

Mental Disabilities Board of Visitors

SITE REVIEW REPORT

Riverfront Counseling and Support Center
Hamilton, Montana

August 17, 2007

Gene Haire

Gene Haire, Executive Director

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**Mental Disabilities Board of Visitors
Site Review Report
Riverfront Counseling and Support Center
August 17, 2007**

OVERVIEW

Mental Health Facility reviewed :

Riverfront Counseling and Support Center (RCSC)
Hamilton, Montana
Kimberlie Miller, MSW - Office Director

Authority for review :

Montana Code Annotated, 53-21-104

Purpose of review :

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

BOV review team :

Staff:

Gene Haire, Executive Director

Board:

Brodie Moll

Consultants:

Tom Bartlett, Consumer Consultant
Rhonda Champagne, MSW, Clinical Consultant
Jacki Hagen, PharmD - Pharmacology Consultant

Review process :

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

ACCOMPLISHMENTS IN FY 2007

- In September 2006, RCSC secured a building next to its campus and opened an adult group home – the first co-ed adult group home in the Bitterroot valley.
- RCSC received a large grant from the State of Montana and the Garden City Community Development Organization to fund the development of a combination group home – crisis stabilization center for Ravalli County. When completed, this facility will allow consumers in a mental health crisis to receive crisis stabilization services in Hamilton instead of having to go to Missoula.
- RCSC, in conjunction with Ravalli County Suicide Prevention Alliance, wrote and received a grant for suicide prevention efforts in Ravalli County. A suicide prevention coordinator was hired in February 2007; the coordinator has been providing training throughout the Bitterroot valley and is conducting a Teen Screen pilot project in area schools.
- During FY 2007, the Ravalli County Youth Court and RCSC developed a contract to provide family-based therapeutic services to identified youth court families as a preventative intervention with the goal of keeping families intact and providing support and education to families struggling with youth in need of intervention.

ASSESSMENT OF SERVICES

Adult Case Management

Brief Overview of Services (from RCSC program description)

“Case management provides assessment, service plan development, and crisis intervention services. Case managers assist consumers to obtain resources that exist in their home community including but not limited to: housing, health-related services, benefits and transportation. Either directly or through referral, case managers provide the supportive services and skills training needed for individuals to remain in their community at large to develop additional resources.”

Staffing

- 1 Clinical Supervisor
- 1 Team Leader - Supervisor
- 5 Case Managers

Adult Case Management	Comments / Analysis
Overall impression of Adult Case Management services:	<p>Quality staff doing some very good work.</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ Very dedicated and experienced group of case managers. <p><u>Concerns:</u></p> <ul style="list-style-type: none"> ▪ Case managers appear to have budget-based travel restrictions that could negatively affect the level of service to the people served. These restrictions have the potential to severely limit the ability to serve people in outlying areas. Since people with severe disabling mental illness tend to live in outlying areas of Ravalli County where rent is more affordable, this could specifically affect the people this service targets. <p><u>Suggestions:</u></p> <ul style="list-style-type: none"> ▪ Consider ways to ease the restriction on travel for case managers to possibly include discussions with the Addictive and Mental Disorders Division regarding reimbursement.

Adult Day Treatment (New Beginnings)

Brief Overview of Services (from RCSC program description)

“Provides services in the areas of independent living skills, crisis intervention, pre-vocational and vocational skill-building, socialization, and recreation. Promotes increasing levels of independence in consumers’ functioning.”

Staffing

- 1 Clinical Supervisor
- 1 Program Manager
- 1 Community Based Rehabilitation Aide

Adult Day Treatment (New Beginnings)	Comments / Analysis
Overall impression of RCSC Adult Day Treatment services.	<p>‘New Beginnings’ is a small facility averaging eight daily attendees and presents itself as an activity program. Focus is on community integration, recreation and providing a safe environment.</p> <p><u>Strengths:</u></p> <ul style="list-style-type: none"> ▪ Program requires a bachelor’s degree as minimum educational level for direct care staff. ▪ Designed to actively promote strong consumer ownership and decision making ability. ▪ The building is new, clean, warm, and welcoming. ▪ Program rules and expectations are clearly posted. ▪ The environment and attitude of staff provide the atmosphere needed to prevent the exacerbation of mental illness. ▪ Consumers have a strong sense of ownership and make personal decisions about participation. ▪ Staff is knowledgeable, kind, respectful, and treats consumers with dignity. ▪ The activity planning is driven by consumer choice. Service evaluation is ongoing - staff and consumers appear open to change and improvement. ▪ Consumers felt immediate ownership through their participation in fund-raising the majority of start up costs. ▪ Consumers are empowered to make decisions regarding funds earned by the snack bar. ▪ The daily community meeting allows a forum for consumers to present ideas and receive needed support for implementing suggestions, and allows them to be included in budgeting decisions.

- Computer room/space provides opportunities for education, access to information, ability to research ideas, and promotes empowerment.
- Communication is a definite strength of the program; all staff - administrative, clinical, and support - participate in meetings and trainings, thereby engendering the development of a total team and comprehensive approach to services.

Concerns:

- Program missed an opportunity to assist a consumer in accessing the community employment service when he stated "I wished I could get a job".
- Having a television turned on during the day in the day treatment program is not consistent with the program's purpose.
- While it is a good program and still in the process of establishing itself, New Beginnings has not adopted a proven model of treatment to use as a structure for building the program.
- There appears to be a tendency for New Beginnings staff to be overly protective of consumers which may not allow enough room for consumers to learn accountability, or to learn from "failing" within a supportive environment.

Suggestions:

- New Beginnings has a unique and time-sensitive opportunity to move from a good activity-based-program to an innovative treatment-based program. Given the newness of the program, the existing fundamental qualities, and the fact that the program currently reflects many of the aspects of a recovery model, New Beginnings has an opportunity to research and move proactively toward a 'best practice' community-valued program oriented around the concepts of "recovery".
- Keep the grievance procedure form readily accessible to consumers in the day treatment program.
- Consider removing the term 'closely resemble' from mission statement.

Adult Group Home

Brief Overview of Services (from RCSC program description)

“Provide residential treatment for adults with a mental illness.”

Staffing

- 1 Program Manager/Supervisor
- 6 Residential Care Workers

Adult Group Home	Comments / Analysis
Overall impression of the Adult Group Home services.	<p><u>Strengths:</u></p> <ul style="list-style-type: none">▪ Very neat and clean, with a comfortable living room including: television, stereo, lots of books and a computer for the residents to use. <p><u>Concerns:</u></p> <ul style="list-style-type: none">▪ The “Basic Behavioral Expectations Evaluations Form” for each group home resident was posted on the cabinet just inside the front door. Residents or anyone visiting inside the home or anyone standing outside the front door and looking in the glass panes could immediately see the evaluations. <p><u>Recommendation:</u></p> <ol style="list-style-type: none">1) Move the “Basic Behavioral Expectations Evaluations Form” for each group home resident to a location that is accessible only to staff.

Emergency Services / Crisis Response Team

Brief Overview of Services (from RCSC program description)

No written description.

Staffing

- 2 Mental Health Professionals - on-call
- 4 additional Master's level staff on-call

Emergency Services / Crisis Response Team	Comments / Analysis
Overall impression of Emergency Services?	While RCSC does provide emergency response services, and appears to provide professional services to those who access it, the system for consumers to obtain access to a mental health professional is confusing and seems patched together (see additional comments under Crisis Response and Intervention Services , p. 35)

Outpatient Services

Brief Overview of Services (from RCSC program description)

“Outpatient therapy services may include individual, family, or group therapy. The goals of outpatient therapy are: reduction of symptoms, achievement of client goals, skill building and problem solving, increase positive family interactions, maintain placement in community, provide services in the least restrictive environment.”

