services provided by GTCMHC - Helena are humane, are consistent with established clinical and other professional standards, and meet the requirements in state law.
- 2) To recognize excellent services.
- 3) To make recommendations to GTCMHC - Helena for improvement of services.
- 4) To report to the Governor regarding the status of services provided by GTCMHC - Helena.

● **BOV review team :**

Board members: Kathleen Driscoll
Cindy Dolan

Consultant: Carla Cobb, Pharm.D., B.C.P.S. (pharmacology consultant)

Staff: Gene Haire, Executive Director
Craig Fitch, Attorney

OVERVIEW

- **Service type :**

Regional Community Mental Health Center

- **Catchment area :**

Counties : Glacier, Toole, Liberty, Hill, Blaine, Pondera, Teton, Chouteau, Lewis and Clark*, Cascade, Jefferson, Broadwater.

*Covered in this Review

- **Review process :**

- 1) interviews with GTCMHC - Helena staff
- 2) interviews with consumers and representatives of community agencies
- 3) review of treatment records and written descriptions of treatment services
- 4) tour of facilities

- **Services reviewed :**

- I. **Services for Children and Families:**

- Family, Individual, and Group Therapy
 - Therapeutic Family Care

- II. **Services for Adults:**

- Case Management
 - Outpatient Therapy
 - Day Treatment
 - Emergency Services
 - Adult Foster Care
 - Group Home (Hannaford House)
 - Program for Assertive Community Treatment (PACT)
 - Psychiatric Evaluation, Medication Management / Monitoring

- III. **Other Services:**

- Staff Training and Supervision
 - Integration of Treatment for Co-Occurring Mental Illness and Substance Use Disorders

ASSESSMENT OF SERVICES

I. SERVICES FOR CHILDREN AND FAMILIES

Family, Individual, and Group Therapy

- **Brief overview of services (from GTCMHC - Helena literature) :**
 - Outpatient, in-home, and in-school services.
 - Family systems treatment approach.
 - Focus on conflict resolution, problem solving, parenting, and communication skills.
 - Specialize in services for coping with depression, anxiety, anger management, trauma, ADHD, behavior management, attachment issues, and family conflict.

Therapeutic Family Care

- **Brief overview of services (from GTCMHC - Helena literature) :**
 - Multiple therapeutic services provided within the homes of families who are dealing with serious family relationship and mental health issues.
 - Family systems approach.
 - Promote family reunification and preservation.
- **Strengths :**
 - Quality care for consumers provided by a competent team with high morale, good training and consistent support from the Team Leader.
- **Areas of concern :**
 - None
- **Questions :**
 - Does the current 'single vendor' approach to children's case management serve children and families well? It appears that in Helena and in other communities, having case management provided by one agency and other services to children and families provided by another agency leads to fragmentation.
- **Suggestions :**
 - None
- **Recommendations :**
 1. GTCMHC Child & Family Team and A.W.A.R.E., Inc. should meet to discuss potential barriers that may exist when both agencies serve the same child / family so that there is no negative impact on children and families who receive services from both organizations. GTCMHC Child & Family Team and A.W.A.R.E., Inc. should develop a protocol for communication and coordination, and agree on an ongoing process for problem identification and resolution.

- **Update on Previous Site Review Recommendations :**

- No recommendations in 2001.

II. SERVICES FOR ADULTS

Case Management

- **Brief overview of services (from GTCMHC - Helena literature) :**

- Assist consumers with development and coordination of a comprehensive treatment plan.
- Needs assessment, advocacy, case planning, monitoring, service coordination, crisis assistance/intervention, service linkage.

- **Strengths :**

- Attempts to control case management loads to a reasonable number.
- Case Management and clinical supervisors are readily available to answer questions, provide support, allow for schedule flexibility, monitor boundaries, and work to avoid burn out.
- Improvement since BOV's last visit in connection between the Case Managers, Case Management Supervisor, and the Clinical Coordinator via a weekly team meeting.
- Pilot program to provide case management to veterans.

