

Mental Disabilities Board of Visitors

SITE REVIEW REPORT

Pathways Treatment Center
Kalispell, Montana

August 20-21, 2009

Gene Haire

Gene Haire, Executive Director

TABLE OF CONTENTS

OVERVIEW.....	3
DESCRIPTION OF SERVICES.....	4
Adult Psychiatric In-Patient Unit.....	4
Adolescent Psychiatric In-Patient Unit.....	4
Adult In-Patient Chemical Dependency Program.....	4
MENTAL DISABILITIES BOARD of VISITORS STANDARDS.....	5
Organizational Planning and Quality Improvement.....	5
Rights, Responsibilities, and Safety.....	7
Patient / Family Member Participation.....	11
Cultural Effectiveness.....	13
Staff Competence, Training, Supervision, and Relationships with Patients.....	20
Treatment and Support.....	23
Access and Entry.....	27
Continuity of Services Through Transitions.....	28
STATUS OF IMPLEMENTATION OF BOV 2005 RECOMMENDATIONS.....	29
2009 RECOMMENDATIONS.....	30
PATHWAYS RESPONSE.....	30

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OVERVIEW

Mental Health Facility reviewed :

Pathways Treatment Center (Pathways)
Kalispell, Montana
Leslie Nyman - Administrator

Hospital – Inpatient Behavioral Health

Authority for review :

53-21-104, Montana Code Annotated, 2009

Purpose of review :

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

BOV review team :

Staff:

Gene Haire, Executive Director
LuWaana Johnson, Paralegal/Advocate

Board:

Joan-Nell Macfadden

Consultants:

Bill Snell, Cultural Consultant
Irene Walters, RN, Clinical Consultant
Bill Docktor, PharmD, BCPP, Pharmacology Consultant

Review process :

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

DESCRIPTION OF SERVICES

(from Pathways literature)

Adult Psychiatric In-Patient Unit

The Adult Inpatient Psychiatric Treatment Program is an acute care program with a focus on both the stabilization of psychiatric symptoms and promotion of patients' development of healthy relationships within significant social systems.

The treatment program includes:

- group therapy
- psychoeducation life skills groups
- lectures/videos
- individual assignments to reinforce self-exploration
- individual counseling
- family sessions
- recreational therapy
- art therapy

Adolescent Psychiatric In-Patient Unit

The Adolescent Psychiatric In-Patient Program is designed to provide psychiatric care to adolescents in a safe, structured, caring environment. Treatment includes identification of elements and processes within this system that either block normal development or reinforce symptomatic behavior.

The treatment program includes:

- goals group
- group therapy
- psychoeducation life skills groups
- lectures/videos
- individual assignments to reinforce self-exploration
- educational/school program
- individual counseling
- family sessions
- recreational therapy
- art therapy

Adult In-Patient Chemical Dependency Program

The Adult In-patient Chemical Dependency Program is designed to provide a range of intensive rehabilitation services (including detox) to persons suffering from addictions. The program's treatment philosophy is consistent with addiction recovery best practices including Alcoholics Anonymous and the biopsychosocial model.

The treatment program includes:

- group therapy
- psychoeducation life skills groups
- lectures
- individual assignments to reinforce self-exploration
- family therapy/education
- recreational therapy
- art therapy
- self-help group
- spirituality

MENTAL DISABILITIES BOARD of VISITORS STANDARDS

Organizational Planning and Quality Improvement	
<i>Planning:</i>	
Does Pathways produce and regularly review a strategic plan?	<p><i>NOTE:</i> <i>Formal, overarching strategic planning is done at the main hospital level. The Pathways strategic plan submitted to BOV is a “marketing plan” specific to Pathways, and not oriented to services and patient outcomes. See comments below: Quality Improvement.</i></p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ It was evident from observation and staff interviews that there is a culture within Pathways that generates incidental planning, identification of needs, and initiation of projects aimed at improved service and service structure. <p><u>Suggestion:</u></p> <ul style="list-style-type: none"> ▪ Consider establishing a formal strategic planning process specific to Pathways that includes input from staff, patients, patients’ family members, key community stakeholders.
Is the strategic plan of Pathways developed and reviewed through a process of consultation with staff, patients, patients’ family members, key community stakeholders?	See above.
<i>Quality Improvement:</i>	
Does Pathways use a plan of continuous quality improvement to evaluate and improve all of its activities related to services to patients and patients’ family members?	<p>Pathways’ “Performance Improvement” activities form the basis for its operational plan. (See Staff Competence, p. 20.)</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ Pathways actively pursues continual improvement in its services. ▪ The current focus of quality/performance improvement is twofold: <ul style="list-style-type: none"> (1) improving the quality of multidisciplinary treatment plans; Pathways is to be commended for its initiative in this project which started in 2005 and is ongoing; excellent intermediate results have been achieved: comprehensive redesign of the plan format and methods of plan implementation, new staff training, and staff skill-building;

	<p>(2) improving patients' access to post-discharge services in the community thereby reducing the readmission rate; This project involves (a) implementing the WRAP¹ model of assisting individual patients in designing their own plans for recovery, (b) creating a hospital-operated aftercare service to improve treatment continuity, and (c) working to assist discharged patients to enter into local mental health center services.</p> <p><u>Observations:</u></p> <ul style="list-style-type: none"> ▪ Pathways expressed frustration with the length of time it sometimes takes the mental health center to begin providing services to previously "unattached" patients when discharged from Pathways. ▪ The desired outcome of part 2 of the performance improvement project (see above) - reduced readmission rate - has not been achieved; in fact the 30 day readmission rate doubled from 2007 to 2008. ▪ It appears that the project to improve the quality of Multidisciplinary Treatment Plans has not yet addressed the ultimate objective - to improve the <i>results</i> of the services provided within the framework of the plans. <p><u>Suggestions:</u></p> <ul style="list-style-type: none"> ▪ Consider ways to more formally structure part (2) of the performance efforts (see above); engage Western Montana Mental Health Center in a collaborative plan to improve service continuity for unattached patients post discharge. ▪ Consider ways to move to the next step in improvement of treatment plans, i.e., improve the <i>results</i> of services by tracking achievement of each measurable plan objective - for individual patients and in the aggregate.
<p>Are designated staff of Pathways accountable and responsible for the continuous quality improvement process?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ The administrator, nursing supervisor, utilization review director, monitor and are responsible for and actively engaged in the continuous quality improvement process.
<p>Is Pathways able to demonstrate a process of continuous quality improvement that directly affects health and functional outcomes for individual patients?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ Pathways has a formal process of Performance Improvement (PI); its PI Committee meets monthly. The PI Committee reviews quality assurance data, and reports to the Kalispell Regional Medical Center PI Board yearly. Pathways collects data and outcome results from sources including audits, patient satisfaction surveys, and incident reports.

Rights, Responsibilities, and Safety

Rights, Responsibilities:

Does Pathways define the rights and responsibilities of and provide verbal and written information about rights and responsibilities to patients and patients' family members?

Yes

Strengths:

- Pathways provides each patient with a Patient Handbook which includes a Summary of Patient Rights that contains a list of patient rights with an explanation of each right.
- Rights are posted in community areas.
- The Admission Coordinator is very knowledgeable, has been in the job for a number of years, and seems very responsive to rights-related concerns and questions that either a patient or family member might ask.
- The nursing staff explains rights and responsibilities to each patient.