Staffing

- 1 clinical supervisor
- 6 therapists
- 1 contract therapist for jail evaluations

Outpatient Services	Comments / Analysis
Overall impression of Outpatient services.	Outpatient therapy appears to be good, basic mainstream services. <u>Concerns:</u> <ul style="list-style-type: none">▪ There is no mention in the program description about recovery as the foundation of services.

Psychiatry Medication Management / Medication Monitoring

Brief Overview of Services (from WMMHC clinical policy manual)

“The Center shall ensure that medication management services are available to clients with a need for medication to treat their mental illness(es).”

Staffing

- 1 psychiatrist one day per week
- 1 APRN three days per month

Psychiatry / Medication Management / Medication Monitoring	Comments / Analysis
Overall impression of Psychiatry / Medication Management / Medication Monitoring.	<p>The part time psychiatrist and APRN do a good job with the time they have available. RCSC staff work hard to augment medication prescription services with community general practice physicians.</p> <p>See comments throughout this report regarding the problematic psychiatric coverage.</p> <p><u>Concerns:</u></p> <ul style="list-style-type: none"> ▪ There is a severe shortage of psychiatric prescribers available to this program, with a 6-7 month waiting period for an initial prescriber appointments. Western Montana Mental Health Center prescribers (one psychiatrists and one advance practice registered nurse) travel to Hamilton from Missoula on a very limited schedule. Program depends heavily on local primary care physicians to prescribe psychiatric medications.

MENTAL DISABILITIES BOARD of VISITORS STANDARDS

Organizational Structure, Planning, Service Evaluation

Criteria	Comments / Analysis
Organizational Structure	
Are the lines of authority and accountability in both the RCSC organizational chart and in practice:	Riverfront is a physically compact program organized on a small campus; all staff work in close proximity to each other, are familiar with all of the working components of the program.
➤ simple and clear for all staff?	YES
➤ lead to a single point of accountability for RCSC across all sites, programs, professional disciplines and age groups?	YES
Does RCSC have a structure that identifies it as a discrete entity within the larger system of mental health services?	YES
Does structure of RCSC :	
➤ promote continuity of care for consumers across all sites, programs, and age groups?	YES
➤ reflect / support a multidisciplinary approach to planning, implementing, and evaluating care?	YES
Planning	
Does RCSC produce and regularly review a strategic plan that is made available to the defined community?	NO Recommendation: 2) Develop a strategic plan in consultation with staff, consumers, family members/carers, and community agencies.
Is the RCSC strategic plan developed and reviewed through a process of consultation with staff, consumers, family members/carers, other appropriate service providers and the defined community?	see above
Does the RCSC strategic plan include:	see above
➤ consumer and community needs analysis?	see above

➤ strategy for increasing the use of evidence-based practices? ^{1 2}	see above
➤ strategy for the measurement of health and functional outcomes for individual consumers?	see above
➤ strategy for maximizing consumer and family member / carer participation in the mental health service?	see above
➤ strategy for improving the skills of staff?	see above
Does RCSC have operational plans based on the strategic plan, which establish time frames and responsibilities implementation of objectives?	see above
Evaluation	
Are designated staff of RCSC accountable and responsible for the evaluation of all aspects of the service?	NO On the regional level, WMMHC does conduct Quality Assurance Review by sampling client charts. This review focuses on requirements for completion of various documentation. This process does not appear to work off of quality markers for services themselves or evaluate services or client outcomes.
Does RCSC involve the following in the evaluation of its services:	see above
➤ consumers?	WMMHC has a "Client Satisfaction Survey" form. The designated quality assurance staff person visited with clients and advocates at four center locations - including Hamilton - in February and March 2007 to get feedback about what kind of questions they wanted to see on this survey form. There is no current report with results of a satisfaction survey.
➤ family members / carers?	NO
➤ RCSC staff?	see above
➤ other service providers?	NO
Does RCSC routinely measure health and functional outcomes for individual consumers using a combination of accepted quantitative and qualitative methods?	BOV did not see evidence of this. An "Adult Client Plan for Recovery" is used, which includes a functional assessment, however - beyond periodic documentation of plan updates - there is no ongoing measurement of incremental outcomes.

¹ Adults: Illness Management and Recovery, Assertive Community Treatment / Case Management, Family Psycho-education, Supported Employment, Co-occurring Disorders.

² Children: Family Education and Support Services, Family-Based Prevention and Intervention Programs, In-Home Crisis Services, Home and Community-Based Services Waiver, Intensive Case Management, and School-Based Mental Health Services.

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

Rights, Responsibility, Safety, and Privacy

Criteria	Comments / Analysis
Rights and Responsibility	
Does RCSC define the rights and responsibilities of consumers and family members/carers?	YES
Does RCSC actively promote consumer/parent/carer access to independent advocacy services and prominently display posters and/or brochures that promote independent advocacy services including the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program?	<p>Strengths:</p> <ul style="list-style-type: none"> ▪ Consumers are given a copy of both their Mental Health Rights and the Western Montana Mental Health Center Client Grievance Process upon initial intake. ▪ Riverfront displays an 8x11 sheet of paper at the front desk/reception area listed with phone numbers to Mental Disabilities Board of Visitors, Mental Health Ombudsman, and Montana Advocacy Program. ▪ Employees appear responsive to consumer complaints and follow through with internal and external grievance process. <p>Concerns:</p> <ul style="list-style-type: none"> ▪ There may be room for improvement in actively promoting access to independent advocacy services. <p>Recommendation:</p> <p>3) Display posters and/or brochures that promote independent advocacy services including the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program in every RCSC location accessible to consumers and family members.</p>
Does RCSC have an easily accessed, responsive, and fair complaint / grievance procedure for consumers and their family members/carers to follow?	<p>In an open forum with a group of consumers, BOV heard adamant criticism of the complaint resolution process from several consumers. Other consumers in this group voiced satisfaction and gave specific examples. One of the consumers who was most vocal in criticizing the responsiveness, reported having a positive experience with the Program Director when she worked with him to address several of his concerns.</p> <p>Concerns:</p> <ul style="list-style-type: none"> ▪ Consumers are directed to go to the main building as the grievance paperwork is kept only at the reception area. This process has potential to increase anxiety as consumers move through layers of procedure and staff inquiry prior to receiving grievance paperwork. ▪ Although Riverfront has a fair process, the written complaint/grievance form is not easily accessible and is not written in a way that is easily understandable to consumers. ▪ There are several vocal, articulate consumers who repeatedly voice dissatisfaction with aspects of RCSC services - and the process of addressing their feelings/situations. While it appears to BOV that RCSC is accessible and responsive to consumers' complaints, it is clear that not everyone agrees with this. ▪ The ongoing rancor among the consumers who are unhappy is creating an atmosphere in and around services that appears unhealthy - with possible detriment to the effectiveness of services for other consumers.

