

South Central  
Montana  
Regional  
Mental Health  
Center

April 11 & 12

2013

A Report of the Board of Visitors Observations from a Site  
Review of South Central Montana Regional Mental Health  
Center in Billings

Mental Disabilities  
Board of Visitors

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## Contents

STANDARDS FOR SITE REVIEWS OF MENTAL HEALTH SERVICES.....	4
<i>Organizational Planning and Quality Improvement</i> .....	4
<i>Planning</i> .....	4
<i>Quality Improvement</i> .....	4
<i>Rights, Responsibilities and Safety</i> .....	4
<i>Rights and Responsibilities</i> .....	4
<i>Safety</i> .....	5
<i>Client and Family Member Participation</i> .....	5
<i>Cultural Effectiveness</i> .....	6
<i>Staff Competence, Training, Supervision, and Relationships with Clients</i> .....	7
<i>Competence and Training</i> .....	7
<i>Supervision</i> .....	7
<i>Relationships with Clients</i> .....	7
<i>Active Engagement with Clients</i> .....	7
<i>Treatment and Support</i> .....	8
<i>General</i> .....	8
<i>Trauma Informed Care</i> .....	8
<i>Employment</i> .....	8
<i>Evidence-Based Services</i> .....	8
<i>Co-Occurring Psychiatric and Substance Use Disorders</i> .....	9
<i>Crisis Response and Intervention Services</i> .....	9
<i>Medication</i> .....	9
<i>Access and Entry</i> .....	9
<i>Continuity of Services through Transitions</i> .....	10
RECOMMENDATIONS .....	11

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## Assessment of Services

### *Observations and Strengths*

South Central Montana Regional Mental Health Center (SCMRMHC or the Center) is a complex organization with a wide range of programs housed in many locations across Billings and the region. The Center serves upwards of 3800 individuals providing case management, outpatient psychiatric services including a Program of Assertive Community Treatment (PACT), individual and group therapy, mental health services to Veterans under a contract with the VA, services for individuals who have co-occurring disorders and addiction, a drop-in center for people who are homeless (the HUB), a community recovery center (Rainbow House), and the PATH (Projects for Assistance in Transition from Homelessness) program. Many staff interviewed expressed concern about the range of services encompassing so many different areas of care that it is a challenge to keep services well coordinated, communication lines open, and continuity of services strong. The move to an electronic record/charting system could be used to enhance communication and coordination among the Center's programs. The Center considers its many locations as a 'no wrong door' approach to enter services. SCMRMHC also assigns staff to coordinate access to services for individuals to enter the Community Crisis Center. The team noted limited accessibility at some of the buildings visited.

The Executive Director for the SCMRMHC is currently directing the leadership/management team to a renewed focus on strategic and organizational planning with an emphasis on continuous quality improvement/quality assurance and regulatory compliance. The Center has a good reputation in the community/region it serves and like other mental health programs in the state provides many, diverse services. The fiscal challenges of providing some of these services has created a need for a renewed evaluation of programs and staffing. Satellite programs in small communities across the region face fiscal struggles and the Center undertakes to partner in collaboration with other services providers to provide quality services. In some rural communities the Center is evaluating options to co-locate with other programs to offer better access to services.

Staff at all programs appears caring, competent and conscientious. Team members observed many interactions between staff and clients and concluded that the program provides a broad continuum of services that appear to meet the needs and expectations of clients served. The overall impression is that the program is providing good care for their clients. The Billings community provides good support for the program; the community also has high expectations for the Center to deliver a broad array of services.

The PACT Program maintains the integrity of the original national standards and continues to increase capacity to meet expanding need for this service in the Billings area.

### *Suggestions*

Assure that all locations meet requirements for accessibility.