- **Areas of concern :**

- Inadequate space in case management work areas compromises ability to communicate privately with consumers and to have private telephone conversations.
- The lack of a local inpatient psychiatric unit creates significant problems when consumers need hospitalization. Consumers in psychiatric crisis being admitted to Benefis Hospital in Great Falls have to travel 1-½ hours by car with a case manager or family member or by commercial bus.
- Caseload sizes average of 30 per case manager.

- **Questions :**

- Do case load sizes compromise treatment quality?

- **Suggestions :**

- Consider looking at case load sizes to ensure that treatment quality is not compromised. Ensure that case load sizes are determined by and adjusted to meet individualized consumer needs.

- **Recommendations :**

- None

- **Update on Previous Site Review Recommendations :**

2001 Recommendation: *Analyze the current payee system and implement system adjustments that assure that payee funds cannot be mishandled.*

2004 Update: Payee system was appropriately revamped in January 2002 to address problems that existed. As of May 2004, GTCMHC was planning to divest itself of the payee function to work with Social Security to transfer payee accounts to a private contractor.

Outpatient Therapy

- **Brief overview of services (from GTCMHC - Helena literature) :**

- Individual, family, and group therapy.
- Groups: parenting skills, domestic violence treatment using the Duluth model, dialectical behavioral therapy, emotion management, suicide prevention, coping with severe mental illness, social skills development.

- **Strengths :**

- One therapist is both a Licensed Addiction Counselor and a Licensed Clinical Professional Counselor.
- If an emergency exists, or if a person is transitioning from Montana State Hospital or other inpatient unit, a consumer does not have to wait for an intake (see Concern below).
- GTCMHC has – along with other community providers and Montana State Hospital – fully embraced [Dialectical Behavioral Therapy](#) (DBT). A number of staff have participated in training.

- **Areas of concern :**

- Currently a 20 - 30 person waiting list with a 4 - 8 week wait between applying for services and intake appointment.
- In the five charts that BOV thoroughly reviewed, assessments, treatment objectives, interventions, treatment reviews, and documentation all clearly indicated inadequate identification of co-occurring mental illness and substance use disorders and an absence of treatment integration. See [Treatment for Co-Occurring Mental Illness and Substance Use Disorders](#) for further comments.

- **Questions :**

- None

- **Suggestions :**

- Consider providing more specific information to consumers on the waiting list about what situations to call about and how to contact GTCMHC if a crisis develops before they are opened for service.

- **Recommendations :**

- See [Treatment for Co-Occurring Mental Illness and Substance Use Disorders](#).

● **Update on Previous Site Review Recommendations :**

2001 Recommendation: *Assure that therapists who supervise treatment planning review and sign off on plans only for consumers whose cases and plans they are familiar with.*

2004 Update: This has been appropriately addressed.

2001 Recommendation: *Make environmental adjustments to therapists' offices that assure that confidential sessions cannot be heard in adjoining offices.*

2004 Update: This has been appropriately addressed.

2001 Recommendation: *Establish a goal to have enough therapists certified as chemical dependency counselors so that each consumer with a co-occurring mental illness and chemical dependency can be treated by one therapist who can simultaneously treat both disorders.*

2004 Update: GTCMHC – Helena still has one “dually licensed” therapist. As noted above, the way in which the center approaches co-occurring mental illness and substance use disorders needs to be improved. See [Treatment for Co-Occurring Mental Illness and Substance Use Disorders](#).

Day Treatment (Montana House)

● **Brief overview of services (from GTCMHC - Helena literature) :**

- Psychosocial day treatment model of psychiatric rehabilitation.
- Skill building, employment, socialization.
- Groups designed to promote development of personal goals, interpersonal relationships, and self-esteem.
- Transitional and supported employment.
- Adult education.

● **Strengths :**

- GTCMHC - Helena has made great progress since BOV's last review in developing Montana House. There is now a focus for activities, a viable vocational program with two Employment Specialists, and a full-time on-site experienced leader.
- Program Coordinator is knowledgeable, actively involved in the milieu, and provides a solid sense of leadership.
- Teacher 4.5 hours per week through an Adult Learning Center grant.
- Member-run Addictions Support Group.
- Serious efforts are under way to share Montana House decision-making and responsibility with consumers. Program Coordinator and staff are working to empower consumers.