	<p>Suggestions:</p> <ul style="list-style-type: none"> ▪ Consider organizing a series of open discussions - possibly with a facilitator - for consumers and RCSC staff to address consumers' complaints. Establish a structure for these discussions that is designed to: (1) define the parameters for the discussion, (2) specifically identify valid areas of concern - but also to identify complaints that may not be objectively valid, (3) give consumers every opportunity to voice their concerns, and (4) to develop concrete solutions. <p>Recommendation:</p> <ol style="list-style-type: none"> 4) Proactively provide all information about the complaint/grievance process to consumers in a supportive manner in each service area/location. 5) Display information about the complaint/grievance process in all service areas. 6) Make grievance forms and assistance in filling them out readily available in each service area/location.
<p>Does RCSC <u>display in prominent areas</u> of RCSC 's facilities:</p>	
<p>➤ information about advocacy services available (the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program)?</p>	<p>NO</p> <p>Strengths:</p> <ul style="list-style-type: none"> ▪ Riverfront displays an 8x11 sheet of paper at the front desk/reception area in the main building listing phone numbers to Mental Disabilities Board of Visitors, Mental Health Ombudsman, and Montana Advocacy Program. <p>Concerns:</p> <ul style="list-style-type: none"> ▪ Information about advocacy services is displayed only in the main building. <p>Recommendation:</p> <ol style="list-style-type: none"> 7) Display information about advocacy services available in all service areas.
Safety	
<p>Does RCSC protect consumers from abuse, neglect, and exploitation by its staff and agents?</p>	<p>YES</p> <p>Strengths:</p> <ul style="list-style-type: none"> ▪ RCSC conduct appropriate criminal background checks on staff. Consumers spoke highly of staff personnel and expressed no history of concern.
<p>Has RCSC fully implemented the abuse / neglect reporting requirements of 53-21-107, MCA?</p>	<p>YES</p>

<p>Are RCSC staff trained to understand and to appropriately and safely respond to aggressive and other difficult behaviors?</p>	<p>YES</p> <p>Strengths:</p> <ul style="list-style-type: none"> ▪ RCSC conducts annual Mandt training courses focusing on de-escalation through communication. ▪ RCSC has guidelines/protocol to follow for a consumer in crisis. Guidelines are clearly posted. ▪ RCSC has an “aggressive behavior” policy detailing behavioral limits and responses relative to the aggressor’s and others’ safety. <p>Suggestions:</p> <ul style="list-style-type: none"> ▪ Consider Incorporating non-invasive confrontational techniques into bi-monthly trainings/meetings.
<p>Do RCSC staff members working alone have the opportunity to access other staff members at all times in their work settings?</p>	<p>YES</p>
<p>Do consumers have the opportunity to access staff of their own gender?</p>	<p>YES</p>
<p>Does RCSC have a procedure for debriefing events involving restraint, seclusion, or emergency medications; aggression by consumers against other consumers or staff; and consumer self-harm; and for supporting staff and consumers during and after such events?</p>	<p>YES</p>

Informational Documents

Criteria	Comments / Analysis	
Does RCSC have and proactively provide the following in writing to consumers and family members/carers:	HAVE	Provide
➤ information about consumer rights and responsibilities including complaint / grievance procedure?	yes	yes
➤ information about assistance available from BOV	This information is posted in the main RCSC building, but is not provided to consumers and family members/carers.	
➤ descriptions of program services?	yes	yes
➤ mission statement ?	yes	no
➤ information about all mental health/substance abuse treatment service options available in the community?	yes	yes
➤ information about psychiatric / substance use disorders and their treatment?	yes	yes
➤ information about medications used to treat psychiatric disorders?	no	no
➤ information about opportunities for consumer / family member / carer participation in management and evaluation of the service?	yes	yes
➤ staff names, job titles, and credentials?	no	no
➤ organization chart ?	no	no
➤ staff code of conduct ?	yes	no

Does RCSC maintain and use the following documents to facilitate internal quality improvement and to support positive consumer outcomes? (* documents available to consumers and family members / carers and others on request).	HAVE	PROVIDE ON REQUEST
➤ * strategic plan?	no	n/a
➤ * quality improvement plan?	no	n/a
➤ * service evaluation report(s) including outcome data?	WMMHC tracks general organizational quality assurance information related to charting required by licensing. Consumer outcome data is not tracked.	n/a
➤ * description of minimum competency and knowledge for staff position providing service to consumers and staff positions supervising direct care staff?	Very general competency descriptions are contained in position descriptions. These do not describe specific competency/knowledge requirements relative to serious mental illnesses, working with adults with SDMI, recovery, etc.	n/a
➤ * written orientation and training material for all direct service staff addressing mental illnesses, treatment modalities, and other topics related to provision of mental health services specific to each position?	no	no
➤ * written orientation and training material for consumers / family members / carers relative to roles in service provision, management, advising, or evaluating of the service?	no	no

Consumer / Family Member Participation

Criteria	Comments / Analysis
Does RCSC recognize the importance of, encourage, and provide opportunities for consumers to direct and participate actively in their treatment and recovery?	<p>YES</p> <p>Strengths:</p> <ul style="list-style-type: none"> ▪ Generally most of the RCSC consumers appear to believe that they are encouraged to participate in their own treatment and recovery. Some expect a great deal more and should have the opportunity to direct their treatment and recovery to the extent they wish. <p>Concerns:</p> <ul style="list-style-type: none"> ▪ Without having a regularly-available psychiatrist in Hamilton for patients to work with, opportunities are restricted for full participation in directing their treatment and recovery.
Does RCSC identify consumers' family members/carers and address the parameters for communication with them regarding consumers' treatment and for their involvement in treatment and support?	<p>Strengths:</p> <ul style="list-style-type: none"> ▪ Family members are included if it is obvious that they are interested. <p>Concerns:</p> <ul style="list-style-type: none"> ▪ RCSC is not assertively proactive in determining whether family may be interested in involvement in their family member's treatment.
Does RCSC :	
<ul style="list-style-type: none"> ➤ promote, encourage, and provide opportunities for consumer and family member/carer participation in the operation of the mental health service (ex: participation on advisory groups, as spokespeople at public meetings, in staff recruitment and interviewing, in peer and staff education and training, in family and consumer peer support)? ➤ promote, encourage, and provide opportunities for consumers and family member/carer participation in the evaluation of RCSC (ex: evaluation of 'customer service', effectiveness of communication with consumers and family members/carers, achievement of outcomes)? 	<p>Strengths:</p> <ul style="list-style-type: none"> ▪ Consumers are actively involved in advisory groups and as spokespersons at public events. <p>Concerns:</p> <ul style="list-style-type: none"> ▪ Consumers are not involved in staff recruitment and interviewing, peer and staff education and training, or family and consumer peer support. ▪ While WMMHC does have a consumer satisfaction survey form, a completed report of such a survey was not provided to BOV. <p>Suggestions:</p> <ul style="list-style-type: none"> ▪ Explore additional ways to more fully empower and engage consumers and family members in the operation and evaluation of the mental health service; consider specific ways to include consumers and family members in staff recruitment and interviewing, in peer and staff education and training, in family and consumer peer support, and in ongoing, comprehensive evaluation of 'customer service', effectiveness of communication with consumers and family members/carers, achievement of outcomes.
<ul style="list-style-type: none"> ➤ have written descriptions of these activities? 	<p>NO</p>

Promotion of Community Understanding of Mental Illness

Criteria	Comments / Analysis
Does RCSC work collaboratively with the community to initiate and participate in a range of activities designed to promote acceptance of people with mental illnesses by reducing stigma in the community?	YES Strengths: <ul style="list-style-type: none"> Some staff members are actively involved with the Local Advisory Council and encourage consumer participation.