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## Standards for Site Reviews of Mental Health Services

### *Organizational Planning and Quality Improvement*

#### *Planning*

South Central Montana Regional Mental Health Center (SCMRMHC or the Center) is currently relying on a strategic plan that is out of date and has not been updated annually. A newly appointed Executive Director is implementing a renewed process for completing a strategic plan that will address quality improvement/quality assurance, regulatory compliance and client satisfaction with the Center's services. An updated operational plan will be linked to the strategic plan.

#### Suggestions:

Consider adding a staff survey to evaluate the program and use the findings in the strategic planning process.

As the Center moves toward achieving fiscal stability begin to survey staff about specific work-load supports. Some staff interviewed suggested that a data base of forms used provided in an electronic format should be part of the electronic records system.

#### *Quality Improvement*

SCMRMHC leadership is focusing efforts to improve the continuous quality improvement/quality assurance and regulatory compliance for fiscal strength and better client satisfaction. Quality assurance has been the responsibility of one staff member who also has other responsibilities for staff supervision and carries a clinical case load. The region the Center serves is geographically large and the program serves about 3800 people. An agency this size would benefit from a staff person dedicated specifically to regulatory compliance and continuous quality assurance.

#### Suggestion:

Include information gathered from clients and involved family members/guardians through satisfaction surveys to assure that services respond to identified client needs in the QA/QI process.

### *Rights, Responsibilities and Safety*

#### *Rights and Responsibilities*

The Center's programs are located in rural communities in the region and at several locations in Billings. The Board visited the HUB, PATH Program, PACT Program, Rainbow House and Outpatient Services Program and the team noted that information/practices for rights, responsibilities and safety provided to clients varied from location to location.

Information in the various intake packets provided to clients about rights and responsibilities was not consistent across programs. Information for one program included rights and responsibilities; packets for another program included only a notice of privacy practices. Information on independent advocacy services was included in most intake packets and information posters about advocacy services were displayed at the various services sites the Board visited.

The Center has a grievance/complaint policy and procedure and the information about filing a grievance is in the information provided to clients at intake. However the procedure is dated 1993 and appeared to be incomplete regarding follow-through for responding to the client about the outcome of the grievance.

The overall impression is that staff members appear to be well-informed regarding rights, responsibilities and safety and the Center has integrated these principles into their approach with clients. The weak links appear to be in the transmission/delivery of information describing these principles to all clients and in documentation of the delivery of this information to all clients.

**Suggestion:**

Review information provided to clients during intake, verbally in interviews and in the intake packets/handbooks to assure that all information is current and correct.

Consider creating a 'checklist' form to document the information provided to clients/family members during the admission/intake process. Include a copy of this signed checklist in the client's chart.

Consider establishing a process for periodic review of the documents during regular treatment plan reviews to assure clients are familiar with their rights, responsibilities, access to grievance processes and advocacy services.

***Safety***

SCMRMHC has the expectation that all staff members will advocate for clients served and staff is trained to report any suspicion of abuse and/or neglect immediately to a supervisor. Although staff interviewed seemed generally to be unaware of the reporting requirements under 53-21-107, MCA, those reports are filed with the Board. The Center policy/procedure -- 4:35-00 *Guidelines for Detecting and Reporting Abuse or Neglect* (updated January 11, 2010) specifically requires that reports are made to the Executive Director who will report the allegation in writing to the Board of Visitors by the end of the next business day.

The Center analyzes events and actions that may have preceded an alleged abuse and/or neglect incident and debriefs all related circumstances of the event. SCMRMHC responds to the therapeutic needs of clients who were affected by the reported abuse and/or neglect; it also assures that staff is protected and will provide counseling and therapeutic support including access to a therapist for staff who may need to discuss traumatic events.

Staff is trained to address actions by clients that are aggressive or difficult; to assure that all clients are safe and that potentially dangerous situations are de-escalated. Staff is trained in Mandt<sup>1</sup> processes to calm clients. If that does not work, law enforcement is called to assist and if needed take the client to the hospital. Law enforcement is trained to address psychiatric crisis events to assure that individuals are safe.

