Mental Disabilities Board of Visitors

# SITE REVIEW REPORT

## South Central Montana Regional Mental Health Center

*Billings, Montana*

October 20 - 21, 2005

Gene Haire, Executive Director

## TABLE OF CONTENTS

**Mental Disabilities Board of Visitors**
**Site Review Report**
**South Central Montana Regional Mental Health Center**
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# OVERVIEW

**Mental Health Facility reviewed** :

South Central Community Mental Health Center (SCMRMHC)
Billings, Montana
Bob Ross - Executive Director

Mental Health Center

**Authority for review** :

Montana Code Annotated, 53-21-104

**Purpose of review** :

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

**BOV review team** :

| **Staff**: | **Board:** | **Consultants**: |
|---|---|---|
| Gene Haire, Executive Director | Steve Cahill, LCSW | Bill Docktor, PharmD, BCPS<br>Tom Bartlett<br>Lisa Marsolek |

**Review process** :

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

# ASSESSMENT OF SERVICES

## Case Management Services

Brief Overview of Services

- Intensive, individualized services that include identification and outreach, assessment and case planning, crisis response, assistance in daily living activities, referral and linkage to other services, and advocacy.
- Projects for Assistance in Transition from Homelessness (PATH): staff provide education to agencies and service providers in the community about people who are homeless and mentally ill; identification and engagement with people who are homeless and mentally ill, and people under 18 with severe emotional disturbances to help resolve the issues of homelessness and to provide access to mental health services.
- Community Based Psychiatric Rehabilitation (CBPR): "aides" provide personal assistance to consumers on case management case loads.
- Clinical Coordinator estimates that ~80% of the consumers on case management caseloads have a substance use disorder in addition to a psychiatric illness.

Staffing

- 1 Clinical Coordinator
- 9 case managers plus one Team Lead based at Rainbow House
- 8 case Managers plus one Team Lead based at the main SCMRMHC building
- 3 case Managers plus one Team Lead based at the HUB
- 3 PATH Liaisons based at the Hub
- 4 Rehabilitation Aides (CBPR)

***Strengths***

- *SCMRMHC has recently added a service that is an auxiliary to Case Management - 'Community Based Psychiatric Rehabilitation' (CBPR). This service assists consumers with activities of daily living such as apartment cleaning, shopping, transportation to medical appointments, etc.*
- *Very solid, long-standing service that works with the majority of SCMRMHC's clients who have a Severe Disabling Mental Illness (SDMI).*

Concerns

- Caseloads of ~30 are too high to enable optimum services. Try to balance caseloads by including folks with less intensive needs to allow time to be available to the more intensive need clients.
- At the time of this review, 50 - 60 people were on a waiting list for case management; since that time, the wait list has been reduced to under 30.
- Some consumers living in group homes do not receive needed case management services because of high case loads.

Suggestions

- Provide Case Managers with cell phones to enhance coordination and safety (PACT staff and CBPR Aids have cell phones).
  **SCMRMHC response: *We provide case management access to emergency (911) cell phone to improve safety. The assignment of a specific cell phone to each case manager is costly, so different solutions for funding are under investigation, i.e. grants, cell phone "allowance", TracPhone, etc.***

Recommendation from 2002 Site Review

- Allow PATH case files to remain open for a longer period

  **2005 Update**: SCMRMHC keeps people receiving PATH services open as long as it is necessary.

## Chemical Dependency Services (Journey Recovery Program)

Brief Overview of Services

- Outpatient services for chemical dependency, court-ordered DUI treatment, specialized outpatient treatment for methamphetamine addiction.
- Clinical Coordinator estimates that ~50% of consumers referred for treatment for substance use disorders also have a major mental illness.