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

Criteria	Comments / Analysis
Promotion of Mental Health	
Does RCSC work collaboratively with state, county, and local health promotion units and other organizations to conduct and manage activities that promote mental health?	NO
Does RCSC provide information to mainstream workers and the defined community about factors that prevent exacerbation of mental illnesses?	NO
Does RCSC provide to consumers and their family members/carers information about mental health support groups and mental health-related community forums and educational opportunities?	YES
Promotion of Physical Health	
For all new or returning consumers, does RCSC perform a thorough physical / medical examination or ensures that a thorough physical / medical examination has been performed within one year of the consumer entering / re-entering the service?	NO Recommendation: 8) Establish a process for ensuring that all consumers served by RCSC receive a thorough physical / medical examination or that a thorough physical / medical examination has been performed within one year of the consumer entering / re-entering the service.
Does RCSC link all consumers to primary health services and ensures that consumers have access to needed health care?	YES

<p>Does RCSC proactively rule out medical conditions that may be responsible for presenting psychiatric symptoms?</p>	<p>RCSC physician and nurse practitioner do this as a function of their limited involvement with the program. Case Managers and other staff work with consumers and their primary care physicians to address.</p> <p>Concerns:</p> <ul style="list-style-type: none"> ▪ Lack of onsite psychiatrist and other medical personnel make this minimal at best.
<p>Does RCSC ensure that consumers have access to needed dental care?</p>	<p>NO</p> <p>Recommendation:</p> <p>9) Establish a process for ensuring that all consumers served by RCSC have access to needed dental care.</p>
<p>Prevention of Exacerbation of Mental Illness</p>	
<p>Does RCSC proactively and assertively identify and appropriately reach out to vulnerable individuals in the defined community, including 'unattached' individuals with mental illnesses, mentally ill older adults, consumers of mentally ill parents, and parents of mentally ill consumers?</p>	<p>YES</p> <p>Strengths:</p> <ul style="list-style-type: none"> ▪ RCSC has staff attached to most community groups and provide outreach and education to other providers and the community at large. ▪ RCSC reaches out to unattached individuals who are brought to its attention by other agencies and attempts to engage them in services if appropriate.
<p>Does RCSC assist each enrolled consumer to develop a relapse management plan that identifies early warning signs of relapse and describes appropriate actions for the mental health service, consumers, and family members/carers to take?</p>	<p>NO</p>

Cultural Competence

Criteria	Comments / Analysis
Does RCSC ensure that its staff are knowledgeable about cultural, ethnic, social, historical, and spiritual issues relevant to the mental health of and provision of treatment of mental illness relevant to all people in the defined community, with a specific emphasis on American Indian people?	RCSC has no formal process or training for ensuring cultural competence. See comments below.
In the planning, development, and implementation of its services, does RCSC consider the unique needs of, promote specific staff training for, and involve representatives of relevant cultural / ethnic / religious / racial groups, with a specific emphasis on American Indian people?	YES
Does RCSC investigate under-utilization of mental health services by people in minority cultural / ethnic / racial groups, with a specific emphasis on American Indian people?	NO
Does RCSC employ specialized treatment methods and communication necessary for people in minority cultural / ethnic / racial groups, with a specific emphasis on American Indian people?	See comments below.
Does RCSC deliver treatment and support in a manner that is sensitive to the unique cultural, ethnic, and racial issues and spiritual beliefs, values, and practices of all consumers and their family members/carers, with a specific emphasis on American Indian people?	YES While RCSC has no formal cultural competence expectations or training for staff, there is a clear sensitivity to these issues. Relevant issues are addressed incidentally in staffings.
Does RCSC employ staff or develops links with other service providers / organizations with relevant experience and expertise in the provision of treatment and support to people from all cultural / ethnic / religious / racial groups represented in the defined community, with a specific emphasis on American Indian people?	YES Strengths: <ul style="list-style-type: none"> ▪ RCSC employs several staff members who are either American Indian and Hispanic, or who have worked for extensive periods of time on Montana Indian reservations. ▪ There is reportedly significant religious diversity among RCSC staff that has been helpful in providing good perspective on cultural differences. ▪ RCSC has established working relationships with therapists in the Hamilton community who have cultural expertise. ▪ RCSC works with the Indian Center in Missoula when it has questions or needs consultation.
With regard to its own staff, does RCSC 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?	YES

Integration and Continuity of Services

Criteria	Comments / Analysis
Within the Organization	
Does RCSC ensure service integration and continuity of care across its services, sites, and consumers' life spans?	YES
Does RCSC convene regular meetings among staff of each of its programs and sites in order to promote service integration and continuity?	YES
Within the Community	
Does RCSC actively participate in an integrated human services system serving the defined community, and nurture inter-community links and collaboration?	YES
Are RCSC staff knowledgeable about the range of other community agencies available to consumers and family members/carers?	YES
Does RCSC support its staff, consumers, and family members/carers in their involvement with other community agencies wherever necessary and appropriate?	YES
Within the Health System	
Is RCSC part of the general health care system and does it promote and support comprehensive health care for consumers (including access to specialist medical resources) and nurture inter-agency links and collaboration?	YES
Are RCSC staff knowledgeable about the range of other health resources available to consumers and provide information on and assistance in accessing other relevant services?	YES
Does RCSC ensure continuity of care for consumers referred outside the mental health service for a particular therapy?	YES

Staff Competence, Training, Supervision, Relationships with Consumers

Criteria	Comments / Analysis
Competency and Training	
Does RCSC define minimum knowledge and competency expectations for each staff position providing services to consumers?	<p>Minimum knowledge and competency expectations are very generally described in position descriptions.</p> <p>Concerns:</p> <ul style="list-style-type: none"> ▪ Minimum knowledge and competency expectations for staff who work with adults with SDMI appear rudimentary.
Does RCSC define specific roles and responsibilities for each staff position providing services to consumers?	Staff roles are very generally described in position descriptions.
Does RCSC have a written training material for new staff focused on achieving minimum knowledge and competency levels?	<p>NO</p> <p>Recommendation:</p> <p>10) Develop a written training material for new staff focused on achieving minimum knowledge and competency levels.</p>
Does RCSC train new staff in job-specific knowledge and skills OR requires new staff to demonstrate defined minimum knowledge and competency prior to working with consumers?	<p>Concerns:</p> <ul style="list-style-type: none"> ▪ There is some basic first aid/CPR and behavior management training (Mandt) that is provided to staff, but there does not appear to be a formal orientation/training process. On the job training and job shadowing appears to be the primary training technique. <p>Recommendation:</p> <p>11) Develop a process for training new staff in job-specific knowledge and skills OR requires new staff to demonstrate defined minimum knowledge and competency prior to working with consumers.</p>
Does RCSC proactively provide staff opportunities for ongoing training including NAMI Provider Training, NAMI-MT Mental Illness Conference, Mental Health Association trainings, Department of Public Health and Human Services trainings, professional conferences, etc?	<p>YES</p> <p>Strengths:</p> <ul style="list-style-type: none"> ▪ RCSC budgets (limited) funds for staff to use for training opportunities, such as NAMI and other training. ▪ RCSC occasionally brings in professionals to provide brief trainings for staff.

Supervision	
Does RCSC provide active formal and informal supervision to staff?	YES Strengths: <ul style="list-style-type: none"> ▪ RCSC includes all levels of staff in bi-monthly meetings/trainings, and is proactive in their informal supervision of staff.
Does RCSC periodically assess staff and identify and addresses knowledge and competence deficiencies?	YES
Relationships with Consumers	
Do RCSC staff members demonstrate respect for consumers by incorporating the following qualities into the relationship with consumers: positive demeanor, empathy, calmness, validation of the experiences, feelings, and desires of consumers?	YES Strengths: <ul style="list-style-type: none"> ▪ Staff is knowledgeable, kind, respectful, and treats consumers with dignity. Staff members present in a calm manner and validate consumers. The calm and trusting atmosphere is a great strength of RCSC services.