SCMRMHC provides clients with access to staff of their own gender. If an individual client has a conflict with a case manager the conflict is reviewed and at the client's request case management responsibilities may be reassigned to a different staff member.

## ***Client and Family Member Participation***

The Center encourages family members/guardians to participate in treatment planning and support, however, staff interviewed reported that very few family members/guardians are involved in treatment planning, assessment or plan reviews. Family members/guardians can receive information about diagnosis, options for treatment, medications and possible prognosis if the client has approved sharing that information with family members/guardians. Staff reported that just 30-40% of clients have chosen to involve family members in their treatment.

Policies and procedures for involving family members/guardians are being updated. Family members/guardians are not generally involved in the PATH Program or services provided through the HUB. Clients of Rainbow

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<sup>1</sup>The Mandt Training System  
<http://www.mandtsystem.com/>

House services appear to actively participate in providing feedback to the agency through satisfaction surveys. Team members could not confirm that clients have the opportunity to evaluate other out-patient services provided by the Center including measuring their own health and functional outcomes, effectiveness of communication, or peer support.

**Suggestion:**

Explore ways to better involve family members/guardians in the treatment process, including providing education/information to families so they have a better understanding about mental illness and how it is affecting their family member.

Consider creating a survey process to gather information from family members/guardians about ways they believe the Center could better involve them in the treatment planning/process.

Help clients feel validated and comfortable knowing that family members don't get all the "details", just pertinent information to their wellbeing and strategies for being independent.

## *Cultural Effectiveness*

A Cultural Competency/Cultural Considerations document was updated and adopted in March 2013. Team members noted that the plan appears to comply with Substance Abuse and Mental Health Services Administration (SAMHSA)<sup>2</sup> and the American Evaluation Association<sup>3</sup> guidelines. SCMRMHC has 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 / ethnic / religious / racial groups in the community, with a specific emphasis on and American Indian people. Military Service Member cultural considerations are not specifically identified in existing policy/procedure. Staff members address the issue of service member culture as needed and a policy/procedure would support those efforts.

Staff interviewed expressed frustration about the difficulties of recruiting staff members who mirror the cultural diversity of the clients served. Some suggested they would appreciate stronger communication links with LGBT advocacy groups to encourage their members' access to the Center's clinical services as well as to recruit staff and conduct educational training regarding LGBT issues. Staff also expressed an interest to engage consultants to introduce staff to traditional healing modalities and to educate staff regarding the PTSD which exists on a tribal/cultural level due to the traumatic experiences of entire tribes.

**Suggestions:**

Continue to focus efforts to recruit multicultural staff, in particular, Native American, Hispanic and military service member staff.

Consider opening communications with LGBT groups, both to encourage their members' use of the Center's clinical services as well as to recruit staff and to conduct educational training regarding LGBT issues.

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<sup>2</sup> Substance Abuse and Mental Health Services Administration-Office of Minority Health  
<http://minorityhealth.hhs.gov/templates/content.aspx?lvl=1&lvlid=45&ID=9358>

<sup>3</sup> American Evaluation Association  
<http://www.eval.org/ccstatement.asp>

## ***Staff Competence, Training, Supervision, and Relationships with Clients***

### ***Competence and Training***

Position descriptions the team received from one of the programs at the Center did define minimum knowledge and competence expectations specific to working with people with mental illness and emotional disturbances. The team was not able to review to position descriptions for all staff positions that provide direct services to clients.

The Center has a written training curriculum for new staff focused on Mandt techniques, CPR, agency policies and procedures, and reporting critical incidents. Staff interviewed was not familiar with the role of the Board of Visitors. Rainbow House provided job descriptions and a checklist for training expectations. PACT case managers receive training and mentoring by shadowing an experienced case manager before working with clients directly. Staff members provide training through modeling appropriate behavior. Group supervision is used to train some new staff. Some clinically trained staff is not yet licensed and the clinical director provides weekly group supervision to those individuals to meet licensure requirements. Outpatient staff meets weekly for peer review of initial assessments. Staff can access ongoing continuing education/training. Team members did not receive copies of all the assessment instruments the Center uses across all programs to evaluate staff readiness to begin working directly with clients. Continuing education for professional staff is accessed by interned to respond to budget constraints.

