



MEMORANDUM

May 28, 2024

To: Jeremy Hoscheid, Executive Director of Board of Visitors

From: Jennifer Savage, Chief Administrative Officer, Healthcare Facilities Division, DPHHS

Dear Mr. Hoscheid –

Thank you for your continued dedication to ensuring that people receiving services from mental health programs in Montana are treated in a respectful manner, that treatment is consistent with established clinical and other professional standards, and that it meets state law requirements. We have carefully reviewed your suggestions and proposed the best approach to address these concerns within the framework of the hospital's capabilities.

1. *The BOV Board Recommends: the need for increased staffing of clinically trained practitioners and specialty staff (Physical Therapists, Occupational Therapy, Speech Therapists, Dental, and Chaplains). This will also lead to increased active treatment and engagement across the hospital campus.*
 - State Hospital leadership agrees with your recommendation. The Department of Public Health and Human Services (DPHHS) launched the recruitment and retention initiative to increase permanent staffing of direct patient-care positions. Additionally, DPHHS has reviewed salaries for key leadership positions and increased the salary ranges to recruit highly qualified candidates. DPHHS is now posting these positions on external sites that relate to the areas of professional practice to increase the candidate pool.
2. *The BOV Board Recommends: that MSH increase communication between all staff and patients regarding their mental health diagnoses, needs, individual treatment plan goals and objectives.*

- State Hospital leadership agrees with your recommendation. A shift hand-off tool was recently developed to facilitate clinical communication between shifts on each unit. Further, a morning safety huddle has been implemented and occurs every business day at 8:30 a.m. Safety huddles are a national best practice for improving communication between caregivers. As part of revamping the treatment planning process, there is now a concerted effort to include patients in the interdisciplinary treatment team meetings so that patients are informed and active participants in their treatment plans. The hospital has also been improving policies, procedures, and documentation requirements to enhance treatment plans for all admitted patients.
3. *The BOV Board Recommends: Additional Trauma Informed Care and de-escalation training opportunities provided to staff.*
- State Hospital leadership agrees with your recommendation. The Department is looking into additional trauma-informed care training and is already implementing Crisis Prevention Institute (CPI) training across all state-run healthcare facilities, including the Montana State Hospital. CPI training primarily focuses on prevention and de-escalation techniques to help staff provide early interventions and de-escalate potentially volatile situations before they escalate into crises.
4. *The BOV Board Recommends: MSH and DPHHS leadership develop and implement a recruitment and retention program for MSH. Program leadership clearly identified the need and value of hiring permanent staff including more consistent implementation of treatment goals and overall quality of care from developing a team.*
- Like our response to Recommendation #1, DPHHS has launched a recruitment and retention initiative to increase permanent staffing of direct-care positions. DPHHS has also identified an opportunity to develop to a facility specific team to focus on continued efforts for recruitment and retention.
5. *The BOV Board Recommends: that MSH review the grievance committee policy and procedure to ensure that patients have the right for their grievance to be heard and reviewed by the grievance committee and the right to exhaust all options for appeal afforded to them within the grievance policy.*
- State Hospital leadership agrees with your recommendation. The Patient's Rights and Grievance policy and procedure have been updated to comply with §482.13(a)(2) and approved by the Medical Executive Committee. It was presented to the Governance Board for approval at its May 2024 meeting. Leadership is working toward implementing this new policy, along

with revised grievance documents and an updated grievance tracker, across all the units at MSH.

6. *The BOV Board Recommends: that MSH and DPHHS re-establish a regularly occurring on-site discharge planning meeting with community providers/stakeholders.*
 - State Hospital leadership agrees with your recommendation. DPHHS has hired complex care coordinators to assist in discharge planning at the state hospital and improve communication with community providers. Additionally, the hospital is continuously reviewing and improving the discharge planning process to ensure compliance with §482.43.

7. *The BOV Board Recommends: that MSH establish a Cultural Effectiveness Plan and Cultural Effectiveness Training hospital wide. This program can be developed to recognize and respect Native American cultures and practices, variety of different religious practices, and Military education and recognition.*
 - State Hospital leadership agrees with your recommendation. The Department is currently conducting further analysis for purposes of implementation. In the interim, DPHHS is working on a climate and culture assessment with a third-party consultant for the State Hospital.

8. *The BOV Board Recommends: that MSH include the contact information for the Mental Health Ombudsman office as part of the independent advocacy services available to patients.*
 - State Hospital leadership agrees with your recommendation. The Department is currently conducting further analysis for purposes of implementation.