● **Areas of concern :**

- Even though the number of staff in Montana House has been increased, some Rehabilitation Specialists expressed concern about safety given the current consumer/staff ratio; and while they receive and like Mandt training, they still are uneasy about the level of anger/disorganized/aggressive behavior of some clients and feel a need

for more training in this area.

● **Questions :**

- None

● **Suggestions :**

- None

● **Recommendations :**

2. Implement training that addresses the Rehabilitation Specialists' concerns about safety in the milieu.

● **Update on Previous Site Review Recommendations :**

2001 Recommendations:

> *Research, analyze, and implement an overall conceptual/philosophical model/structure in Montana House.....*

> *Analyze the dynamics related to consumer: staff ratio and establish meaningful scenarios that fully equip the program to actively engage members in work that achieves measurable rehabilitation outcomes.*

> *Analyze the dynamics related to required attendance of adult foster consumers and group home residents and implement program adjustments to fully accommodate acuity levels and other aspects of the regular attendance by these consumers.*

> *Provide assertive leadership that sets clear expectations for staff roles in the program milieu, and that establishes standards for and enforces acceptable consumer behavior that is respectful of all who attend.*

> *Make adjustments in the utilization of the Montana House supervisor FTE so that the program has the benefit of a full-time manager.*

2004 Update: GTCMHC – Helena has done some research into rehabilitation models, improved the staffing numbers, and placed a full time coordinator in the program. Employment is clearly now an important component of services. Overall structure, expectations for staff and consumers, and engagement of consumers by staff has improved. While BOV continues to have some concern about the required attendance of Adult Foster Care and group home consumers, the improved quality of the milieu generally has somewhat mitigated this concern. Montana House (and most other mental health programs in Montana) still needs to work on establishing specific recovery-oriented outcome objectives for consumers and to measure the outcomes.

2001 Recommendation: > *Assess the knowledge and competency of staff relative to serious mental illness and how to work with adults with serious mental illness, and implement training.*

2004 Update: The addition of a full time, experienced coordinator has improved the situation regarding staff competency in the milieu to the extent that the coordinator interacts with and guides staff. Staff training is still a rather loose on-the-job affair. See [Staff Training and Supervision](#).

2001 Recommendation: *Take immediate action to identify consumers who are dealing drugs...*

2004 Update: GTCMHC – Helena is addressing this issue appropriately.

Emergency Services

- **Brief overview of services (from GTCMHC - Helena literature) :**
 - A 24-hour mental health emergency phone line is available to residents of the Helena and surrounding areas. Face-to-face professional emergency assessments are available when required. Emergency evaluations are also provided in the county jails.
- **Strengths :**
 - The emergency response service addresses the needs of GTCMHC and non-center consumers. GTCMHC staff takes care to follow up and to refer as needed.
- **Areas of concern :**
 - GTCMHC's ability to stabilize consumers in psychiatric crises locally has been significantly diminished since the closure of the crisis stabilization facility (New Visions). This limitation is exacerbated by the lack of local psychiatric inpatient services since St. Peter's Hospital closed the Support Center.
- **Recommendations :**
 - None
- **Update on Previous Site Review Recommendations :**
 - No recommendations in 2001.

Adult Foster Care (AFC)

- **Brief overview of services (from GTCMHC - Helena literature) :**
 - Placement of individual consumers with state-licensed foster home providers who are specially trained to work with adults with mental illness
 - Coordination with other necessary services to meet individual consumer needs
- **Strengths :**
 - Excellent service that allows consumers with significant challenges and difficulty living at more independent levels to live in the community with needed support.
 - AFC Manager has developed good communication with referral sources, AFC providers, law enforcement, and all other pertinent community entities.
 - The GTCMHC - Helena has set the standard for comprehensive AFC service that includes provider training and support and a system for respite.
- **Areas of concern :**

- None
- **Questions :**
 - Is there a way to overcome the challenge of having unfilled AFC beds when the MSH census is over capacity?
- **Suggestions :**
 - None
- **Recommendations :**
 - None
- **Update on Previous Site Review Recommendations :**

2001 Recommendation: *Analyze reports of concern about foster care providers and take assertive action to correct any situations in which consumers are not treated with utmost dignity and respect.*

2004 Update: Addressed appropriately.

2001 Recommendation: Provide additional case management support for the two Adult Foster Care Specialists.

2004 Update: In 2002, one half time AFC Specialist was added, for a total of 2.5 FTE. As of July 2004, there were 3.0 FTE AFC Specialists.