Observations:

- If Pathways has permission from the adult patient, they will share the admission information with his family, including the rights and responsibilities.
- Patients and staff acknowledge that due to the circumstances of admission during an acute episode of mental illness, a patient might not fully understand the information provided - including information about rights.
- Patients interviewed by BOV indicated that verbal explanation of rights, the complaint/grievance procedure, and other particulars of admission and treatment varies depending on individual staff people involved and other circumstances of each admission.

Suggestion:

- Consider establishing a routine "day 2" review with each patient covering the Patient Handbook, Summary of Patient Rights, the grievance process including assistance available from BOV, how to report allegations of abuse, what to do when other patients behave aggressively, and Pathway's approach to working with the patient during his/her time at the hospital; during this "day 2" review, proactively ask each patient if he/she has questions about his/her admission or treatment.
- Consider ways to more proactively provide families with non-confidential information about rights, responsibilities, etc.

Does Pathways actively promote patient access to independent advocacy services by:

- providing verbal and written information to patients and patients' family members?
- prominently displaying in all of its facilities posters and brochures that promote independent advocacy services including the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program?

Yes

Strengths:

- Information about advocacy services is provided in the Patient Handbook, during group discussions, and in verbal admission information.
- The laminated BOV poster and other advocacy information are on the information bulletin board on the adult unit.
- Pathways provides each patient with a folder of prepared literature which includes a list of advocacy groups with phone numbers.

	<p><u>Observation:</u></p> <ul style="list-style-type: none"> ▪ The laminated BOV poster is not posted on the adolescent unit. <p><u>Suggestion:</u></p> <ul style="list-style-type: none"> ▪ Update the information sheet on the bulletin board to read “Disability Rights Montana” instead of “Montana Advocacy Program”; check to see if the DRM contact information needs to be updated.
<p>Does Pathways have an easily accessed, responsive, and fair complaint / grievance procedure for patients and patients’ family members to follow?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ Pathways supports and actively pursues full and appropriate resolution of patients’ complaints as well as patients’ access to this process. It appears that all staff are available to and approachable by patients if they have complaints. ▪ The nursing staff is responsible for informing patients about the complaint/grievance procedure during the admission process. The <u>Summary of Patient Rights</u> explains the complaint/grievance procedure, and states that if the patient cannot resolve a complaint directly with staff they should submit a written complaint to the Pathways’ Patient Advocate (a phone number for the Patient Advocate is listed). ▪ <u>Carefrontations</u> is a teaching tool Pathways uses to help patients learn to deal with hurtful behaviors through communications. Its main focus seems to help patients develop strategies for use in the community; patients are also encouraged to use it as a way to improve relationships with staff and peers when at Pathways. It appears that the <u>Carefrontations</u> format helps address complaints in a manner that prevents problems from escalating into larger problems. <p><u>Observations:</u></p> <ul style="list-style-type: none"> ▪ The grievance process is not described in the Patient Handbook. Patients interviewed by BOV did not appear to be aware of how the grievance process works or how to use it.
<p>At the time of entering services, does Pathways provide to patients and patients’ family members written and verbal information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances²?</p>	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ The <u>Patient Handbook</u> and verbal explanations describe the patients’ right to seek advocacy and lists available agencies. ▪ The BOV poster is posted in the adult unit - this poster describes assistance available in resolving grievances. <p><u>Observations:</u></p> <ul style="list-style-type: none"> ▪ Beyond the BOV poster, it does not appear that information is provided to patients that specifically describes the assistance available from BOV in resolving grievances. <p><u>Suggestion:</u></p> <ul style="list-style-type: none"> ▪ Ensure that patients and patients’ family members are given written and verbal information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances.

Safety:

Does Pathways protect patients from abuse, neglect, and exploitation by its staff or agents?

Yes

Strengths:

- Pathways leaders have high expectations for staff to treat patients respectfully and have zero tolerance for patient abuse, neglect, and exploitation.
- Staff are well-trained to understand abuse, neglect, and exploitation of patients.
- All staff BOV interviewed said that they would feel comfortable reporting any signs of abuse/neglect to their supervisor and would do so without any hesitation.
- All patients BOV interviewed said they feel safe, and that they are always treated with respect.

Observations:

- The units are compact and open with many “eyes” on patients and staff interactions with patients.

Has Pathways fully implemented the requirements of 53-21-107, Montana Code Annotated (2007) with regard to reporting on and investigating allegations of abuse and neglect?

Yes

Strengths:

- Policy/Procedure PTC6029 includes the reporting requirements under statute.
- Leadership staff verbalized knowledge of the reporting requirements.

Observations:

- Pathways has not had an allegation of abuse/neglect requiring reporting to BOV since the last BOV site review in 2005.

After an allegation of abuse, neglect, or exploitation of a patient by its staff or agents is determined to be substantiated, does Pathways debrief all related circumstances – including all staff and supervisory actions or non-actions that could have contributed to the abuse, neglect, or exploitation – in order to decrease the potential for future recurrence?

Yes

Strengths:

- Routine debriefing is done for all events that are outside of the normal treatment process (restraints, medication errors, abuse/neglect, etc.). The process is well-understood by staff and implemented appropriately by leadership.

Are staff of Pathways trained to understand and to skillfully and safely respond to aggressive and other difficult patient behaviors?

Yes

Strengths:

- All staff receive Mandt System®³ training.
- Staff BOV interviewed said that because of their Mandt training, they feel comfortable dealing with aggressive and difficult behaviors in a way that is safe for the patient and for the staff.
- Pathways has a Special Precaution Unit within the Adult Unit with five safe rooms.

Observations:

- Patients interviewed by BOV reported feeling fearful and unsure about what to do if another patient is behaving aggressively.

<p>Does Pathways give patients access to staff of their own gender?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ Staff gender ratio is adjusted as needed to respond to the gender mix on the units.
<p>Is Pathways' use of special treatment procedures that involve behavior control, mechanical restraints, locked and unlocked seclusion or isolation, and time out:</p> <ul style="list-style-type: none"> ▪ clinically justified? ▪ properly monitored? ▪ implemented only when other less restrictive measures have failed? ▪ implemented only to the least extent necessary to protect the safety and health of the affected individual or others in the immediate environment? ▪ debriefed with staff and patients to analyze how such events could have been prevented? 	<p>Yes</p>
<p>Does Pathways debrief events involving special treatment procedures, emergency medications, aggression by patients against other patients or staff, and patient self-harm; retrospectively analyze how such events could have been prevented; and support staff and patients during and after such events?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ Staff interviewed by BOV report that restraint events happen very seldom; when they do, debriefings take place soon afterward. ▪ With the use of Mandt, most aggressive behavior is handled successfully without physical intervention. ▪ Staff interviewed by BOV have a good understanding of de-escalation techniques and are well-versed in the value of debriefing. ▪ Debriefings of all events include addressing the following questions: <ol style="list-style-type: none"> 1. What could have been done to avoid the situation? 2. How can we avoid the situation in the future? 3. What can we do better in order to achieve a different outcome?