Staffing

- 1 Clinical Coordinator
- 15 Licensed Addiction Counselors (LAC) - 3 of whom are also Licensed Clinical Professional Counselors (LCPC)

***Strengths***

- *SCMRMHC is participating in co-occurring disorders treatment training provided by the Addictive and Mental Disorders Division (AMDD) and is in the process of developing an integrated approach to treating people with co-occurring psychiatric and substance use disorders.*
- *Regular contact with Billings Clinic psychiatric inpatient unit by SCMRMHC Licensed Addiction Counselor (LAC) Team Lead.*
- *LAC's in Chemical Dependency Services and Licensed Clinical Professional Counselors (LCPC) in Outpatient Services participate jointly in regular group review of clinical assessments. This joint activity is a good step toward better integration of treatment for consumers who have co-occurring psychiatric and substance use disorders.*
- *3 dually licensed practitioners (LCPC - LAC).*
- *Weekly 'Orientation Group for people on waiting list.'*
- *People who are referred for services who have TB, HIV, or are women with dependent children are prioritized - services start within one week.*
- *SCMRMHC received a grant to implement treatment for people addicted to methamphetamine. This grant has expired, but SCMRMHC provides methamphetamine addiction treatment based on the Matrix Model http://www.methamphetamine.org/about.htm .*

Concerns

- Waiting list for all Chemical Dependency services - program sees 15 new referrals each day; for people with substance use disorders, delaying initiation of services when a person decides to seek help may be particularly problematic.

Questions

- Staff state that at least 50% of people referred for CD services also have a co-occurring psychiatric disorder. Are these people also referred internally for mental health services?

Suggestions

- Consider establishing an integrated treatment plan and service documentation format for all consumers who are receiving treatment for both a psychiatric disorder and a substance use disorders from SCMRMHC. If SCMRMHC feels that it is premature to combine these treatment formats (SCMRMHC currently uses separate charts for outpatient and CD services), consider ensuring that copies of both treatment plans and service documentation from each service is in the chart of the other service.
- Consider establishing a procedure that requires - when a consumer is receiving treatment from SCMRMHC for both a psychiatric disorder and a substance use disorder - the mental health therapist and the addiction counselor schedule time once each month to coordinate treatment.

Recommendation from 2002 Site Review

- Assess all barriers to true integration of mental health and CD services for consumers who have co-occurring mental illness and chemical dependency; develop strategies to begin eliminating these barriers.

  **2005 Update**: Following BOV's review in 2002, SCMRMHC appointed a clinician to work with center staff to develop standards for treating co-occurring disorders. SCMRMHC is participating in co-occurring disorders treatment training provided by AMDD and is in the process of developing an integrated approach to treating people with co-occurring psychiatric and substance use disorders.

## Day Treatment (Rainbow House)

Brief Overview of Services

- Variety of psycho-educational classes and an milieu-oriented environment for adults with SDMI.
- Medication administration and management
- Hours of operation: 7:30am – 12:00noon, Monday – Friday.

Staffing

- 1 Clinical Coordinator
- 6 Day Treatment Aides

***Strengths***

- *Rainbow House is located in an attractive residential part of town accessible to community services.*
- *Consumers have the opportunity to move into several meaningful roles in the operation of the program, including answering and routing telephone calls, greeting consumers and visitors as they enter the building, and preparing lunch.*
- *Consumers exude a high level of pride and ownership in all aspects of their program, feel free to voice their concerns and request changes, and were enthusiastic in talking about Rainbow House with BOV team members.*
- *Rainbow House director is a wonderful leader and mentor for both staff and consumers.*
- *Good variety of psycho-educational groups, many of which have been requested by consumers.*
- *Rainbow House director, staff, and consumers have done a wonderful job of developing and cultivating relationships with community businesses and organizations, enlisting community people in hands-on projects at Rainbow House, and soliciting donations of goods and funds.*
- *Consumers clearly express how comfortable and safe they feel at and being a part of Rainbow House.*
- *Consumers and staff have positive, collegial relationships. Consumers report and BOV observed that Rainbow House staff and the director are extremely responsive to consumers' when they need help; communication among consumers and staff is open and empowering.*
- *Public transportation accessible to Rainbow House.*
- *Rainbow House activities, classes, and milieu are consistent with Recovery concepts.*
- *Rainbow House staff use the Co-Occurring Disorders: Integrated Dual Disorder Treatment service modules outlined by the* Substance Abuse and Mental Health Administration (SAMHSA) Center for Mental Health Services*, and conduct two on-site groups that address co-occurring psychiatric and substance use disorders.*

Concerns

- There are no tangible activities or focus on job development, placement, and support. There is neither a single staff person designated as "employment specialist" nor defined general staff responsibilities relative to employment activities.
  **SCMRMHC Response:** ***Rainbow House utilizes Voc Rehab, COR, Job Connection and the Hub. This seems to work fine for the time being as we no longer have a vocational specialist. Job Connection and COR staff call or stop in when we have individuals who are working with them.***