Group Home (Hannaford House)

- **Brief overview of services (from GTCMHC - Helena literature) :**
 - Long-term transitional care for eight individuals in a structured setting
 - Participation in day treatment, outpatient therapy, case management, psychiatric services
- **Strengths :**
 - Hannaford House is clean, in good condition, and well integrated in the community.
 - Excellent option in the array of services available in Helena.
 - Good initiatives in the following areas: (1) creation of a program description including admission and discharge criteria; (2) development of a Residential Services Team with increased multidisciplinary decision-making process for group home admission and discharge decisions; (3) increase in group home staff meetings; (4) increase in in-service training for group home staff.
- **Areas of concern :**
 - BOV team overheard a conversation between a Hannaford House staff person and a consumer during which the staff person used an inappropriately confrontational style

phone conversation with the consumer. This appeared to be an indication that training is lacking in sensitivity, empathy, understanding of what it means to be mentally ill, communication skills, etc. and possibly an indication of the need for more on-site and/or more comprehensive supervision of line staff.

● **Questions :**

- None

● **Suggestions :**

- Assess the need for increased training in sensitivity, empathy, understanding of what it means to be mentally ill, communication skills, etc. and the need for more on-site and/or more comprehensive supervision of line staff.

● **Recommendations : (see also [Staff Training and Supervision](#))**

3. Continue to develop the [Hannaford Group Home Program Manual](#) so that it is more professional, more recovery-oriented, more positive regarding consumer strengths, abilities, and aspirations, and more detailed and positive in describing new consumer orientation.
4. Refine admission and discharge criteria to address (a) clarification of criteria in the Residential Assessment of Client form, (b) the question “does the consumer need what the program offers?”, (c) attainment of *individualized* treatment goals relative to discharge criteria, and (d) assistance provided by Hannaford House when a consumer is discharged for refusing treatment.

● **Update on Previous Site Review Recommendations :**

2001 Recommendation: *Develop clear written entry and exit criteria for Hannaford House.*

2004 Update: Hannaford House now has written admission and discharge criteria described in the [Hannaford Group Home Program Manual](#). BOV has several observations: (1) the admission criteria list includes the statement “meet criteria as outlined in the Residential Assessment of Client form”. This form consists of 11 questions, but does not indicate the types of answers that would constitute meeting the criteria in this document. (2) Nothing in the admission criteria frames the question “does the consumer need what the program offers?”, which would seem to be the central criterion. (3) The discharge criteria list does not mention anything about attainment of *individualized* treatment goals, only “goals as related to the Level System”. (4) The discharge criteria list describes conditions under which a consumer may be discharged for refusing treatment, but does not describe what Hannaford House or other GTCMHC staff will do to assist a consumer in this kind of transition from Hannaford House to wherever he/she goes next.

2001 Recommendation: *Develop a more collaborative decision-making process for determining who will be admitted to the group home and when a consumer is ready for discharge that includes everyone on the group home treatment team and that references the entry/exit criteria.*

2004 Update: GTCMHC – Helena now involves several of its disciplines/program staff in decision-making about Hannaford House and AFC admission/discharge through its Residential Services Team.

2001 Recommendation: *Research existing group home treatment models and develop a clear*

conceptual framework for the treatment approach in the group home along with a clear written description of the treatment approach (program description) and the structure within which consumers are expected to function and progress. The Case Manager who works with all group home consumers has submitted a proposal for a four-tier level system that seems to warrant serious consideration.