Patient / Family Member Participation

<p>Does Pathways identify in the service record patients' family members and describe the parameters for communication with them regarding patients' treatment and for their involvement in treatment and support?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ Pathways strongly encourages family involvement as an important component for the future progress of the patient. ▪ The operations handbook has specific guidelines for staff to ensure that parameters for communication with family members are firmly understood among all parties during the admission process. ▪ During the intake with each patient, there is an emphasis on discussing releases of information. If the patient wants family involvement and signs a release, within a day the counselor contacts a family member and begins the process of involvement. ▪ Pathways reports that almost all patients' family members engage in a family session before the patient is discharged. ▪ Adolescent patients' parents/guardians are always identified and included in treatment planning. ▪ Adult patients' family members are always included if the patient wants them to be. Pathways reports that most families support and are involved in patients' treatment.
<p>Do Pathways assessments, treatment planning sessions, and treatment reviews proactively include the participation of patients and – with consent – patients' family members?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ The orientation of Pathways is that treatment plans flow from the patients; every effort is made to communicate with and to help keep family members engaged in the process.
<p>When diagnoses are made, does Pathways provide patients and – with consent – patients' family members with information on the diagnosis, options for treatment, and possible prognoses?</p>	<p>Yes</p>
<p>Does Pathways proactively provide patients, and – with consent – patients' family members a copy of the treatment plan?</p>	<p>Yes</p> <ul style="list-style-type: none"> ▪ Patients are routinely asked if they would like copies of their treatment plan. ▪ Pathways gives each patient a copy of the Crisis Plan and Interdisciplinary Discharge Sheet at discharge; copies of these documents also are sent to each agency to whom the patient is referred, and – with permission – to patients' family members.

<p>Does Pathways promote, encourage, and provide opportunities for patient and family member/carer participation in the operation of its services?</p> <p>Examples:</p> <ul style="list-style-type: none"> ▪ participation in developing the strategic plan and plan for continuous quality improvement? ▪ advisory groups? ▪ participation in public meetings? ▪ interviews and selection of prospective staff? ▪ peer and staff education and training? ▪ family and patient peer support? <p>Does the service have written descriptions of these activities?</p>	<p><u>Observations:</u></p> <ul style="list-style-type: none"> ▪ BOV did not see or hear of written descriptions of how patients and family members are included in service operation discussions. <p><u>Suggestion:</u></p> <ul style="list-style-type: none"> ▪ Consider ways to identify patients and family members who have received services from Pathways who would be interested in assisting in strategic planning, interviewing prospective staff, peer education and support. This could be accomplished by establishing a patient and family member advisory group.
<p>Does Pathways promote, encourage, and provide opportunities for patient and family member/carer participation in the evaluation of its services?</p> <p>Examples:</p> <ul style="list-style-type: none"> ▪ patient and family feedback about 'customer service' ▪ patient and family feedback about the effectiveness of communication with patients and patients' family members ▪ patient and family involvement in measurement of their own health and functional outcomes <p>Does the service has written descriptions of these activities?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ Each patient is given an "Inpatient Behavioral Health Satisfaction Survey" to fill out just prior to discharge in order to ensure that the survey is completed. Pathways has discovered that if the survey is given to patients upon discharge and taken home to fill out, very few are returned. Surveys are sent to an independent entity that compiles, scores, and comments about the information in a report provided to Pathways. This report compares the surveys with information from other behavioral health entities. This information is used in Pathways' planning and implementation of services. <p><u>Suggestion:</u></p> <ul style="list-style-type: none"> ▪ Consider ways to expand the scope of the role patients and family members play in evaluating Pathways' services so that - in addition to the contracted assessment report - a more personalized, in-house process is created; a patient and family member advisory group could assist with this. ▪ Consider adding family member feedback to the Satisfaction Survey.

Cultural Effectiveness

Note: The Mental Disabilities Board of Visitors (BOV) has established standards for its site reviews of mental health facilities, including standards for “cultural effectiveness”⁴. While BOV recognizes that cultural effectiveness is important and relevant to the way in which mental health programs work with people from all ethnic, racial, and cultural backgrounds, BOV’s primary focus is on cultural effectiveness in working with American Indians. American Indians make up about 6.2% of the population of Montana, making them the largest ‘minority’ in Montana⁵. In a number of mental health programs in Montana, especially programs that serve children and programs that are on or near Indian reservations, the number of American Indians served as a percentage of all people served is much higher – as high as 40% for some programs. The low percentage of American Indians on client caseloads in other mental health programs indicate that they may be under-identified and under-served in some areas. Particular aspects of the experience of American Indians and Indian families such as intergenerational trauma and historical grief; high exposure to loss and violence resulting in post traumatic stress⁶; and high rates of suicide⁷ and chemical dependency⁸ make it critically important for mental health providers to develop a high level of sensitivity to and effectiveness in working with American Indian clients.

All comments and recommendations below can and should be applied to the diversity of individuals served in Montana’s mental health system.

Does Pathways have a Cultural Effectiveness Plan - developed with the assistance of recognized experts, and specifically emphasizing working with American Indian people - that includes defined steps for its integration at every level of organizational planning?

No

Strengths:

- Although there is no formalized Cultural Effectiveness Plan, administrative and direct service staff have working relationships with American Indian experts whom they can access - especially people from the Flathead Reservation / Confederated Salish and Kootenai Tribes as needed.

Observations:

- During the entrance discussion, staff were candid in expressing the concern that they might fail in meeting BOV’s cultural effectiveness standards. As the discussion proceeded, it became clear to the BOV Cultural Consultant that - even though the staff’s awareness and knowledge of cultural issues is limited - the importance of cultural issues relevant to treatment is important to them. The BOV consultant was impressed with the staff’s openness and examples of personal initiative to informally enhance cultural awareness and effectiveness within Pathways. Pathways leaders and staff appear motivated to formalize expectations and a process for creating a treatment environment that is fully culturally effective.

Recommendation 1:

Develop a Cultural Effectiveness Plan - with the assistance of recognized experts - specific to the needs of the Pathways - that includes defined steps for integration at every level of organizational planning.