Suggestions

- Consider building on the positive milieu, recovery activities, and use of the SAMHSA Co-Occurring Disorders treatment resources by further developing expertise and resources specifically for individuals with co-occurring psychiatric and substance use disorders.
  **SCMRMCH Response:** ***Another CD counselor is welcome. The staff who does this group is checking into CD certification within Rainbow House.***

Recommendations

1. **Develop an active, in-house supported employment component within Rainbow House. This should include reorienting at least one in-house group toward employment topics, developing jobs with employers in the community, assisting consumers to learn the jobs, placing consumers in jobs, and providing ongoing active support for employed consumers.**
   **SCMRMHC Response:** ***Although we do not have one group specifically for employment, we discuss employment in Monday "Values"; Tuesday "Problem Solving"; Wednesday "Goal Setting" and "Educational Opportunities"; Thursday "Daily Life & Educational Needs".***

## Emergency Services

Brief Overview of Services

- Provision of telephone and in-person assistance to clients of SCMRMHC who call the center crisis line.
- Trained administrative staff answer the crisis line calls and refer to on-call clinicians.

Staffing

- Clinicians rotate through on-call duties.

***Strengths***

- *SCMRMHC is to be applauded for participating with Billings Clinic, Deering Clinic, Yellowstone City-County Health Department, and St. Vincent Hospital to develop the first comprehensive community psychiatric crisis response program in Montana.*

## HUB

Brief Overview of Services

- Drop in services for people with serious mental illnesses. (The HUB was originally developed for people with serious mental illness who are homeless or at risk for homelessness. It still serves many people for whom homelessness is an issue.)
- The HUB provides incidental mental health assistance as well as scheduled group and individual treatment in close coordination with case managers and therapists.
- Supervised activities in the areas of employment, life skills, social interactions, leisure, and recreation.

Staffing

- 1 Team Lead
- 2 Case Managers
- 3 Mental Health Workers

***Strengths***

- *The HUB provides a valuable service to people with mental illnesses as well as the Billings community.*
- *Large building in good condition with comfortable atmosphere with lounge chairs, couches, television, dining area, pool table, and snack bar.*
- *Cheerful, positive energetic director and staff who are talented in forming rapport quickly with a variety of people and are able to competently handle even the most difficult and awkward situations.*
- *Tremendous working relationships with downtown businesses, Billings Clinic, Deering Clinic, and the police department. As with Rainbow House, these efforts have resulted in community members participating in hands-on projects at Rainbow House, as well as making generous donations of goods and funds.*
- *Consumers are encouraged to take an active part in the program; there are opportunities to move into roles such as receptionist, operating the snack bar, and assisting with housekeeping.*
- *The HUB has an advisory board made up of consumers (president, vice-president, secretary, and one alternate). This group holds a bi-monthly community meeting and provides feedback, consumer perspectives, and recommendations from consumers to the staff.*
- *This program should be replicated in other major Montana communities.*

Concerns

- The HUB does not provide on-site substance abuse services to consumers who have a co-occurring psychiatric and substance use disorder. These consumers are referred for treatment of substance use disorders to the SCMRMHC chemical dependency program at a different location.

Suggestions

- Consider approaching AMDD to develop identify funding that would allow the HUB to extend its hours of operation later into the evening, on weekends, and holidays.
- Consider building on the positive aspects of the HUB by incorporating some or all of the service modules outlined by the Substance Abuse and Mental Health Administration (SAMHSA) Center for Mental Health Services.[1]
- For consumers who are diagnosed with a co-occurring psychiatric and substance use disorders whose primary mental health service contact point is the HUB, consider developing on-site substance abuse services.

## Older Adult Services

During the past year, three key therapists who were outreaching and providing therapeutic services to older adults (mostly in nursing homes) retired. SCMRMHC has designated a new LCSW therapist as the older adult services expert. He is currently in the process of reestablishing connections with nursing homes and other entities that have contact with elderly people who may be experiencing mental health problems.

## Outpatient Therapy

Brief Overview of Services

- Individual and group therapy for a variety of psychiatric disorders.