Treatment Planning, Documentation, and Review

Criteria	Comments / Analysis
General	
Does the RCSC use a multidisciplinary approach in its treatment planning and review process?	YES
With consumers' consent, do RCSC assessments, treatment planning sessions, and treatment reviews proactively include the participation of and provision of information by family members/carers, other service providers, and others with relevant information?	Family members are included if it is obvious that they are interested. RCSC is not assertively proactive in determining whether family may be interested in involvement in their family member's treatment.
Treatment Planning	
Does RCSC proactively involve consumers, and with consumers' consent, family members/carers, and others in the development of initial treatment plans?	See comments above.
Does a treatment plan exist for each enrolled consumer?	YES
Are treatment plans implemented as written?	YES per documentation in charts
Documentation	
Does RCSC use an electronic, computerized health record system with online capability for recordkeeping and documentation of all mental health services provided to all of its consumers?	NO
Is treatment and support provided by RCSC recorded in an individual clinical record that is accessible throughout the components of the mental health service?	YES
Is RCSC documentation a comprehensive, sequential record of consumers' conditions, of treatment and support provided, of consumers' progress relative to specific treatment objectives, and of ongoing adjustments made in the provision of treatment and support that maximize consumers' potential for progress?	YES
Is there clear documentation of a proactive approach to involving consumers and family members/carers in a meaningful way in the service planning and revision?	See comments above.

Treatment and Support

Criteria	Comments / Analysis
General	
Is treatment and support provided by RCSC evidence-based ³ ?	
➤ <u>Illness Management & Recovery</u>	NO
➤ <u>Assertive Community Treatment</u>	NO Concerns: ▪ RCSC does not have a PACT program.
➤ <u>Family Psychoeducation</u>	NO
➤ <u>Supported Employment</u>	NO
➤ <u>Integrated Treatment for Co-Occurring Disorders</u>	WMMHC is participating in co-occurring disorders treatment system change project sponsored by AMDD and is moving in the direction of developing an integrated approach to treating people with co-occurring psychiatric and substance use disorders. (See comments under Co-Occurring Psychiatric And Substance Use Disorders p. 34.)
Is treatment and support provided by RCSC recovery-oriented?	Some aspects of the recovery model are present in RCSC services. RCSC has not specifically embraced or proactively incorporated recovery concepts into its overall treatment approach.
Does RCSC provide education for consumers, family members/carers, and staff which maximizes the effectiveness of consumer / family member / carer participation in consumers' treatment ?	NO

³ For the purposes of its Standards for Site Reviews of Mental Health Facilities, BOV references criteria based on evidence-based practice guidelines developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS). Detailed information is on the following website: <http://www.mentalhealthpractices.org/> .

Case Management	
Does RCSC provide comprehensive, individualized case management and support to consumers with severe mental illness?	YES
Based on individualized needs assessment, does RCSC provide or facilitates access to assertive community treatment based on the PACT© model?	NO Concerns: <ul style="list-style-type: none"> ▪ RCSC does not provide PACT services. Consumers who live in the Hamilton area do not have access to PACT services unless they move to Missoula (closest PACT program).
Does RCSC establish maximum caseload sizes?	NO Case load sizes are 20 - 25.
Does RCSC monitor caseloads to ensure that excessive caseload sizes do not compromise service quality or consumer access to case managers?	YES
Employment	
Does RCSC identify employment needs and desires of consumers in the treatment plan, and assist consumers in defining life roles with respect to work and meaningful activities?	NO Concerns: <ul style="list-style-type: none"> ▪ RCSC does not have an employment program. Recommendation: 12) Develop a program to place and support adult consumers in integrated jobs in the community.
Family and Relationships	
Does RCSC's treatment and support provide consumers with the opportunity to strengthen their family and other valued relationships?	YES
Does RCSC offers Family Psycho-education to consumers' family members and family members/carers ^{4, 5, ?}	NO

⁴ Dixon, L., McFarlane, W.R., Lefley, H., Lucksted, A., Cohen, M., Falloon, I., et al. (2001). Evidence-based practices for services to families of people with psychiatric disabilities. *Psychiatric Services*, 52(7), 903-910.

⁵ Information on Family Psycho-education at : <http://www.mentalhealthpractices.org/fam.html>

Medication	
Is RCSC medication prescription protocol evidence-based and reflect internationally accepted medical standards?	YES Strengths: <ul style="list-style-type: none"> ▪ Solid prescribing practices. ▪ Very few 'when needed" (PRN) prescriptions, each of which had very well-defined parameters. ▪ No indication of the use of "poly-pharmacy".
At RCSC facilities, is medication prescribed, stored, transported, administered, and reviewed by authorized persons in a manner consistent with legislation, regulations and professional guidelines?	Strengths: <ul style="list-style-type: none"> ▪ Very few medications are stored/administered by RCSC. ▪ The group home keeps an accurate log of medications that are administered. Each medication is in a bubble pack and stored in a locked cabinet. Concerns: <ul style="list-style-type: none"> ▪ The meds outside of the group home and in the main facility did not have any written system for keeping track of the administration of medications, including medication samples. Recommendation: 13) Develop and use a log to track administration /distribution of all medications with date, patient name, medication name, quantity/dosage administered/received.
The RCSC consumers and their family members/carers provided with understandable written and verbal information on the potential benefits, adverse effects, costs and choices with regard to the use of medication?	The prescriber verbally discusses medications and effects with patients and recommends the internet for more info. Concerns: <ul style="list-style-type: none"> ▪ No written information on medications is provided to consumers/family members. Not all consumers/family members have internet access. Suggestion: Provide written medication information to consumers/family members.
Where the consumer's medication is administered by RCSC , is it administered in a manner that protects the consumer's dignity and privacy?	YES
Is "medication when required" (PRN) only used as a part of a documented continuum of strategies for safely alleviating the consumer's distress and/or risk?	YES
Does RCSC ensure access for the consumer to the safest, most effective, and most appropriate medication and/or other technology?	YES
Does RCSC consider and document the views of consumers and, with consumers' informed consent, their family members/carers and other relevant service providers prior to administration of new medication and/or other technologies?	YES Strengths: <ul style="list-style-type: none"> ▪ Prescribers make recommendations and works with consumers for final prescription decisions.

<p>Does RCSC acknowledge and facilitate consumers' right to seek opinions and/or treatments from other qualified prescribers and promote continuity of care by working effectively with other prescribers?</p>	<p>Strengths:</p> <ul style="list-style-type: none"> ▪ A sample of charts included medication histories and current prescriber names. <p>Concerns:</p> <ul style="list-style-type: none"> ▪ Details of medications prescribed by prescribers outside of RCSC are not in consumers' charts.
<p>Where appropriate, does RCSC actively promote adherence to medication through negotiation and the provision of understandable information to consumers and, with consumers' informed consent, their family members/carers?</p>	<p>YES</p>
<p>Wherever possible, does RCSC not withdraw support or deny access to other treatment and support programs on the basis of consumers' decisions not to take medication?</p>	<p>YES</p>
<p>For new clients, does RCSC ensure timely access to a psychiatrist or mid-level practitioner for initial psychiatric assessment and medication prescription within a time period that does not, by its delay, exacerbate illness or prolong absence of necessary medication treatment⁶?</p>	<p>NO</p> <p>Concerns:</p> <ul style="list-style-type: none"> ▪ A psychiatrist comes to the Hamilton office once per week - primarily to see adult consumers (~270 total caseload); an APRN comes to the Hamilton office three times per month - primarily to see children consumers (~135 total caseload). ▪ There is a 6 - 7 month wait for new consumer medication appointments. ▪ RCSC has been actively recruiting for another prescriber for over one year without success. ▪ It is imperative that another psychiatric prescriber joins the team ASAP.
<p>For open clients, does RCSC provide regularly scheduled appointments with a psychiatrist or mid-level practitioner to assess the effectiveness of prescribed medications, to adjust prescriptions, and to address clients' questions / concerns in a manner that neither compromises neither clinical protocol nor client – clinician relationship?</p>	<p>YES</p> <p>Strengths:</p> <ul style="list-style-type: none"> ▪ Once a consumer gets in to see a prescriber, follow-up appointments are scheduled every 3 months or more often as needed. <p>Concerns:</p> <ul style="list-style-type: none"> ▪ With such an acute shortage of prescriber time available to this program, it is unclear whether adequate "as needed" appointments are available.
<p>When legitimate concerns or problems arise with prescriptions, do RCSC consumers have immediate access to a psychiatrist or mid-level practitioner?</p>	<p>YES</p> <p>Concerns:</p> <ul style="list-style-type: none"> ▪ Immediate access to prescribers is through the crisis telephone system. The on-call therapist can contact a prescriber when necessary. Per the prescriber schedule described above, availability in Hamilton is spotty. ▪ It is unclear whether this system is adequate for situations requiring quick, on-site response.