	<p><u>Suggestions for implementation of Recommendation 1:</u></p> <ul style="list-style-type: none"> ▪ Conduct a staff survey regarding the development of a Cultural Effectiveness Plan - what it should contain, and what steps would need to be taken to integrate the plan at every level of the Pathway organization. (See attachment - <u>Cultural Competence Self-Assessment Questionnaire</u>.) ▪ Develop relationships with recognized cultural experts; ask for help in developing a Cultural Effectiveness Plan. ▪ Recruit a member of the American Indian community to serve on the Kalispell Regional Medical Center Board of Trustees. ▪ Develop a Cultural Advisory Committee for the purpose of obtaining advice and feedback on services provided to American Indians and other cultural/ethnic minorities.
<p>Does Pathways define expectations for staff knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to its patients and patients' families, with a specific emphasis on American Indian people?</p>	<p>No</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ The position descriptions for the Recreational Aide and Therapist positions refer to a cultural skill/knowledge. ▪ Staff is aware of and embraces each client's uniqueness including ethnic background; all staff interviewed by BOV expressed strong expectations for themselves based on their own awareness of and sensitivity to cultural issues. ▪ Pathways staff demonstrate awareness that among various American Indian tribes there are differences and don't generalize that "all Indians are the same". ▪ All staff interviewed by BOV emphasized the importance of individualized treatment. ▪ The Adult In-Patient Chemical Dependency Program at Pathways is active in formalizing and developing expectations for staff knowledge of cultural issues by incorporating into treatment American Indian resources such as the Red Road to Recovery, Talking Circles, and other materials that are specific to culturally effective interventions. ▪ As a team, Pathways' staff demonstrates various interests and commitments to sharing their cultural experiences and knowledge with each other. <p><u>Observations:</u></p> <ul style="list-style-type: none"> ▪ The Pathways service area has grown to include an increasingly diverse population with a number of ethnic populations. This includes an increase in the number of African and Asian American and Asian people. ▪ In order to obtain and maintain a license to practice as an addiction counselor in Montana, a defined level of cultural competence must be demonstrated. <p><u>Suggestions:</u></p> <ul style="list-style-type: none"> ▪ Define expectations for staff knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the mental health treatment of all Pathways patients, with a specific emphasis on American Indian people. ▪ Develop relationships with recognized cultural experts; ask for help in developing expectations for staff knowledge that is needed to provide culturally effective mental health treatment. ▪ Incorporate cultural expectations into all Pathways position descriptions.

Does Pathways provide staff training conducted by recognized experts that enables staff to meet expectations for knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to its patients and patients' families, with a specific emphasis on American Indian people?

No

Strengths:

- Some staff interviewed by BOV indicated that they have participated in training relevant to generic cultural knowledge through conferences or workshops.
- A Psychiatric Therapist interviewed by BOV reported participating in and presenting within the past year a program specific to substance abuse - "Cultural Competencies – Ethno Cultural Issues".
- Some informal training occurs through discussions about cultural issues during staff meetings and contact with other professionals who have cultural expertise.
- The Recreational Therapist has had college course work on cultural diversity and has attended conferences that have included multi-cultural training.
- Although Pathways has no formal cultural training curriculum, Pathways staff proactively obtain cultural information and knowledge relevant to individual patients' treatment as needed.

Recommendation 2:

Develop and provide training conducted by recognized experts that enables staff to meet expectations for knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the provision of mental health treatment to all Pathways patients, with a specific emphasis on American Indian clients.

Suggestions for Implementation of Recommendation 2:

- Develop relationships with recognized cultural experts; ask for help in developing and providing cultural competence training that incorporates cultural diversity in mental health treatment generally; and American Indian traditions, values, and beliefs in particular.
- Identify local, regional, and national cultural training opportunities.
- Utilize trainers who are positive thinkers and who tend not to dwell on the negative past and wrongs that have occurred. History and past issues between the dominant culture and American Indian culture are important but it can be addressed and taught in a positive and healing manner. Historical factors must be kept in proper perspective in understanding how to provide mental health services to American Indians.
- Identify and utilize insights and specialized skills of current staff who have knowledge and expertise related to cultural effectiveness.
- Develop a library of resource material on cultural issues, which could be incorporated into staff training.
- Attend local cultural events to gain personal insight into the American Indian culture first hand.
- Attend the annual National Indian Child Welfare Conference⁹.
- Attend the annual Native American Child and Family Conference held in Montana each year¹⁰.
- Include training emphasizing American Indian issues in Pathways annual individual staff training plans.
- Establish cross-training agreements with the Confederated Salish/Kootenai Tribes and the Blackfeet Tribe.
- Explore as training resources: (1) Indian Health Services in Montana; (2) Bureau of Indian Affairs (Portland Regional Service Area - Western Montana; Billings Regional Service Area - all of Montana except the Flathead Reservation).

Do Pathways' treatment plans take into account individually-identified cultural issues, and are they developed by a culturally competent clinician or in consultation with such a clinician?

Yes

Strengths:

- Pathways' Policy and Procedure Manual specifically refers to "language and cultural issues".
- Pathways' Policy and Procedure Manual refers to individually tailored treatment and the use of a Multi-Disciplinary team.
- Pathways uses translators to assist in communicating with patients who don't speak English.
- Clinicians interviewed by BOV had strong backgrounds in their experiences education concerning cultural competence and its relationship to treatment.
- The narrative section in treatment plans addresses cultural issues when relevant to treatment.
- Genograms are used as needed to develop a greater awareness of clients' family relationships, medical histories, and psychological factors – including cultural issues - relevant to treatment.
- The incorporation of a cultural component into "art expression" activities which has been beneficial to American Indian clients.
- Pathways uses American Indian models for chemical dependency interventions such as Wellbriety and the Red Road¹¹.
- Pathways supports patients in the practice of American Indian ceremonies such as smudging ceremonies or cleansing ceremonies.
- Services to clients of other cultures including the American Indians is formally addressed in three forms reviewed by BOV:
 1. the **Nursing Admission Assessment** form includes the general headings "Spiritual Needs/Values" and "Language/Cultural Issues".
 2. the **Biopsychosocial Assessment** form includes "Social Evaluation" – Strength, Cultural Needs and Values."
 3. the **Adult Psychiatric Biopsychosocial Assessment** form implies cultural awareness but does not include specific questions prompting for cultural considerations.
 4. the **Recreation Therapy Assessment** form asks appropriate cultural questions.

Observations:

- Treatment plans do not have specific prompts for developing treatment objectives and interventions that are directly related to individually-identified cultural issues.
- Since expectations for staff knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the mental health treatment have not been defined, it is difficult to consistently incorporate cultural insights into treatment plans.
- Unless therapeutic modalities specific to cultural issues are identified, it is left to chance whether services will be culturally appropriate.

Suggestions:

- Consider incorporating the "two world's model" into treatment.
- Develop relationships with American Indian / culturally competent clinicians; ask for help in developing treatment plans that take into account individually-identified cultural issues.
- Consider using the System of Care Cultural Services Matrix developed by In-Care Network¹². This tool includes the primary diagnoses used for youth, comparing "Western" interventions and American Indian interventions - and can be adapted for adults.
- Consider having treatment plans reviewed no less than annually by a clinician who is recognized as expert in cultural issues.