Staffing

- 1 Director of Outpatient Services
- 8 Therapists

***Strengths***

- *SCMRMHC is participating in co-occurring disorders treatment training provided by AMDD and is in the process of developing an integrated approach to treating people with co-occurring psychiatric and substance use disorders.*
- *Outpatient clinicians are flexible - go out of their way to accommodate consumers who need to be seen outside of the appointment schedule.*
- *Dialectical Behavioral Therapy (DBT) is in use at SCMRMHC in conjunction with other community mental health programs statewide and Montana State Hospital. This appears to offer a good model for consistency of clinical transitions from community to community program and for community-hospital transitions.*
- *SCMRMHC has developed an excellent new process whereby all of the outpatient clinicians regularly review new initial assessments, and provide peer supervision and conduct quality assurance activities relative to these assessments.*
- *Licensed Clinical Professional Counselors (LCPC) in Outpatient Services and LAC's in Chemical Dependency Services participate jointly in regular group review of clinical assessments. This joint activity is a good step toward better integration of treatment for consumers who have a co-occurring mental illness and substance use disorders.*
- *Initial assessments are completed within five working days of a received referral or in-person request for services.*
- *All clinicians are expected to obtain Mental Health Professional status.*

Questions

- Are all consumers who are identified as having a co-occurring substance use disorder referred to the Chemical Dependency Department for services?

Suggestions

- Consider establishing an integrated treatment plan and service documentation format for all consumers who are receiving treatment for both a psychiatric disorder and a substance use disorders from SCMRMHC. If SCMRMHC feels that it is premature to combine these treatment formats (SCMRMHC currently uses separate charts for outpatient and CD services), consider ensuring that copies of both treatment plans and service documentation from each service is in the chart of the other service.

- Consider establishing a procedure that requires - when a consumer is receiving treatment from SCMRMHC for both a psychiatric disorder and a substance use disorder - the mental health therapist and the addiction counselor schedule time once each month to coordinate treatment.

## Program of Assertive Community Treatment (PACT)[1]

Brief Overview of Services

- Self-contained multidisciplinary services team that:

1. assumes responsibility for providing needed treatment, rehabilitation, and support services to identified consumers with SDMI
2. minimally refers consumers to mental health providers outside of the PACT team
3. provides services on a long term basis with continuity of care over time
4. delivers 80%+ of its services outside of program offices
5. emphasizes outreach, relationship building, and individualization of services

Staffing

- 1 Clinical Coordinator
- 1 Psychiatrist
- 1 Therapist
- 2 Registered Nurse
- 5 Case Managers
- 1 Rehabilitation Aide

***Strengths***

- *Well-run Evidence-Based service.*
- *One of the more impressive aspects of PACT is the role of the psychiatrist who - in addition to the central clinical responsibilities - works with consumers in their homes and in other locations in the community.*
- *Delivery of medications to consumers is customized to the needs of the individual consumer.*

Concerns

- PACT has positions unfilled for one therapist and one nurse. PACT Director reports that SCMRMHC cannot pay competitive salaries for registered nurses (Billings Clinic pays higher salaries for registered nurses who are recent nursing school graduates.) These vacancies prevent the program from serving the full target consumer capacity of 70 (current case load = 62). **SCMCMHC Response: *In February, 2006, therapist position was filled, and two registered nurses were brought on. Three new clients were also taken on in February.***

- SCMRMHC PACT team does not have the following staff positions as described in the PACT Model Fidelity Standards: Substance Abuse Specialist, Employment Specialist, Peer Specialist.

[1] Program of Assertive Community Treatment http://www.mentalhealthpractices.org/act_about.html ; NAMI web page: Assertive Community Treatment Technical Assistance Center.

Recommendation from 2002 Site Review

Nurture and train all PACT team members (including new employees) so that they develop a full understanding of all the dynamics of the PACT concept.

2005 Update: All current PACT team members appear to have a thorough understanding of all the dynamics of the PACT concept.

## Psychiatry / Nursing / Medications

Brief Overview of Services

- Comprehensive medical department concentrating on psychiatric evaluation, medication prescription, and medication administration and management.