⁶ For individuals who are in crisis or at risk of crisis or whose need for medications has created significant distress, access is immediate. For individuals who are relatively stable (housing in place, access to food, short term family or other support available), access is within one week of initial contact.

<p>Are medication allergies and adverse medication reactions are well documented, monitored, and promptly treated?</p>	<p>YES</p> <p>Strengths:</p> <ul style="list-style-type: none"> ▪ This is all well documented in the initial intake and in progress notes.
<p>Are medication errors are documented?</p>	<p>YES</p>
<p>Is there a quality improvement process in place for assessing ways to decrease medication errors?</p>	<p>YES</p>
<p>Are appropriate consumers screened for tardive dyskinesia?</p>	<p>YES</p> <p>Strengths:</p> <ul style="list-style-type: none"> ▪ Anecdotal documentation in histories and progress notes indicates that TD monitoring is occurring.
<p>Is the rationale for prescribing and changing prescriptions for medications documented in the clinical record?</p>	<p>YES</p> <p>Strengths:</p> <ul style="list-style-type: none"> ▪ Rationale can be found for all changes. <p>Concerns:</p> <ul style="list-style-type: none"> ▪ One has to search through many pages to find each rationale as the “Medication Change / Reaction” form is not being updated. <p>Suggestions:</p> <ul style="list-style-type: none"> ▪ Consistently use the “Medication Change / Reaction” form.
<p>Is medication education provided to consumers including “adherence” education?</p>	<p>YES</p> <p>Strengths:</p> <ul style="list-style-type: none"> ▪ Prescribers and case managers do this verbally.
<p>Is there a clear procedure for the use of medication samples?</p>	<p>NO</p> <p>Concerns:</p> <ul style="list-style-type: none"> ▪ A large quantity of samples are available, but there exists no current log or procedure. <p>Recommendation:</p> <p>14) Develop a “medication sample log” to be completed by a licensed healthcare professional (MD, RN, LPN) that accounts for all samples received by RCSC, specific quantities of samples that are distributed to consumers, date of distribution; this log should clearly indicate running totals of sample medication on hand.</p>

<p>Are unused portions of medications disposed of appropriately after expiration dates?</p>	<p>NO</p> <p>Concerns:</p> <ul style="list-style-type: none"> ▪ Meds are currently being flushed. This procedure does not meet the standards for medication disposal. <p>Recommendation:</p> <p>15) a) Obtain a sharps container and pour all expired medications in that. Once full, find a local pharmacy that takes these medications and disposes of them properly. b) Develop a log that accounts for all unused/expired medications.</p>
<p>Are individual consumers' medications disposed of properly when prescriptions are changed?</p>	<p>NO</p> <p>Concerns:</p> <ul style="list-style-type: none"> ▪ (same concern and recommendation as above)
<p>Is there a clear procedure for using and documenting emergency medication use, including documentation of rationale, efficacy, and side effects?</p>	<p>Emergency medications are not administered by RCSC.</p>
<p>Is there a clear procedure for using and documenting 'involuntary' medication use, including documentation of rationale, efficacy, and side effects?</p>	<p>Involuntary medications are not administered by RCSC.</p>
<p>Are there procedures in place for obtaining medications for uninsured or underinsured consumers?</p>	<p>YES</p> <p>Strengths:</p> <ul style="list-style-type: none"> ▪ RCSC assist consumers in accessing samples, drug company vouchers, and indigent programs.
<p>Is assertive medication delivery and monitoring available to consumers based on need for this service?</p>	<p>YES</p>

<p>Co-Occurring Psychiatric and Substance Use Disorders⁷</p>	
<p>In assessing each individual, does RCSC assume that co-occurring psychiatric and substance use disorders exists, and orients assessments and uses tools and methodologies that proactively confirm either the presence or absence of a co-occurring psychiatric and substance use disorder?</p>	<p>YES</p> <p>NO</p> <p>Strengths:</p> <ul style="list-style-type: none"> ▪ One of the RCSC therapists has an extensive background and expertise in providing services to people with co-occurring psychiatric and substance use disorders that are consistent with standards the Addictive and Mental Disorders Division is implementing. This therapist is providing leadership and guidance for RCSC to move forward in this area by providing in-house training and establishing benchmarks for program change. <p>Concerns:</p> <ul style="list-style-type: none"> ▪ RCSC continues to have separate treatment plans for people with co-occurring psychiatric and substance use disorders. ▪ RCSC requires releases of information for RCSC mental health and substance abuse counselors to talk to each other. <p>Recommendation:</p> <p>16) Implement integrated treatment plans for consumers who receive both mental health and substance abuse services.</p> <p>17) Discontinue the requirement for releases of information for RCSC mental health and substance abuse counselors to talk to each other when treating the same person.</p>
<p>If co-occurring psychiatric and substance use disorders are determined to be present, does the RCSC assessment describe the dynamics of the interplay between the psychiatric and substance disorders?</p>	<p style="text-align: center;">See comments above</p>
<p>If co-occurring psychiatric and substance use disorders are determined to be present, does the RCSC service plan describe an integrated treatment approach?</p>	<p style="text-align: center;">See comments above</p>
<p>Does RCSC provide integrated, continuous treatment for consumers who have a co-occurring mental illness and substance use disorder according to best practice guidelines adopted by the state⁸?</p>	<p style="text-align: center;">See comments above</p>
<p>If co-occurring psychiatric and substance disorders are determined to be present, does RCSC treatment documentation indicate that interventions have integrated psychiatric and substance use disorder therapies; when counselors from discrete psychiatric</p>	<p style="text-align: center;">See comments above</p>

⁷ AMDD is facilitating change in the mental health system toward the Comprehensive Continuous Integrated System of Care (CCISC) model. Development of services according to these standards is in various stages of implementation by provider organizations.