2004 Update: GTCMHC – Helena has developed a program description that describes the basic approach to treatment and a level system.

2001 Recommendation: *Analyze the skill levels and training needs of the group home staff and provide necessary training. Consider offering the NAMI provider training.*

2004 Update: GTCMHC – Helena has given increased attention to assessment of staff knowledge and skills and training. 18 GTCMHC staff – including five Hannaford House staff – have gone through the NAMI provider training. See [Staff Training and Supervision](#).

2001 Recommendation: *Clearly establish what is expected of staff relative to treatment of consumers, incorporate into treatment standards, and assertively consequence staff behavior that is counter-therapeutic and/or abusive.*

2004 Update: It appears that GTCMHC – Helena has increased the level of structure and expectation for Hannaford House staff. See [Staff Training and Supervision](#).

2001 Recommendation: *Assure that consumers have full access to the grievance process and that there are no barriers to this access.*

2004 Update: GTCMHC is working to improve the ways in which consumers are oriented to the grievance procedure and in which staff are trained to communicate with consumers when they have concerns / complaints.

Program for Assertive Community Treatment (PACT)

● **Brief overview of services (from GTCMHC - Helena literature) :**

- Comprehensive mental health care for adults with severe and persistent mental illness
- Multidisciplinary approach to provision of medical care coordination, symptom management, crisis response, medication monitoring, supportive therapy, on-site support

● **Strengths :**

- Excellent leadership and commitment from the PACT Team Leader.
- Because the model is so well defined and the team so cohesive, new staff training and ongoing supervision are good and focused on the defined parameters of the service.
- Impressive commitment of staff team to providing innovative, flexible services to very ill consumers.
- Excellent team dynamics; staff report high job satisfaction.
- Very good integration of vocational and substance abuse services with other PACT components.
- 33% of consumers employed through PACT support (model goal is 60%).

- **Areas of concern :**
 - It appears that many more GTCMHC - Helena adult consumers need and would greatly benefit from PACT services.
- **Questions :**
 - None
- **Suggestions :**
 - Consider conducting a needs assessment for PACT services for all GTCMHC-Helena adult consumers and working with the Mental Health Services Bureau (MHSB) to expand the PACT program in Helena accordingly.
- **Recommendations :**
 - None
- **Update on Previous Site Review Recommendations :**

2001 Recommendation: *Analyze true need for PACT funding as driven by consumer need, quantify this need, and actively advocate for this level of funding.*

2004 Update: GTCMHC works closely and proactively with the MHSB advocating for continual improvements in PACT services.

Psychiatric Evaluation, Medication Management / Monitoring

- **Brief overview of services (from GTCMHC - Helena literature) :**
 - Evaluation, prescription, consultation, education, and medication management provided by center psychiatrists for children and adults
 - Medication monitoring provided by psychiatric nurses for adults
- **Strengths :**
 - Strong physician support with LPN who does problem solving and crisis management.
 - Good resource management for medication access – samples, county medical for co-pays, indigent program medication.
 - Patient education for enhanced medication adherence.
 - No involuntary medication use.
 - Improved psychiatrist access with new psychiatrist.
 - Appropriate use of new medications.
 - Proactive approach to medication related weight gain – patients are weighed regularly, educated, referred to dietician as appropriate, increased activity at Montana House.
 - Glucometer available for blood glucose screening for patients on atypical antipsychotic medication with symptoms of diabetes.
 - Medication room is well organized.
 - Samples well-organized, expired medications removed and disposed of appropriately, documented in patient's medical record.

- Medications are clearly labeled.
- Good, well organized documentation of medication administration, prescriptions, and refills.