#### **Suggestion:**

Review position descriptions to assure that each one reflects the optimum knowledge and competence expectations specific to working with people who have mental illness and/or emotional disturbances and who may also have an intellectual disability.

Assure that an assessment instrument for evaluating new hire readiness to engage with clients is uniform and is used across all the programs at the Center.

Consider adding training and support specific to supervisory staff as part of the continuous quality improvement process.

### ***Supervision***

Program managers interviewed appear to be effective leaders, are well trained and/or have many years of direct experience working with individuals who have mental illness and/or chemical dependency issues. During staff interviews, team members received conflicting information about staff training and evaluation of readiness to work directly with clients. This miscommunication may be the result of the complex nature of the services the Center provides and the many locations where clients access different services, the number of inexperienced staff, or it may be a supervision issue.

### ***Relationships with Clients***

During tours of the Outpatient program, Rainbow House, the HUB, and PATH programs the team observed staff members engaging with clients, offering calm validation of the clients wishes and needs. Staff from PATH and PACT programs assigned at the Crisis Center was observed using positive support and demeanor while engaging and assisting clients. Staff at Rainbow House is very invested in supporting clients with their goals to recovery.

### ***Active Engagement with Clients***

The team observed Center staff in the Outpatient program, The HUB, Rainbow House and PATH offices. In all these areas staff -- management to direct care -- were present in the environments. The interactions observed were respectful and supportive.

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## *Treatment and Support*

### *General*

Treatment plans were reviewed by the team; the plans appeared to be brief, generic and not regularly updated. The primary client charts and records are kept at the main Outpatient services offices. Shadow charts for each client served are on file at each location where the individual receives services. Discharge plans were inadequate and some charts did not include discharge plans. Clients seen for medication receive a limited medical screening, including a blood test to rule out conditions such as thyroid disorders that mimic mental illness. Case managers make efforts to link clients with medical care and work closely with the community health center, public health clinic. Staff interviewed noted the challenges of referring some Center clients to primary care physicians in the community. Dental care, which is needed by many clients, is difficult to access.

### *Trauma Informed Care*

Staff interviewed noted that while the Center provides treatment and support that incorporates trauma informed care, they were not readily familiar with the guidelines established by the SAMHSA-National Center for Trauma Informed Care<sup>4</sup>. Center leadership/management does assess the treatment and services to assure that staff has a basic understanding about the effect of trauma on clients served and recognizes the need for more training about trauma. The management team identified recent training for staff to address trauma for those military service member clients who receive services through the Center under contract with the VA. The team was unable to identify a process for the Center to provide support for the physical and emotional safety of staff members to promptly and effectively address job related trauma staff may experience.

#### Suggestion:

Consider conducting focused therapy groups which specifically address trauma for groups such as: women, domestic abuse survivors, Native Americans, military veterans.

Consider establishing a formal process to effectively and promptly support staff that may experience employment related trauma.

### *Employment*

Vocational programs are coordinated through the Rainbow House and the PACT program. The individual who coordinates the vocational programs through PACT is also the case manager who has limited time to network in the community to find jobs and fit jobs to the clients in the program.

#### Suggestion:

Consider identifying a vocational staff person dedicated specifically to networking with the community to find jobs for clients served across all programs at the Center.

### *Evidence-Based Services*

The Center provides treatment and support to adults that incorporates the following SAMHSA-identified evidence-based practices:

- Illness Management and Recovery,
- Assertive Community Treatment,
- Wellness Recovery Action Plan (WRAP) group (this group is currently without a facilitator),
- Family Psychoeducation (provided to families as requested by the client served),
- Supported Employment,
- Integrated Treatment for Co-occurring psychiatric and substance use disorders.