Staffing

- 3 full-time Psychiatrists
- 1 community Psychiatrist on contract one day per week
- 1 full-time Nurse Practitioner
- 1 Nurse Practitioner on contract one day per week
- 1 full-time Registered Nurse

***Strengths***

- *Medication Education group conducted by either the RN or one of the psychiatrists for consumers who are "noncompliant" with prescribed psychotropic medications.*
- *Given the tremendous number of overall clients and the limited number of medical staff, SCMRMHC does an impressive job of managing the complexity of medication prescription, administration, and patient tracking.*
- *Case Managers use the patient education sheets that come with prescriptions to learn about each consumer's medication; have access to The Essential Guide to Prescription Drugs; SCMRMHC RNs, Nurse Practitioner, and Pharmacy One are available to assist case managers with needed medication information.*

Concerns

- The psychiatrist workload is excessive. This is a major problem statewide.
  Each SCMRMHC psychiatrist carries a case load of 450 – 500 consumers. In addition to this responsibility:
  - the Medical Director spends one half-day twice each month at the Women's Prison mental health program, and one half-day twice each month practicing over the telemedicine system.
  - one psychiatrist is involved with the PACT program for 1/3 of his time
  - one psychiatrist covers two Indian reservations
  - all three psychiatrists rotate coverage of hospitalized SCMRMHC consumers (one week on, two weeks off), rotate call duty with other psychiatrists for the Billings Clinic, and emergency duty at SCMRMHC.
- The ongoing extensive use of indigent medication programs and medication samples (due largely to the Mental Health Services Plan (MHSP) $450/month ceiling for medications) is necessary, but extremely time consuming and results in some clinical compromise. The Registered Nurse spends approximately 50% of her time assisting consumers in accessing these sources of medications and managing the center's paperwork, storage, and repackaging of this process. Many times consumers are switched from one medication to another simply because of sample availability.

- Given the overwhelming demand for medication prescription management and other medication-related services, there appears to be a significant need for more psychiatrists, nurse practitioners, and registered and/or licensed practical nurses.
- The RN estimates that approximately 50% of the center's clients who are prescribed psychotropic medication do not take them as prescribed. With psychiatrists stretched thin and only one RN, medication education appears to occur on a triage basis, not as a proactive service component for all consumers who are prescribed medications.[2]

Questions

- Is the Medical Department fully committed to moving toward the "Minkoff-Kline" model of integration of treatment for co-occurring psychiatric and substance use disorders?
- How do medication compliance rates vary from program to program at SCMRMHC?

Suggestions

- Explore ways to bring the Medical Department into the process of moving toward integration of treatment for co-occurring psychiatric and substance use disorders.

Recommendation from 2002 Site Review

- Document weights on all patients on a regular basis to help address the frequent weight gain associated with many of the psychiatric medications.
- Perform regularly scheduled, formal screenings for early tardive dyskinesia (such as the AIMS scale) on all patients receiving older antipsychotic medications.
- Ensure documentation of the rationale for all medication changes in the medical record. Consider adding an assessment section on the medical progress note form.
- Ensure the documentation of medication education on new medications and adherence counseling, when appropriate, in the medical record.
- Establish an ongoing Records Committee to:
  (a) review comprehensive treatment plans from other sources to develop a form that includes as many service groups as possible;
  (b) incorporate in the treatment plan those items required by law (Title 53, Chapter 21, MCA);
  (c) consistently retrain all staff on how to use the form and how to write good treatment plan goals, objectives, and interventions; and
  (d) review the process of how records are kept and maintained, including checks and balances to ensure that records are complete and current.

  2005 Update: In the center's written response to the BOV 2002 recommendations, the Medical Director agreed to implement bullets 1 – 4 above. These appear to have been implemented. The center is in the process of setting up an electronic charting system.

[2] See medication education at Evidence-Based Practices http://www.mentalhealthpractices.org/index.html .

## Residential Services

Brief Overview of Services

- 1 "Co-op" home
  - 8 beds
  - average length of stay – 6 months
  - case managers work with consumers.

- 1 Crisis Intervention/High Intensity Group Home
  - 8 beds
  - 24 hour awake staff (7)
  - all consumers referred from Billings Clinic psychiatric inpatient, Emergency Room, and Montana State Hospital enter SCMRMHC services either through this facility, or through the Moderate Intensity Group Home, depending on circumstances.