⁸ Drake, R.E., Essock, S.M., Shaner, A., Carey, K.B., Minkoff, K., Kola, L., et al. (2001). Implementing dual diagnosis services for recipients with severe mental illness. *Psychiatric Services*, 52(4), 469-476.

and substance disorders disciplines are involved, does documentation indicate ongoing communication and coordination of therapies?	
Does RCSC identify and eliminate barriers to the provision of integrated treatment for consumers who have a co-occurring mental illness and substance use disorders?	See comments above
Does RCSC use one service plan and one relapse plan for each consumer with a co-occurring mental illness and substance use disorder?	See comments above
Are clinicians managing the treatment and providing therapy to consumers with co-occurring psychiatric and substance use disorders licensed for both mental health and addiction counseling?	See comments above
If the mental illness and the substance use disorder are being treated by more than one professional, does RCSC ensure that communication and treatment integration between these personnel is maximized?	See comments above
Crisis Response and Intervention Services	
Does RCSC operate a 24 hour / day, 7 day / week crisis telephone line?	<p>Concerns:</p> <ul style="list-style-type: none"> ▪ BOV believes that the RCSC crisis response line is problematic: <ul style="list-style-type: none"> > During office hours callers are briefly screened by a receptionist and referred to the clinical coordinator or another therapist who is available; if law enforcement encounters a person in a psychiatric crisis, the person is brought to the RCSC office. > After office hours, the situation is more unclear; RCSC stated that callers who call office number are directed to call 9-1-1 (the RCSC listing in the phone book lists an "888" number to call after hours); the 9-1-1 dispatcher gets the caller's phone number, calls the on-call therapist, who then calls the caller back; if a genuine emergency is determined to exist, the county sheriff will accompany a caller to the local emergency room; on-call therapist will meet people at the ER if requested to do so by law enforcement.

	<p>Recommendation:</p> <p>18) Redesign the crisis response telephone system so that there is only one crises telephone number and so that it has the following characteristics:</p> <ul style="list-style-type: none"> a) a therapist always answers the single line (24/7), evaluates the situation and then makes an aggressive connection for the person who is calling (aggressive = not just giving the caller a name or a number, but directly setting up the contact needed); b) specifically defined maximum time allowable before the therapist answers each incoming call; c) no operator involved; d) no wait time for returning calls; e) no preliminary questions (if someone is a consumer of the center or if the person the caller is concerned about is a consumer of the center); f) follow up telephone call to the caller within 24 hours, to make sure the needs of the person were or are being properly addressed.
Does RCSC respond directly to its own clients who call the crisis telephone line?	see comments above
Does RCSC respond directly to unattached individuals who call the crisis telephone line?	see comments above
Does RCSC refer consumers who call the crisis telephone line and who are engaged in services with another entity to that entity?	YES
Is RCSC 's crisis telephone number is listed clearly in the local telephone directory?	<p>NO</p> <p>see comments above</p> <p>Concerns:</p> <ul style="list-style-type: none"> ▪ Phone book lists "After Hours Emergency # 1-888-820-0083" which is the emergency services telephone number for WMMHC in Missoula.

Access / Entry

Criteria	Comments / Analysis
Access	
Does RCSC ensure equality in the access to and delivery of treatment and support regardless of age, gender, sexual orientation, social / cultural / ethnic / racial background, previous psychiatric diagnosis, past forensic status, and physical or other disability?	YES
Are RCSC services convenient to the community and linked to primary medical care providers?	YES <u>Strengths:</u> <ul style="list-style-type: none"> ▪ Because Hamilton is a relatively small community access to other primary care givers is convenient for consumers. ▪ CBPR staff provide transportation for those that need it. <u>Concerns:</u> <ul style="list-style-type: none"> ▪ Access for consumers who live outside of Hamilton can be a problem.
Does RCSC inform the defined community of its availability, range of services, and the method for establishing contact?	YES
For new clients, does RCSC ensure timely access to psychiatric assessment and service plan development and implementation within a time period that does not, by its delay, exacerbate illness or prolong distress.	NO <u>Concerns:</u> <ul style="list-style-type: none"> ▪ RCSC does not have an on-site psychiatrist or mid-level practitioner. One psychiatrist visits RCSC from Missoula one day per week to see adults; one APRN visits RCSC three days per month to see children. RCSC has been recruiting for a full-time psychiatrist or mid-level practitioner for over one year. ▪ Wait time for initial psychiatrist appointments is six to eight weeks. ▪ The Ravalli County Attorney's office has expressed its written concerns to BOV about this problem. <u>Suggestions:</u> <ul style="list-style-type: none"> ▪ Consider coordinating with the Mental Health Crisis Prevention Coalition in Missoula on possible solutions for this problem.
Entry	
Is an appropriately qualified and experienced RCSC staff person (mental health professional or case manager) available at all times - including after regular business hours - to assist consumers to enter into mental health care?	YES
Does the process of entry to RCSC minimize the need for duplication in assessment, service planning and service delivery?	YES

<p>Does RCSC ensure that consumers and their family members/carers are able to, from the time of their first contact with RCSC , identify and contact a single mental health professional responsible for coordinating their care?</p>	<p>YES</p>
<p>Does RCSC have a system for prioritizing referrals according to risk, urgency, distress, dysfunction, and disability and for commencing initial assessments and services accordingly?</p>	<p>YES</p> <p>Concerns:</p> <ul style="list-style-type: none">▪ ...but the absence of a full-time psychiatrist or mid-level practitioner severely limits RCSC ability in this area.

Continuity Through Transitions

Criteria	Comments / Analysis
Does RCSC ensure that consumers' transitions within RCSC are facilitated by a designated staff member and a single individual service plan known to all involved?	YES
Does RCSC assist consumers by developing "exit plans" that maximize the potential for ongoing continuity of care during and after all transitions from the RCSC to other services?	NO
Does RCSC provides consumers and their family members/carers with understandable information on the range of relevant services and supports available in the community when they exit from the service?	YES
When a consumer who is transitioning to another service provider is taking psychotropic medications, does RCSC proactively facilitate the seamless continuation of access to those medications by ensuring that: (1) the consumer has an appointment with the physician who will be taking over psychotropic medication management, (2) the consumer has enough medications in hand to carry him/her through to the next doctor appointment, and (3) the consumer's medication funding is established prior to the transition?	NO

Transition Into and Out of Inpatient Care

Criteria	Comments / Analysis
Does RCSC offer and assertively explore less restrictive, community-based alternatives to inpatient treatment?	YES
Where admission to an inpatient psychiatric facility or residential treatment is required, does RCSC make every attempt to promote voluntary admission for the consumer?	YES
For it's consumers, does RCSC assume primary responsibility for continuity of care between inpatient or residential treatment and community-based treatment?	YES
Does RCSC ensure that consumers' case managers or other designated staff persons stay in close contact via telephone and personal visits with consumers while they are in inpatient treatment?	YES
Does RCSC ensure that consumers' psychiatrist participate in hospital intake and assessment, especially regarding medication considerations?	NO <u>Concerns:</u> <ul style="list-style-type: none"> ▪ see comments about lack of adequate psychiatrist coverage