	<ul style="list-style-type: none"> ▪ Revise intake format to include prompts and information fields that include information such as whether the client is bilingual, client's tribal affiliation, whether the client is enrolled in a tribe and/or is a descendant of a tribe, the degree of the client's assimilation into "main stream society", client's individual spiritual interests, the client's interest in and preference for ceremonial practices, the client's role in his/her family, and the specific make-up of extended families¹³. ▪ Explore ways to increase awareness of American Indian approaches to parenting that would be relevant to working with American Indian children with emotional disturbance.
<p>Has Pathways developed links with other service providers / organizations that have relevant experience and expertise in the provision of mental health treatment and support to people from all cultural/racial/ethnic groups in the community, with a specific emphasis on American Indian people?</p>	<p>Yes - informally</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ The Confederated Salish & Kootenai Tribes (S&K) Behavioral Health /Chemical Dependency program provided the following feedback: <ol style="list-style-type: none"> 1. Pathways Treatment Center is "as culturally competent as any large organization", however S&K is unaware of any formal culturally-oriented policies Pathways has. 2. S&K are satisfied with the emergency medical detox service that is provided and report that it has been very helpful to their clients. 3. Coordination between Pathways and S&K has been good considering the short stay of most patients. 4. Admission of clients to services is "fairly easy" and relatively barrier-free. ▪ Pathways has established a strong partnership with several Blackfeet Tribal programs and resource people in working with Blackfeet tribal members. ▪ In service to Blackfeet clients, Pathways coordinates with the Browning ambulance to transport clients to and from Pathways. This addresses a significant logistic problem that exists in this rural and relatively remote part of Montana. ▪ Pathways appears enthusiastically open to working with organizations that have relevant cultural experience and expertise. <p><u>Observations:</u></p> <ul style="list-style-type: none"> ▪ S&K suggested that it would be helpful to have a conversation with Pathways so that there would be a better mutual understanding of admission criteria and parameters for appropriate referrals from S&K. <p><u>Suggestions for strengthening / expanding links:</u></p> <ul style="list-style-type: none"> ▪ Further explore and initiate collaboration with organizations in the greater Kalispell/Montana community that can be drawn on to enrich services: the Pretty Shield Foundation¹⁴, Hopa Mountain¹⁵, various Tribal Social/Behavioral Health Services, State of Montana Office of Public Instruction¹⁶, Helena Indian Alliance¹⁷, and White Bison Inc.¹⁸. ▪ Develop a more formalized, ongoing relationship with the Salish Kootenai College and Confederated Salish and Kootenai Tribes to assist in identifying recognized cultural experts. ▪ Explore University of Montana resource related to cultural issues¹⁹.

<p>Does Pathways have a plan for recruitment, retention, and promotion of staff from cultural/racial/ethnic backgrounds representative of the community served with a specific emphasis on American Indian people?</p>	<p>No</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ There is a desire by Pathways administrators to recruit qualified ethnic staff with a particular interest in hiring and retaining American Indians. <p><u>Observations:</u></p> <ul style="list-style-type: none"> ▪ The Pathways organization doesn't appear to have a formalized plan to recruit American Indian or other ethnic staff. ▪ Position descriptions do not have statements related to knowledge and/or experience with ethnic groups including American Indians. ▪ Pathways has no formal incentives or promotional opportunities for having expertise, talents or skills in certain ethnic qualities. <p><u>Suggestions:</u></p> <ul style="list-style-type: none"> ▪ When advertising for vacant staff positions at Pathways, consider including the phrase "qualified American Indians are encouraged to apply". ▪ Consider setting up booths during "career days" or career recruitment events at colleges/universities in Kalispell and Missoula in an effort to recruit minorities. ▪ Consider enhanced compensation for specialized staff skills such as being bilingual or multi-lingual, or having expertise in cultural issues relevant to mental health treatment. ▪ Contact the Indian Health Services Area Office²⁰ for potential graduates who are looking for employment with a mental health provider.
<p>With regard to its own staff, does Pathways 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?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ Pathways staff appears to treat all individuals with respect and dignity. ▪ There appears to be no prejudice toward any minority group by the Pathways staff. <p><u>Observations:</u></p> <ul style="list-style-type: none"> ▪ There are no formal questions in the staff performance evaluations to monitor or ensure ethnic equality or prevent institutional prejudice. ▪ There is no formal orientation for new employees that address issues regarding cultural/ethnic/religious/racial prejudice and misunderstanding, with a specific emphasis on prejudice toward and misunderstanding of American Indian People. <p><u>Suggestions:</u></p> <ul style="list-style-type: none"> ▪ Consider developing a section in employee performance evaluations that assesses cultural / ethnic / religious / racial prejudice and misunderstanding.

Does Pathways analyze the cultural / ethnic / religious / racial demographics of its catchment area with a specific emphasis on American Indian people?

No

Strengths:

- Pathways staff appear motivated to work toward identifying and providing services to the undeserved in their catchment area.

Observations:

- Pathway staff estimate that about 1% of the Kalispell community is American Indian, compared to approximately 6.2% of the general population statewide (see footnote 5).
- When a decision is made to develop a formal Cultural Effectiveness Plan, it will be critical to have a clear understanding of the number of American Indians in the catchment area, the number currently served, and the number potentially in need of but not receiving services.

Suggestion:

- Develop a method of measuring the number of American Indians and other minorities currently served - as well as those potentially in need of but not receiving services - in the Pathways catchment area.

Staff Competence, Training, Supervision, and Relationships with Patients

Competence and Training:

Does Pathways define optimum knowledge and competence expectations specific to working with people with mental illnesses for each staff position providing services to patients?

No

Note: *The Nursing Supervisor is redesigning position descriptions and the performance appraisal process so that core values, planning, performance improvement, and patient outcomes are integrated and tied into explicit expectations for staff work.*

Strengths:

- Pathways has a strong, committed staff team.
- Staff appear happy in their jobs and respectful of leadership.
- Pathways has a number of staff with impressive longevity.
- All staff BOV spoke with are committed to excellence.
- Clinical staff appear highly motivated to attain greater levels of professional excellence.
- Staff interviewed by BOV were knowledgeable about and sympathetic to the nature of the patients' individual illnesses; there is an organizational culture that includes implicit expectations for staff competence, and these implicit expectations are supported by incidental teaching and coaching of direct care staff.
- Pathways has established WRAP as a core approach to treatment and expects staff to become knowledgeable and competent in this approach (see **Quality Improvement**, p. 5).

Observations:

- Pathways' position descriptions for all positions including Mental Health Specialists, Nurses, Nursing Supervisors, Clinicians, and Clinical supervisors refer only to educational/licensing requirements as well as general statements describing experiential requirements.

Recommendation 3:

Define optimum knowledge and competence expectations directly related to mental illnesses and working with people with mental illnesses; include knowledge and competencies related to specific illnesses and evidence-based practices.

Does Pathways have a written training curriculum for new staff focused on achieving optimum knowledge and competence expectations specific to working with people with mental illnesses?

No

Suggestion:

- Update the video library used as a training resource for staff and patients.

Recommendation 4:

Based on optimum knowledge and competency expectations, develop a written training curriculum and provide training for new staff focused on achieving optimum knowledge and competency levels. This curriculum should focus on major mental illnesses and evidence-based practices.