● **Areas of concern :**

- The full time psychiatrist has a caseload of ~ 450 patients. The new half time psychiatrist is building her caseload from the waiting list. While the case load size situation has improved, the work load is still an issue.
- Prior to the addition of a new half time psychiatrist, there was a 30 – 45 day wait for initial psychiatrist appointments. As the new psychiatrist builds her case load, there is a wait time for initial appointments of 7 – 10 days.
- Significant delay for dictations to be placed in the patient’s medical record.
- Use of three concomitant second generation antipsychotics in 1 patient (#2500453) – increased cost and risk for adverse effects and drug interactions.
- Rationale for the use of three concomitant second generation antipsychotics in 1 patient (#2500453) is not documented in the medical record (possibly due to dictation delay).
- Lack of consistent documentation of patients’ other medications, not prescribed by the GTCMHC psychiatrists. All medications must be considered in evaluating for disease-state and medication-related psychiatric symptoms, and the risk of drug interactions with psychiatric medications.

● **Questions :**

- None.

● **Suggestions :**

- Avoid using more than one second generation antipsychotic in a patient, to minimize the risk of adverse effects, drug interactions, and drug cost.
- Consider adopting an algorithm approach to medication decision-making¹
- Develop routine monitoring for the metabolic complications of the second-generation antipsychotics.²

● **Recommendations :**

5. Document all medications in the medical record including those prescribed by other providers.

● **Update on Previous Site Review Recommendations :**

- No recommendations in 2001.

III. OTHER AREAS

¹ Texas Implementation of Medication Algorithms Antipsychotic Algorithm
<http://www.mhmr.state.tx.us/centraloffice/medicaldirector/TIMA.html>

² [American Diabetes Association; American Psychiatric Association; American Association of Clinical Endocrinologists; North American Association for the Study of Obesity.](#) Consensus development conference on antipsychotic drugs and obesity and diabetes. J Clin Psychiatry. 2004 Feb;65(2):267-72

Staff Training and Supervision

● **Observations:**

- While BOV did not review staff training specifically, the BOV team did discuss staff training with a number of interviewees. It appears that in some areas, staff training is good. The question of whether staff training is adequate in some other areas was a recurring theme during the site review. BOV team members observed several 'red flags' related to training and supervision.

● **Strengths :**

- Staff training and support in the Child and Family Team, Adult Foster Care program, and PACT appear to be and are reported by staff to be very good.
- Case Management is developing a training manual.

● **Areas of concern :**

- Except for PACT, which is a well-developed model with written standards and training guidelines, new staff at GTCMHC – Helena are trained via brief orientation sessions that focus mainly on company policies and on-the-job training. It is unclear whether in all cases the trainers are qualified to train.
- As noted in [Group Home \(Hannaford House\)](#), BOV team members observed unacceptable telephone communication with a consumer by a staff person and noted that a staff person who seemed unqualified had trained a new staff person.

● **Questions :**

- Do staff in all areas demonstrate defined competencies and/or receive adequate training in competency areas?

● **Suggestions :**

- None

● **Recommendations :**

6. Define minimum knowledge and competency expectations for each staff position providing services to consumers.
7. Develop written training material for new staff focused on achieving minimum knowledge and competency levels.
8. 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.
9. Assess current staff so that knowledge and competence deficiencies can be identified and addressed.

● **Update on Previous Site Review Recommendations :**

2001 Recommendation: BOV made four recommendations related to staff training in its 2001 Site Review Report:

- *Establish a goal to have enough therapists certified as chemical dependency counselors so that each consumer with a co-occurring mental illness and chemical dependency can be*

treated by one therapist who can simultaneously treat both disorders.

- *Send selected staff to the NAMI provider education class.*
- *Assess the knowledge and competency of staff relative to serious mental illness and how to work with adults with serious mental illness, and implement training.*
- *Analyze the skill levels and training needs of the group home staff and provide necessary training. Consider offering the NAMI provider training.*

2004 Update: GTCMHC works closely and proactively with the MHSB advocating for continual improvements in PACT services.

Treatment for Co-Occurring Mental Illness and Substance Use Disorders

● **Observations :**

- The importance of addressing the phenomenon of co-occurring mental illness and substance use disorders has been described thoroughly in mental health literature, and identified nationally and in Montana as a critical area needing development.
- Providers report that approximately 60% of adults with serious mental illness also have a co-occurring substance use disorders.
- Montana State Hospital has identified untreated substance use disorders in people with co-occurring mental illness and substance use disorders as a primary cause of rehospitalization.
- “Integrated Dual Disorders Treatment” has been established as a core evidence-based mental health practice by the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Mental Health Services (CMHS).³

● **Strengths :**

- GTCMHC – Helena is very aware of the need to and appears committed to identifying and treating in an integrated manner individuals who have co-occurring mental illness and substance use disorders.
- GTCMHC – Helena has one ‘dually licensed’ (LCPC and LAC) therapist.
- Other therapists speak to the importance of integrating treatment of co-occurring disorders and state that they do so.
- The PACT team has an addiction counselor and integrates his services into the service package for PACT consumers.