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<sup>4</sup> SAMHSA Trauma Informed Care and Trauma Services  
[www.samhsa.gov/nctic/trauma.asp](http://www.samhsa.gov/nctic/trauma.asp)

The program also provides treatment and support to adults in a manner that is consistent with the SAMHSA Principles for Recovery.<sup>5</sup>

### *Co-Occurring Psychiatric and Substance Use Disorders*

BOV observed that the Outpatient services apparently has not fully implemented the protocols established by Addictive and Mental Disorders Division of the Montana Department of Public Health and Human Services for treatment for individuals who have co-occurring psychiatric and substance use disorders. Staff interviewed noted that some staff providing services through Journey Recovery is not dually licensed. Rainbow House and the HUB appeared to use an integrated approach.

### *Crisis Response and Intervention Services*

The Center provides a crisis hotline for its clients and responds directly to all individuals who call the crisis telephone line. Individuals who are not clients of the Center who need immediate assistance can receive services through the Community Crisis Center (CCC). The Center receives referrals for services from the CCC, Billings Clinic, Montana State Hospital, the HUB and other programs.

### *Medication*

The Center's safety policy/procedure regarding food, chemicals, and medications reflects currently-accepted practices. Staff interviewed appeared well-versed in appropriate policy regarding medication management, storage, transportation and disposal.

Record-keeping by case managers and others assisting clients in medication compliance was complete and thorough and well-documented in client charts at the Center. Charts reviewed other Center locations where clients receive services did not always include past or current information about medications the client is currently taking, or any information on medication allergies, side effects or adverse reactions.

The RN's meet with the APRN for supervision every week. The team observed good communication/cooperation between staff psychiatrists and the APRN. Clients are able to access a psychiatrist or APRN when problems arise, and prescribers report appropriate willingness to respect clients' input regarding their medications. The APRN is used as effectively as possible; the addition of another APRN would provide better access for clients.

The regular schedule of treatment plan reviews and the weekly meetings of treatment teams helps assure that medication is being managed appropriately.

The management team noted the Center's need for at least one more mid-level psychiatric professional and will begin recruiting a Medical Director. The current Medical Director has notified the Center leadership/management team that he will be considering retirement in the near future.

#### Suggestions:

Include a current medications list for all clients in every chart in every location, and include information about medication history, medication allergies, side effects and adverse reactions.

## *Access and Entry*

A clinician evaluates an applicant for services to determine which services the Center can provide, and then eligibility determination begins. Referrals come from the CCC, area hospitals, physicians, shelters and other community programs. Services provided to the community by the Center are linked to medical care, hospital

<sup>5</sup> SAMHSA Principles of Recovery

[http://partnersforrecovery.samhsa.gov/docs/Guiding\\_Principles\\_Whitepaper.pdf](http://partnersforrecovery.samhsa.gov/docs/Guiding_Principles_Whitepaper.pdf)

behavioral health units, the community crisis center and community public health centers. The average wait for a new client to see a therapist is 2-3 weeks. People who need to see a therapist sooner are placed on a cancellation/waiting list for earlier access. One staff member interviewed noted that the Center is under no obligation to accept clients referred from the Montana State Hospital (MSH); and complained that too often patients discharged from MSH are not ready for community placement.

Some staff members note that the full array of services available through the Center are not well enough known in the region, and the SCMRMHC could benefit from a better outreach/media presence to market the available services.

**Suggestion:**

During the intake process include an inquiry protocol to ask each client if they have received a medical/physical examination within the past year.