<p>Does Pathways train new staff in job-specific knowledge and competence prior to working with patients OR requires new staff to demonstrate defined optimum knowledge and competence specific to working with people with mental illnesses prior to working with patients?</p>	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ Pathways staff are given a thorough orientation and receive ongoing training in basic hospital medical and administrative procedures. ▪ Pathways has trained staff in implementation of WRAP (see Quality Improvement, p. 5). ▪ On-the-job training and mentoring is the primary method of instruction; these activities are strong and well-focused. ▪ Senior staff provide strong models for working effectively with patients. <p>(see Recommendation 4)</p>
<p>Does Pathways provide staff opportunities for ongoing training including NAMI-MT Provider Training, NAMI-MT Mental Illness Conference, Mental Health Association trainings, Department of Public Health and Human Services trainings, and professional conferences?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ Staff are offered opportunities to attend workshops, lectures, etc. as available. <p><u>Suggestion:</u></p> <ul style="list-style-type: none"> ▪ Consider bringing the NAMI Provider Training into Pathways for all staff.
<p>Does Pathways periodically assess current staff and identify and address knowledge and competence deficiencies?</p>	<p>Yes</p>
<p>Supervision:</p>	
<p>Does Pathways train supervisors and hold them accountable for appropriately monitoring and overseeing the way patients are treated by line staff?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ Supervisory accountability in an exemplary feature of Pathways. ▪ Supervisors are respected for their knowledge and position.
<p>Does Pathways train supervisors and hold them accountable for appropriately monitoring, overseeing, and ensuring that treatment and support is provided effectively to patients by line staff according to their responsibilities as defined in treatment plans?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ Line staff are able to articulate and are mindful of patients' treatment goals.
<p>Relationships with Patients:</p>	
<p>Do mental health service staff demonstrate respect for patients by incorporating the following qualities into the relationship with patients:</p> <ul style="list-style-type: none"> ▪ active engagement? ▪ positive demeanor? ▪ empathy? ▪ calmness? ▪ validation of the desires of patients? 	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ Patients interviewed by BOV described feeling respected by all staff. ▪ Staff appear to display all of these qualities in working with patients. ▪ Patients interviewed by BOV stated: <ul style="list-style-type: none"> “We are treated with respect and dignity. The staff that take time to help are really respectful and show the patients that they care about us.” “I like the staff. They always include family in treatment if they are given permission.” “Most valuable to me are the staff who run groups. The groups and a good staff person are able to bring out our problems. It takes time to build a trusting relationship with staff and peers and once we know that this is a safe place to be and that our problems are not shared outside of the room, good learning takes place.”

Active Engagement with Patients:

Do Pathways direct care staff demonstrate proactive, assertive, supportive, engagement with patients?

Yes

Are Pathways professional staff consistently present in all treatment environments interacting with direct care staff and patients teaching, modeling, and reinforcing healthy, constructive, respectful interactions?

Yes

Strengths:

- The presence of and interactions of professional staff with direct care staff is a notable strength of Pathways.

Do Pathways supervisors ensure that direct care staff spend their time with patients engaged in consistently positive, recovery-oriented incidental interactions?

Yes

Strengths:

- Senior staff provide quality incidental mentoring to all staff.
- Unit manager office is located on the unit.
- Patient schedules are posted and adhered to.

Treatment and Support

General:

<p>Is a written treatment plan in place and being implemented for every patient receiving services from Pathways?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ The improvement of treatment plans and the treatment planning process has been the focus of quality improvement (see Quality Improvement, page 5). <p><u>Observations:</u></p> <ul style="list-style-type: none"> ▪ Short lengths of stay require treatment plans to be focused primarily on stabilization of the situation that precipitated the admission and on development of aftercare services. ▪ Patients interviewed by BOV reported not having a clear understanding about what to expect from their hospitalization when they arrived. <p><u>Suggestion:</u></p> <ul style="list-style-type: none"> ▪ Consider ways to help incoming patients have a more clear idea of what to expect during their hospitalization.
<p>Is a written discharge plan in place for every patient receiving services from Pathways?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ The WRAP program is started with each patient while in the hospital. It is continued in a follow-up group after discharge until patients get established with a provider. ▪ Discharge plans incorporate both substance use and psychiatric issues. ▪ Discharge plans are mindful of and responsive to potential barriers to continuity of services following discharge.
<p>For all new or returning patients, does Pathways perform a thorough physical / medical examination or ensure that a thorough physical / medical examination has been performed within one year of the patient entering / re-entering the service?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ Exams are done by a physician on the unit if last exam cannot be documented within one year time frame.
<p>Does Pathways link all patients to primary health services and ensure that patients have access to needed health care?</p>	<p>Yes - within the scope of the hospitalization and in working on services needed post discharge.</p>
<p>Does Pathways proactively rule out medical conditions that may be responsible for presenting psychiatric symptoms?</p>	<p>Yes</p>
<p>Does Pathways ensure that patients have access to needed dental care?</p>	<p><u>Observations:</u></p> <ul style="list-style-type: none"> ▪ Acute, emergent dental problems are addressed.

Evidence-Based Services:

Does Pathways provide treatment and support to adults that incorporates the SAMHSA-identified evidence-based practices that are relevant to acute inpatient services: Illness Management and Recovery, Family Psychoeducation, Integrated Treatment for Co-occurring psychiatric and substance use disorders.?

Yes

Strengths:

- The WRAP program is integrated into the treatment model for both adults and adolescents, and after care supports each person having a WRAP plan.
- Patients who have repeat hospitalizations tell staff what did and didn't work for them in their WRAP. This helps patients work with staff to make adjustments.
- See **Co-Occurring Psychiatric and Substance Use Disorders** below.

Suggestion:

- Consider incorporating relevant aspects of SAMHSA Illness Management and Recovery and Family Psychoeducation modules into what is currently provided to patients and family members.
- Consider replacing some of the outdated adolescent teaching videos new ones.

Co-Occurring Psychiatric and Substance Use Disorders:

Has Pathways fully implemented the protocols established by AMDD for treatment of people who have co-occurring psychiatric and substance use disorders?

Yes

Strengths:

- Pathways fulfills the expectations of the Addictive and Mental Disorders Division for "co-occurring services" to have (1) a policy of welcoming people with co-occurring disorders, (2) to have a policy that requires screening for co-occurring disorders, and (3) to have established the programmatic capability to provide services to people with co-occurring disorders.
- One of Pathways' greatest strengths in moving toward full integration of the treatment of co-occurring psychiatric and substance use disorders is that each therapist is licensed as both Clinical Social Worker or Professional Counselor and Addiction Counselor.

Observations:

- The addiction treatment program refers to the psychiatrist for the mental health services; the psychiatrist refers to the addiction counselors for addiction services.

Medication:

Is the medication prescription protocol evidence-based and reflect internationally accepted medical standards?

Yes

Strengths:

- Medications prescribed are consistent with standard practices for the diagnoses and problems being treated.
- The BOV consultant was impressed with the lack of "polypharmacy" in the cases reviewed.