● **Areas of concern :**

- For each individual whose chart BOV reviewed, there are clear indications from treatment history, consumer report, GTCMHC intake assessment, and concurrent evaluations by other mental health professionals that a co-occurring mental illness and substance use disorder exists, yet charts showed examples of inconsistent diagnosis, absence of substance use disorder diagnosis when pertinent information appeared to indicate its

³ United States Department of Health and Human Services. Evidence-Based Practices: Shaping Mental Health Services Toward Recovery. Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, <http://www.mentalhealthpractices.org/index.html> , 2004.

presence, absence of application of information from relevant treatment history, absence of communication with previous treating professionals, absence of communication with concurrent addiction counselors to whom GTCMHC therapists referred, absence of substance use-related treatment goals and interventions when GTCMHC did diagnosis a substance use disorder, and absence of or inadequate documentation of therapeutic interactions about substance use issues between therapist and consumer.

● **Questions :**

- None

● **Suggestions :**

- None

● **Recommendations :**

10. To the greatest degree possible pending implementation of a fully integrated “co-occurring disorders” continuum of care per guidelines being developed by AMDD:

- (a) proactively identify in initial assessments each consumer who has a co-occurring mental illness and substance use disorder;
- (b) develop treatment plans for these consumers that thoroughly integrate treatment for the co-occurring disorders;
- (c) conduct all counseling and treatment activities within the structure of an integrated treatment plan;
- (d) when referrals are made for substance use disorder counseling outside of GTCMHC, ensure that GTCMHC initiates and maintains ongoing communication and treatment coordination with that counselor.

● **Update on Previous Site Review Recommendations :**

2001 Recommendation: *Establish a goal to have enough therapists certified as chemical dependency counselors so that each consumer with a co-occurring mental illness and chemical dependency can be treated by one therapist who can simultaneously treat both disorders.*

2004 Update: See above.

RECOMMENDATIONS

- 1) GTCMHC Child & Family Team and A.W.A.R.E., Inc. should meet to discuss potential barriers that may exist when both agencies serve the same child / family so that there is no negative impact on children and families who receive services from both organizations. GTCMHC Child & Family Team and A.W.A.R.E., Inc. should develop a protocol for communication and coordination, and agree on an ongoing process for problem identification and resolution.
- 2) Implement training that addresses the Rehabilitation Specialists' concerns about safety in Day Treatment the milieu.
- 3) Continue to develop the Hannaford Group Home Program Manual so that it is more professional, more recovery-oriented, more positive regarding consumer strengths, abilities, and aspirations, and more detailed and positive in describing new consumer orientation.
- 4) Refine the Hannaford Group Home admission and discharge criteria to address (a) clarification of criteria in the Residential Assessment of Client form, (b) the question "does the consumer need what the program offers?", (c) attainment of *individualized* treatment goals relative to discharge criteria, and (d) assistance provided by Hannaford House when a consumer is discharged for refusing treatment.
- 5) Document all medications in the medical record including those prescribed by other providers.
- 6) Define minimum knowledge and competency expectations for each staff position providing services to consumers.
- 7) Develop written training material for new staff focused on achieving minimum knowledge and competency levels.
- 8) 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.
- 9) Assess current staff so that knowledge and competence deficiencies can be identified and addressed.
- 10) To the greatest degree possible pending implementation of a fully integrated "co-occurring disorders" continuum of care per guidelines being developed by AMDD:
 - (a) proactively identify in initial assessments each consumer who has a co-occurring mental illness and substance use disorder;
 - (b) develop treatment plans for these consumers that thoroughly integrate treatment for the co-occurring disorders;
 - (c) conduct all counseling and treatment activities within the structure of an integrated treatment plan;
 - (d) when referrals are made for substance use disorder counseling outside of GTCMHC, ensure that GTCMHC initiates and maintains ongoing communication and treatment coordination with that counselor.