## *Continuity of Services through Transitions*

SCMRMHC and programs in the region providing residential treatment for adolescents have re-established and strengthened collaboration and cooperation for services to families. This collaboration has the potential to include sharing office space in smaller communities in the region to fully support wraparound services for families. Such collaboration will benefit adolescents should they need to transition into the Center's services when they become adults. The Center provides clients and their family members with information on the range of relevant services and supports available in the community when they exit from the program.

Smooth transitions between the various SCMRMHC programs, which target a range of treatment needs, are generally good. Some clients receive services from more than one of the Center's programs, and some clients move from one program to another depending on their progress to recovery and current needs. Staff members are likely to work across programs. For example, clinical staff members are assigned to occasional shifts at the Hub. Twice a month on even numbered Tuesdays, a clinician conducts initial assessments for admission to the Center in an office at the HUB. PACT case managers deliver medications to their clients at Rainbow House as needed. These face-to-face contacts among staff members facilitate continuity of care.

SCMRMHC is well integrated in the region, transitions between the services at the Center and other service providers is well coordinated in most cases. The psychiatrist will prescribe medications for 30 days and case managers will assist the client to make appointments with the new service provider. Records may be transferred to the new provider. The team had one question. The team could not identify a process for assigning a responsible individual to coordinate transitions for those clients who do not have case management services/a case manager.

**Suggestion:**

Treatment and discharge planning could be more patient centered and comprehensive to include a clear connection between the multiple services and providers available in the region.

## RECOMMENDATIONS

1. To strengthen the quality assurance/quality improvement process identify a specific staff position in the agency responsible for coordinating and implementing quality assurance and regulatory compliance.
2. Expand the current client satisfaction survey process to evaluate the program as part of the strategic planning process.
3. Revise and/or develop succinct and detailed documents on each of the relevant issue areas for client information packets:
  - Notice of Privacy Practices
  - Information on accessing independent advocacy services to include the Board of Visitors
  - Information on complaint and grievance procedures.
4. Include a page in the application packet to identify family contact and emergency contact information. Include information for families about the process for communicating with Center staff.
5. Review information about abuse/neglect reporting and the Center's grievance processes that is provided to clients and family members/guardians to assure that all brochures and information sheets include information about the advocacy services provided by the Board of Visitors under 53-21-104, Montana Code Annotated (MCA).
6. Review the abuse/neglect policies/procedures to assure that the reporting requirements of 53-21-107, MCA are being followed consistently, and train staff on the basic reporting requirements.
7. Review materials given to clients during intake to assure all materials are consistent in the information provided across all services areas (i.e. Rights and Responsibilities, BOV advocacy, etc.); and that the information is correct and current.
8. Review treatment plans to assure that all treatment plans include guidelines for discharge/transition from MHC services.
9. Integrate the Outpatient and Chemical Dependency programs so the protocols established by Addictive and Mental Disorders Division of the Montana Department of Public Health and Human Services for treatment for individuals who have co-occurring psychiatric and substance use disorders can be fully implemented. Assure that dual licensure is in place for all staff providing services to clients who have co-occurring psychiatric and substance use disorders.
10. As the Center continues implementation of Electronic Medical Records/Charts consider adding the following information to the charts:
  - a. ethnic information from tribal members/Native Americans to ascertain whether or not the client considers him/herself "traditional"; document this adequately, and include that consideration in the client's treatment plan.
  - b. a current medications list for all clients in every chart in every location and also include information on medication history, medication allergies, and side effects or adverse reactions to medications.