<p>Is medication prescribed, stored, transported, administered, and reviewed by authorized persons in a manner consistent with laws, regulations, and professional guidelines?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ The hospital uses a Pyxis® Medication Management system that places control of these issues with the hospital pharmacy.
<p>Are patients and – with consent - patients' family members provided with understandable written and verbal information about the potential benefits, adverse effects, and costs related to the use of medication?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ The medication nurse uses a set of handouts to provide effective, informal information. <p><u>Suggestion:</u></p> <ul style="list-style-type: none"> ▪ Consider involving a clinical pharmacist in medication education.
<p>Is "medication when required" (PRN) only used as a part of a documented continuum of strategies for safely alleviating the resident's distress and/or risk?</p>	<p>No</p> <p><u>Observations:</u></p> <ul style="list-style-type: none"> ▪ The nursing staff uses their judgment in administering PRN medications, and use other procedures first, but this is not part of a formal strategy. A psychiatrist interviewed by BOV stated the nurses are conservative about using PRN medications.
<p>Does Pathways ensure access for patients to the safest, most effective, and most appropriate medication and/or other technology?</p>	<p>Yes</p> <p><u>Observations:</u></p> <ul style="list-style-type: none"> ▪ There is a formulary but the psychiatrist with whom the BOV consultant spoke stated it is reasonable and they can effect changes if they feel it is needed.
<p>Where appropriate, does Pathways actively promote adherence to medication through negotiation and education?</p>	<p>Yes</p>
<p>Wherever possible, does Pathways not withdraw support or deny access to other treatment and support programs on the basis of patients' decisions not to take medication?</p>	<p>Yes</p>
<p>For new patients, is there timely access to a psychiatrist or mid-level practitioner for initial psychiatric assessment and medication prescription within a time period that does not, by its delay, exacerbate illness or prolong absence of necessary medication treatment?</p>	<p>Yes</p>
<p>For current patients, does Pathways provide regularly scheduled appointments with a psychiatrist or mid-level practitioner to assess the effectiveness of prescribed medications, to adjust prescriptions, and to address patients' questions / concerns?</p>	<p>Yes – patients are seen daily by the psychiatrist.</p>
<p>Are medication allergies, side effects, adverse medication reactions, and abnormal movement disorders well documented, monitored, and promptly treated?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ A current Abnormal Involuntary Movement Scale (AIMS) measure was present in three of four records reviewed.

Are medication errors documented?	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ All errors are documented in an incident report. Physician is notified if there is a potential for risk to patient. Error reports are sent to the nursing supervisor, the pharmacy, and the safety officer.
Is there a quality improvement process in place for assessing ways to decrease medication errors?	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ A hospital committee reviews all medication errors. Changes/improvements are implemented based on this review.
Is the rationale for prescribing and changing prescriptions for medications documented in the clinical record?	<p>Yes</p>
Are unused portions of medications and expired medications disposed of appropriately after expiration dates using – when resources are available - the protocols described in SMARxT DISPOSAL™ 21 ?	<p>Yes</p> <p><u>Observations:</u></p> <ul style="list-style-type: none"> ▪ Medication are sent to the pharmacy for disposal.
Is there a clear procedure for using and documenting emergency medication use, including documentation of rationale, efficacy, and side effects?	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ The automated Pyxis® Medication Management system controls this process. No emergency medication can be removed without the order being entered and reviewed by the pharmacy. There is an exception for certain “override” medications (medications for which a short delay required for order entry may endanger the patient); a physician order is always needed.
Is there a clear procedure for using and documenting ‘involuntary’ medication use, including documentation of rationale, efficacy, and side effects?	<p>“Involuntary” medications are not used.</p>
Are there procedures in place for obtaining medications for uninsured or underinsured patients?	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ Pathways ensures that each patient has a way to get medication after discharge; makes appointments for follow-up post-discharge; and communicates in writing with community providers for follow up.
When a patient who is transitioning to another service provider is taking psychotropic medications, does Pathways proactively facilitate the seamless continuation of access to those medications by ensuring that: (1) the patient has an appointment with the physician who will be taking over psychotropic medication management, (2) the patient has enough medications in hand to carry him/her through to the next doctor appointment, and (3) the patient’s medication funding is established prior to the transition?	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ The therapists help to arrange access to medications after discharge. All patients have appointments for follow up at discharge. Medication reconciliation is completed by the nurses.

Access and Entry

<p>Are mental health services convenient to the community and linked to primary medical care providers?</p>	<p>Yes</p>
<p>Does Pathways inform the community of its availability, range of services, and process for establishing contact?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ Pathways informs the community about their services in a wide range of ways: <ol style="list-style-type: none"> 1. newspaper and radio ads 2. coordination with local mental health programs 3. public mental health screenings 4. the "Pathways Lecture Series" (held the second Tuesday of every month). 5. Suicide Prevention Walks 6. Pathways literature distributed during the local "First Night" activities 7. newly updated website²² 8. brochures (in process of planning new ones)
<p>For new patients, is there timely access to psychiatric assessment and service plan development and implementation within a time period that does not, by its delay, exacerbate illness or prolong distress?</p>	<p>Yes</p>
<p>Is an appropriately qualified and experienced staff person available at all times - including after regular business hours - to assist patients to enter into mental health care?</p>	<p>Yes</p>
<p>Does Pathways ensure that patients and their patients' family members are able to, from the time of their first contact with Pathways, identify and contact a single mental health professional responsible for coordinating their care?</p>	<p>Yes</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ Each patient admitted to Pathways is assigned a therapist who coordinates all contact with the family (with consent of patient) and the treatment team, and all discharge planning.

Continuity of Services Through Transitions

NOTE: Treatment / Discharge planning and follow-up is a major area of focus for Pathways (see **Quality Improvement**, p. 5). The BOV standards in this section are combined and comments are listed so as to address all of these standards under one heading.

Does Pathways review the outcomes of treatment and support as well as ongoing follow-up arrangements with each patient and - with consent - patients' family members prior to their exit from the service?

Does Pathways provide patients and their patients' family members with information on the range of relevant services and supports available in the community when they exit from the service?

When a patient is transitioning to another service provider, does Pathways proactively facilitate involvement by that service provider in transition planning?

Does Pathways ensure that patients referred to other service providers have established contact following exit from Pathways?

If a patient **was not** receiving community mental health services prior to an inpatient admission, does Pathways assume primary responsibility for continuity of care between inpatient community-based treatment?

Leading up to and at the time of discharge does Pathways coordinate with community service providers in such a way as to ensure continuity of care?

Yes

Strengths:

- The effort Pathways staff devotes to working with patients to make sure that they are set up with follow-up services in the community following discharge is impressive. If a patient lives in a rural area, follow-up services are set up in the nearest town. Appointments with providers are usually scheduled within a week of discharge. Necessary medications and prescriptions are in hand when the patient leaves Pathways. *If no timely appointment can be made, a discharged patient will be seen by Pathways aftercare staff until community services can begin.* Pathways services that facilitate good transitions include a Thursday aftercare program, follow-up WRAP programs, and an "alumni" group.
- Parents of adolescent patients and family members of adult patients (with permission) are proactively included as part of the treatment planning discussions - including discharge planning - starting with admission.
- Patients interviewed by BOV stated that each day they are at Pathways, every activity is focused on planning to leave the facility with tools to better address the difficulties that led to admission.
- Patients and their families are given a Pathways Discharge Planning Sheet. This includes information about post-discharge appointments including therapist name, contact information, and what treatment information has been provided to whom.
- The physical proximity of Pathways to WMMHC adult and child services (about six blocks) facilitates transitions for patients for whom these services are appropriate.
- Pathways communicates with post-discharge providers to give reason for referral, primary hospital treatment issues, course of treatment, and medications prescribed. A complete copy of the discharge plan is sent to all providers the patient will be seeing in the community.

STATUS OF IMPLEMENTATION OF BOV 2005 RECOMMENDATIONS

Recommendation #1:

Include in orientation information guidelines about what patients should do and where they should go if another patient becomes aggressive.

Implementation Status 2009:

Guidelines for patient reaction and procedure were placed in Patient Handbook.

Recommendation #2:

Implement some type of emergency alarm system for staff and patients to use to notify staff when immediate assistance is needed.

Implementation Status 2009:

Emergency alarms were placed in the therapist's and physician's offices; testing is performed monthly to assure the alarms work as required.