FACILITY RESPONSE TO THIS REPORT

**900 North Jackson
Helena, MT 59601**

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FAX (406) 443-3420**

9/1/04

Gene Haire, Executive Director
Mental Disabilities Board of Visitors
PO Box 200804
Helena, MT. 59620-0804

Dear Gene:

I am writing in response to the Mental Disabilities Board of Visitors Site Review Report dated 7/27/04. In this letter, I will provide responses to the Recommendations in the order that they are listed in the Site Review Report.

Therapeutic Family Care

1. GTCMHC-Helena staff and A.W.A.R.E. staff have met, and continue to meet regularly regarding cases shared by both agencies. These meetings have occurred as part of the treatment planning process for the families being served, and have been effective in ensuring appropriate care for the families. Over the past few years there have also been several informal administrative meetings held to discuss barriers preventing collaboration between the two agencies. These meetings have been helpful, but did not result in formulation of specific protocols for effective communication, coordination, problem identification, or problem resolution. GTCMHC-Helena staff will begin the process to work with A.W.A.R.E. in an attempt to formalize these processes.

Day Treatment

2. GTCMHC provides annual MANDT training designed to develop and enhance the problem solving and conflict resolution skills of Rehabilitation Specialists. In the past four years there have been no client caused injuries experienced by Rehabilitation Specialists within the Montana House Day Treatment Program. We will explore staff concerns expressed during the BOV site review and provide more training to ensure that all staff members are comfortable with their ability to respond to aggressive and/or disorganized client behaviors within the program.

Group Home

3. GTCMHC-Helena staff will continue to develop the Hannaford House Group Home Program Manual in order to create a more professional, recovery-oriented, and strength-based document.
4. GTCMHC-Helena staff will refine the Hannaford House admission and discharge criteria in order to improve the Residential Assessment of Client Form, address individualized treatment goals relative to discharge criteria, and outline the assistance that is to be provided by GTCMHC when a client is discharged for refusing treatment. We will also improve the criteria by clarifying what the program offers in terms of meeting individual client needs.

Psychiatric Evaluation, Medication Management/Monitoring

5. GTCMHC will work to develop a method for specifically documenting all medications prescribed by other medical providers. We typically attempt to gather this information by asking the patient and/or

by sending out a request for medical records at the onset of treatment. These procedures are not always sufficient since the patient may not always be able to accurately report all of the other medications that they are taking.

Staff Training and Supervision

6-9 GTCMHC is currently in the process of creating a Training Committee in order to enhance internal orientation and training of all employees. We will utilize this committee to: a) define minimum knowledge and competency expectations for each direct-service staff position; and b) develop written training materials for new staff that are focused on assistance with achieving minimum knowledge and competency levels. GTCMHC supervisors currently do assess staff knowledge and performance on an annual basis. Deficiencies are identified and addressed through a qualitative process of clinical observation and supervision. We will attempt to add more quantitative aspects to this process.

Treatment for Co-Occurring Mental Illness and Substance Use Disorders

10. GTCMHC has participated in, and will continue to participate in the upcoming co-occurring trainings sponsored by AMDD. We are very interested in enhancing our ability to effectively identify co-occurring disorders and integrate treatment for individuals who struggle with these disorders. We will also work to enhance our communication and treatment coordination with outside providers of chemical dependency treatment when we are providing services to the same client.

I would like to say thank you to the Board once again for assessing our services and making specific recommendations for improving the quality of the care we provide to the mental health care consumers here in Montana.

Please call me at 449-9479 if you have any questions about my response to the Board of Visitors Site Review Report.

Sincerely,

Darren Nealis

Darren Nealis, LCSW
GTCMHC-Helena Program Director

CC Mike McLaughlin, PhD