## SCMRMHC RESPONSE BOARD OF VISITORS 2013

QI GOAL	TARGETED ACTIVITIES	RESPONSIBLE PERSON	DUE DATE
1. To strengthen the quality assurance/quality improvement process identifies a specific staff position in the agency responsible for coordinating and implementing quality assurance and regulatory compliance.	Effective July 24, we will have a .5 FTE volunteer Quality Specialist working on quality & compliance for the Center. His initial duties will be to address and implement the recommendations of the Board of Visitors, policies and procedures, compliance & training, and creating a survey of customer satisfaction. We will be working on an external survey as well as a session specific survey.	Quality Specialist	9/15/2013
2. Expand the current client satisfaction survey process to evaluate the program as part of the strategic planning process.	We will develop a survey and then we will include our client feedback into our planning process.	Administrative team, Quality Specialist and Board of Directors.	2014 Strategic Planning Process
3. Revise and/or develop succinct and detailed documents on each of the relevant issue areas for client information packets:  Notice of Privacy Practices Information on accessing independent advocacy services to include the Board of Visitors Information on complaint and grievance procedures.	Our Quality Specialist will be assigned the responsibility for developing the information and getting it distributed to all offices.	Quality Specialist	September 15, 2013
4. Include a page in the application packet to identify family contact and emergency contact information. Include information for families about the process for communicating with Center staff.	We will include this in our electronic record. We are looking at a September start. We will have our Quality Specialist develop a handout.	Quality Specialist	9/15/2013

5.	Review information about abuse/neglect reporting and the Center’s grievance processes that is provided to clients and family members/guardians to assure that all brochures and information sheets include information about the advocacy services provided by the Board of Visitors under 53-21-104, Montana Code Annotated (MCA).	We will review the rules and include the information on advocacy.	Quality Specialist	10/15/13
6.	Review the abuse/neglect policies/procedures to assure that the reporting requirements of 53-21-107, MCA are being followed consistently, and train staff on the basic reporting requirements.	Once we have completed #5, we will train staff regarding the reporting requirements. We will instruct staff they must complete a Critical Incident report any time they report abuse/neglect. The reports come to the Executive Director and the administrative team for review.	Administrative Council	10/15/13
7.	Review materials given to clients during intake to assure all materials are consistent in the information provided across all services areas (i.e. Rights and Responsibilities, BOV advocacy, etc.); and that the information is correct and current.	This will be assigned to the Quality Specialist and the EHR team. The templates will be part of the system and all teams will use the same handouts/information.	EHR implementation team and the Quality Specialist.	9/15/13
8.	Review treatment plans to assure that all treatment plans include guidelines for discharge/transition from MHC services.	This will be accomplished with the new electronic record. It will become a required element.	HER and implementation team.	9/15/13

<p>9.</p>	<p><b>Integrate the Outpatient and Chemical Dependency programs so the protocols established by Addictive and Mental Disorders Division of the Montana Department of Public Health and Human Services for treatment for individuals who have co-occurring psychiatric and substance use disorders can be fully implemented. Assure that dual licensure is in place for all staff providing services to clients who have co-occurring psychiatric and substance use disorders.</b></p>	<p>There are barriers to doing this at this time. Co-occurring dollars can only be used for residential care, medications, and mental health counseling if they can't afford it. It doesn't pay for the drug and alcohol services. Additionally, there are expenses associated with obtaining certification for staff. We have dually licensed folks in our satellite offices. We have one individual who is an LAC who is receiving supervision for his LCPC. We are currently paying for the classes for another LCPC but she provides services in Columbus and Billings. We will continue to do what we can, however, the State needs to work on its rules to help facilitate the development of co-occurring services. We are looking at hiring one additional person for our addictions programming.</p>	<p>Administrative Council and Journey Recovery.</p>	<p>On-going</p>
<p>10.</p>	<p><b>As the Center continues implementation of Electronic Medical Records/Charts consider adding the following information to the charts:</b></p> <p><b>a. ethnic information from tribal members/Native Americans to ascertain whether or not the client considers him/herself "traditional"; document this adequately, and include that consideration in the client's treatment plan.</b></p> <p><b>b. a current medications list for all clients in every chart in every location and also include information on medication history, medication allergies, and side effects or adverse reactions to medications.</b></p>	<p>Both of these recommendations will be addressed in the EHR.</p>	<p>EHR team.</p>	<p>9/15/13</p>

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