Recommendation #3:

Install window treatment on Special Care Unit windows facing the outside of the building to ensure privacy.

Implementation Status 2009:

A window treatment was installed.

Recommendation #4:

Evaluate the assessment process and redesign it to incorporate the best of the existing detail and comprehensiveness, while streamlining the process. Aim for completion of the full assessment within 24 hours, and the Multidisciplinary Treatment Plan within 48 hours.

Implementation Status 2009:

This process was streamlined and timeliness was monitored through audits and the PI Process.

Recommendation #5:

Ensure that treatment goal statements specifically describe the desired outcome of the treatment (as a result of treatment, what will the patient's status be relative to the problem), objective statements specifically describe in measurable, behavioral terms what the patient will accomplish relative to the goal ("patient will...."), and method statements specifically describe in measurable, behavioral terms - in the future tense - what the patient, staff, and others will do when to support achievement of objectives.

Implementation Status 2009:

The yearly Performance Improvement Project for 2006/2007 was Treatment Plans. The forms were redesigned, audits were implemented, training was executed, and goals were accomplished.

Recommendation #6:

Revise PTC6029 to include procedures necessary to comply with 53-21-107, Montana Code Annotated.

Implementation Status 2009:

Policy PTC 6029 revised in 2005 to include specific language for 53-21-107, Montana Code Annotated.

Recommendation #7:

Review and revise the "Patient Bill of Rights and Responsibilities" hand out and the "Patient Handbook" listing of rights to address/correct the concerns stated above.

Implementation Status 2009:

Patient Handbook was revised to include current and accurate listings for advocacy and NAMI.

Recommendation #8:

Update rights, advocacy assistance, and complaint/grievance information that are posted on the unit so that it is consistent with the revised "Patient Bill of Rights and Responsibilities" hand out and the "Patient Handbook" listing of rights.

Implementation Status 2009:

Grievance procedure was added and placed in Patient Handbook and on the bulletin board on the Unit.

Recommendation #9:

Include revised information on the statement on the "Patient Bill of Rights and Responsibilities" form patients sign that indicates that they have read and understand.

Implementation Status 2009:

Revised information and updates forms to have patients sign that they understand them.

2009 RECOMMENDATIONS

1. Develop a Cultural Effectiveness Plan - with the assistance of recognized experts - specific to the needs of the Pathways - that includes defined steps for integration at every level of organizational planning.
2. Develop and provide training conducted by recognized experts that enables staff to meet expectations for knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the provision of mental health treatment to all Pathways patients, with a specific emphasis on American Indian clients.
3. Define optimum knowledge and competence expectations directly related to mental illnesses and working with people with mental illnesses; include knowledge and competencies related to specific illnesses and evidence-based practices.
4. Based on optimum knowledge and competency expectations, develop a written training curriculum and provide training for new staff focused on achieving optimum knowledge and competency levels. This curriculum should focus on major mental illnesses and evidence-based practices.

PATHWAYS RESPONSE

1. Develop a Cultural Effectiveness Plan - with the assistance of recognized experts - specific to the needs of the Pathways - that includes defined steps for integration at every level of organizational planning.
 - *Pathways will develop a comprehensive plan/program to address cultural effectiveness and bias in our workplace.*
 - *We will address this in our PI Committee and make it a formal PI Project so we can address all aspects and include all disciplines, including physicians. This project will be ongoing for the next year and be reported to the Organization- Wide PI Committee.*
2. Develop and provide training conducted by recognized experts that enables staff to meet expectations for knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the provision of mental health treatment to all Pathways patients, with a specific emphasis on American Indian clients.
 - *Pathways, within its PI Program, will develop an educational program of Native American cultural competency and specific training involving local/recognized experts.*
3. Define optimum knowledge and competence expectations directly related to mental illnesses and working with people with mental illnesses; include knowledge and competencies related to specific illnesses and evidence-based practices.
 - *Clinical Supervisor and Nursing Supervisor will develop a comprehensive educational program for all staff in regard to specific mental illnesses and the evidence-based practices that are used to treat them.*
4. Based on optimum knowledge and competency expectations, develop a written training curriculum and provide training for new staff focused on achieving optimum knowledge and competency levels. This curriculum should focus on major mental illnesses and evidence-based practices.
 - *The above program will be initiated and put in orientation program for all new hires. Competencies will be required during orientation of all new employees.*

End Notes

¹ Wellness Recovery Action Plan® (WRAP®) ; <http://www.mentalhealthrecovery.com/aboutwrap.php>

² 53-21-104(5), Montana Code Annotated, 2009

³ <http://www.mandtsystem.com/>

⁴ BOV uses the term “cultural” in a broad, pluralistic context, i.e., to include not only the traditional sense relating to knowledge, experience, beliefs, values, attitudes, meanings, etc. held by a group of people over the course of generations; but also relating to areas such as sexual preference, religion/spirituality, and race/ethnicity.

⁵ 2000 census: Montana minority statistics: American Indian – 6.2%; Latino – 2%; Asian - .5%;

African American - .3%. http://ceic.mt.gov/PL2000_mt.asp

⁶ It is estimated that the incidence of post traumatic stress disorder among American Indians is approximately 22%, compared to 8% for the general population. <http://www.giftfromwithin.org/html/amindian.html>

⁷ Among American Indians ages 15 to 34, suicide is the second leading cause of death.

⁸ The rate of admission of American Indians to chemical dependency programs in Montana (19.8%) is more than three times the percentage of American Indians in the general population (6.2%).

<http://www.dasis.samhsa.gov/webt/quicklink/MT07.htm>

⁹ <http://www.nicwa.org/>

¹⁰ <http://www.southwestconsortium.org/>

¹¹ http://www.whitebison.org/wellbriety_movement/index.html

¹² Cultural Services Matrix - <http://healingnations.org/>

¹³ Adult Traditional Biopsychosocial Assessment :

http://www.ihs.gov/Cio/BH/documents/Biopsychosocial_Templates/Adult_Traditional_%20Biopsychosocial_%20Assessment.pdf

Child/Adolescent Traditional Biopsychosocial Assessment :

http://www.ihs.gov/Cio/BH/documents/Biopsychosocial_Templates/Child_Adol_Traditional_Biopsychosocial_Assessment.pdf

¹⁴ Pretty Shield Foundation - 2906 2nd Ave N; Billings, MT 59101-2026; 406-259-4040

¹⁵ <http://www.hopamountain.org/>

¹⁶ Montana Indian Education - <http://www.opi.mt.gov/indianed2/> ; Essential Understandings Regarding Montana Indians - <http://www.opi.mt.gov/PDF/IndianEd/Resources/EssentialUnderstandings.pdf>

¹⁷ Helena Indian Alliance - <http://www.helenaindianalliance.com/>

¹⁸ <http://www.whitebison.org/>

¹⁹ <http://www.umt.edu/alliance/Indian%20Education%20For%20All.htm> – good links to other education/cultural resources.

²⁰ Billings Area Indian Health Service - <http://www.ihs.gov/FacilitiesServices/areaOffices/billings/>

²¹ <http://www.smarxtdisposal.net/>

²² http://www.nwhc.org/krmc/content/index.cfm?cm_id=60