RECOMMENDATIONS

- 1) Move the “Basic Behavioral Expectations Evaluations Form” for each group home resident to a location that is accessible only to staff.
- 2) Develop a strategic plan in consultation with staff, consumers, family members/carers, and community agencies.
- 3) Display posters and/or brochures that promote independent advocacy services including the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program in every RCSC location accessible to consumers and family members.
- 4) Proactively provide all information about the complaint/grievance process to consumers in a supportive manner in each service area/location.
- 5) Display information about the complaint/grievance process in all service areas.
- 6) Make grievance forms and assistance in filling them out readily available in each service area/location.
- 7) Display information about advocacy services available in all service areas.
- 8) Establish a process for ensuring that all consumers served by RCSC receive a thorough physical / medical examination or that a thorough physical / medical examination has been performed within one year of the consumer entering / re-entering the service.
- 9) Establish a process for ensuring that all consumers served by RCSC have access to needed dental care.
- 10) Develop a written training material for new staff focused on achieving minimum knowledge and competency levels.
- 11) Develop a process for training new staff in job-specific knowledge and skills OR requires new staff to demonstrate defined minimum knowledge and competency prior to working with consumers.
- 12) Develop a program to place and support adult consumers in integrated jobs in the community.
- 13) Develop and use a log to track administration /distribution of all medications with date, patient name, medication name, quantity/dosage administered/received.
- 14) Develop a “medication sample log” to be completed by a licensed healthcare professional (MD, RN, LPN) that accounts for all samples received by RCSC, specific quantities of samples that are distributed to consumers, dates of distribution; this log should clearly indicate running totals of sample medication on hand.
- 15)
 - a) Obtain a sharps container and pour all expired medications in that. Once full, find a local pharmacy that takes these medications and disposes of them properly.
 - b) Develop a log that accounts for all unused/expired medications.
- 16) Implement integrated treatment plans for consumers who receive both mental health and substance abuse services.
- 17) Discontinue the requirement for releases of information for RCSC mental health and substance abuse counselors to talk to each other when treating the same person.
- 18) Redesign the crisis response telephone system so that there is only one crises telephone number and so that it has the following characteristics:
 - b) a therapist always answers the single line (24/7), evaluates the situation and then makes an aggressive connection for the person who is calling (aggressive = not just giving the caller a name or a number, but directly setting up the contact needed);
 - c) specifically defined maximum time allowable before the therapist answers each incoming call;
 - d) no operator involved;
 - e) no wait time for returning calls;
 - f) no preliminary questions (if someone is a consumer of the center or if the person the caller is concerned about is a consumer of the center);
 - g) follow up telephone call to the caller within 24 hours, to make sure the needs of the person were or are being properly addressed.

RIVERFRONT COUNSELING AND SUPPORT CENTER RESPONSE

- 1) Move the "Basic Behavioral Expectations Evaluations Form" for each group home resident to a location that is accessible only to staff.

This form has been moved so that it only visible to staff and to the individual client so that the clients are able to monitor their progress and understand the level that they are currently on within the group home program.

- 2) Develop a strategic plan in consultation with staff, consumers, family members/carer's, and community agencies.

Although this is not a requirement for community mental health centers, Riverfront will place public service announcements in the Ravalli Republic and through the LAC by April 30, 2008, and with public input begin to develop a strategic plan to better meet the needs of Ravalli County.

- 3) Display posters and/or brochures that promote independent advocacy services including the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program in every RCSC location accessible to consumers and family members.

Posters have been placed in visible locations at all separate locations of RCSC, including ADT, Group Home, and in the lobby of the main office.

- 4) Proactively provide all information about the complaint/grievance process to consumers in a supportive manner in each service area/location.

Grievance forms have been made accessible in all locations of RSCS so that clients/consumers can access them without needing to go through a staff person and all staff have been trained on how to assist clients in a supportive manner to utilize said forms.

- 5) Display information about the complaint/grievance process in all service areas.

This information has been added at the group home and was previously posted in laminated format in all other locations.

- 6) Make grievance forms and assistance in filling them out readily available in each service area/location.

As stated in item number 4, grievance forms are accessible and staff have been trained on how to assist clients in a supportive manner to utilize said forms.

- 7) Display information about advocacy services available in all service areas.

Posters have been placed in visible locations at all separate locations of RCSC, including ADT, Group Home, and in the lobby of the main office.

- 8) Establish a process for ensuring that all consumers served by RCSC receive a thorough physical/medical examination or that a thorough physical/medical examination has been performed within one year of the consumer entering/re-entering the service.

Riverfront's demographic form, which is updated every 90 days, does capture information regarding a client's last physical/medical examination. If clients have Medicaid or Medicare they are encouraged to update their physical examination if they have not had one within the last 12 months; if a client does not have a payment source they are given information on Partnership Health Care in Missoula so that they can access care without enduring financial hardship. Riverfront Counseling also has access to a People's Law Grant which is utilized to assist clients in obtaining medical care/examinations on a priority basis.

- 9) Establish a process for ensuring that all consumers served by RCSC have access to needed dental care.

Riverfront's demographic form, which is updated every 90 days, does capture information regarding dental care. If clients have Medicaid or Medicare they are given names of participating dentists that accept these payment sources and encouraged to obtain dental care. If a client does not have a payment source, they are given information on Partnership Health Care in Missoula so that they can access care without enduring financial hardship. Riverfront Counseling also has access to a People's Law Grant which is utilized to assist clients in obtaining dental care on a priority basis.

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

There are new manuals being created for both children's and adult programs for WMMHC. These manuals delineate minimum knowledge and competency levels and should be completed and in use by the spring of 2008.

- 11) Develop a process for training new staff in job-specific knowledge and skills OR require new staff to demonstrate defined minimum knowledge and competency prior to working with consumers.

On-the-job training which incorporates shadowing of current employees and extensive training in documentation and terminology assists the supervisor in determining whether or not a new hire is able to demonstrate minimum knowledge and competency prior to working individually with consumers. Additionally, the basic job requirement of one year experience usually eliminates workers that have had no prior experience with the mentally ill

population; however, RCSC will develop a comprehensive list of questions specific to individual programs to review with new hires after 30 days of employment in order to determine whether or not they can demonstrate defined minimum knowledge and competency prior to working individually with consumers. This list of questions will be completed and implemented by April 30, 2008.

- 12) Develop a program to place and support adult consumers in integrated jobs in the community.

RCSC has attempted to implement a voc rehab program and due to multiple factors this effort failed. RCSC recognizes the need for voc rehab for consumers in Ravalli County and will once again attempt to recruit a qualified individual to implement a voc rehab program for consumers and provide job coaching and successful placement. This position will be advertised by 2/15/08.

- 13) Develop and use a log to track administration/distribution of all medications with date, patient name, medication name, quantity/dosage administered/received.

This log exists at the Adult Group Home and will be utilized for all medications at the main center.

- 14) Develop a "medication sample log" to be completed by a licensed healthcare professional (MD, RN, LPN) that accounts for all samples received by RCSC, specific quantities of samples that are distributed to consumers, dates of distribution; this log should clearly indicate running totals of sample medication on hand.

A Psychiatric APRN has been hired full time by RCSC and should begin providing services here mid January, 2008; she will be responsible for developing and monitoring a sample medication log that will document all incoming and outgoing sample medications provided to consumers and the dates of distribution.

- 15)a) Obtain a sharps container and pour all expired medications in that. Once full, find a local pharmacy that takes these medications and disposes of them properly.

A sharps container has been purchased and medications needing to be disposed of will be documented and disposed of in the sharps container and taken to a pharmacy for appropriate disposal.

- b) Develop a log that accounts for unused/expired medications.

See answer to 17a.

16) Implement integrated treatment plans for consumers who receive both mental health and substance abuse services.

Since the State of Montana continues to provide separate funding streams for mental health and addiction services and since there are separate legal requirements and administrative rules for these services, RCSC will not be implementing an integrated treatment plan for consumers receiving both mental health and substance abuse services. Our current treatment plans do address co-occurring issues and these are updated every 90 days and treatment is coordinated consistently with Western Montana Addictive Services and as much as possible with private community providers.

17) Discontinue the requirement for releases of information for RCSC mental health and substance abuse counselors to talk to each other when treating the same person.

Due to the legal requirements under CFR04-2, separate releases for addiction services and mental health services are legally mandated and unless the laws are changed, RCSC cannot discontinue to require separate releases without violating the law.

18) Redesign the crisis response telephone system.

Our current crisis line system is a direct result of our Board approved policy and the requirement of the 1-800 number is part of our State Contract to provide community mental health services. Since we do not have the consumer base to support a dedicated crisis team or a dedicated MHP team, our current system is the most consistent way to assure that clients receive a timely and prompt response to a call for mental health assistance (all calls MUST be responded to within 10 minutes or another on-call worker is contacted). The 1-800 number is for people that fall “outside of the 911 area” and hence cannot reach a crisis worker via 911.