- 1 Moderate Intensity Group Home
  - 8 beds
  - 24 hour staff (~~4~~ 3) (1 asleep at night)

- "Behavior Modification/Privilege Level Step" program is used in each home.
- Home residents are required to attend Rainbow House during weekday mornings.

Staffing

- 1 Program Coordinator
- 12 Group Home Managers

***Strengths***

- *The two group homes and one co-op home are in good neighborhoods; clean, attractive, well-maintained, nicely furnished, pleasant atmosphere. (BOV did not tour the inside of the Co-Op.)*
- *Financial arrangements for consumers is reasonable and affordable.*
- *Consumers play an active role in ongoing operation of the homes - cleaning, meal planning and preparation, etc.*
- *All facilities are readily accessible to public transportation.*
- *Residential Services tram appears to be doing a very good job assisting consumers to move into their own places at a pace that takes into account individual needs.*

Concerns

- In Billings, as in the rest of the state, there is a need for expansion of "supported housing", such as group homes, supervised co-ops, community-based crisis beds, etc.
- Consumers who live in the Co-Op and the Group Homes are required to attend the Rainbow House day treatment program; accommodations are made for work and school.
- The tone of the program description and during the BOV tour seemed to be somewhat controlling, patronizing, and not recovery oriented. For example, the concept of a "Behavior Modification/Privilege Level Step" program where "*clients [are] able to earn 'pass' time depending on how well they have completed their daily assignments*" seems outdated and disempowering.

Suggestions

- Consider holding house meetings more often than once per month to increase the dynamic participation and communication within the homes.
- Consider decreasing the use of the "big white van" and increasing consumers' use of city transportation. The van appears institutional.

- Explore ways that case managers and group home staff can work together to assist consumers in attaining/restoring relationships with family members.
- Consider ways to make the individual bedrooms more home-like and personal with individual consumer decorations and/or center owned artwork, etc.
- Take down the sign on the group home office door that says, “only one client in room at a time”.

**Recommendations**

2. **For consumers participating in the Residential Services program: Assess each consumer’s needs for independent living skill-building; incorporate goals relative to independent living skills into each consumer’s treatment plan; develop training specifically designed to teach skills necessary for making the transition from group home to more independent living.**
3. **Review the concept of recovery and empowerment and incorporate these into both the written program description and the activities of the Residential Services program.**

## Women’s Prison

Brief Overview of Services

SCMRMHC provides mental health services to designated inmates under a contract with the Montana Women’s Correctional Center.

Staffing

- 1 Clinical Coordinator
- 1 Psychiatrist (six hours/week)
- 1 Advance Practice Registered Nurse
- 3 Mental Health Workers

***Strengths***

- *Good variety of services including diagnostic services, cognitive restructuring, Intensive Challenging Program, DBT, grief work, and anger management.*
- *An excellent service and resource for the women and for the Correctional Center.*

# MENTAL DISABILITIES BOARD of VISITORS STANDARDS

**Organizational Structure and Planning**

| Criteria | Comments |
|---|---|
| **Organizational Structure** | |
| Are the lines of authority and accountability in both the SCMRMHC organizational chart and in practice: | |
| ➢ simple and clear for all staff? | **-YES-** |
| ➢ lead to a single point of accountability for SCMRMHC across all sites, programs, professional disciplines and age groups? | **-YES-** |
| Does SCMRMHC have a structure that identifies it as a discrete entity within the larger system of mental health services? | **-YES-** |
| Does structure of SCMRMHC: | |
| ➢ promote continuity of care for consumers across all sites and programs? | ➢ In general, programs appear to be separate, independently functioning entities. Continuity of care for consumers who receive services from more than one of the Community Support Services (Rainbow House, HUB, Case Management) appears to be adequate because the Director of CSS has a good overview of the clientele and their involvement in multiple CSS services. When the Medical Department prescribes and manages medications, necessary communication and coordination takes place.<br>➢ PACT services are essentially self-contained.<br>➢ Separate locations and charts for Chemical Dependency and Outpatient services presents challenges for continuity of care for people with co-occurring psychiatric and substance use disorders, although new cross-program clinical review of intake assessments are a step in the right direction.<br>➢ Separate charts for Medical Department and other services appears to be a barrier to full continuity of care. |
| **Planning** | |
| Does SCMRMHC produce and regularly review a strategic plan that is made available to the defined community? | SCMRMHC does not have a current strategic plan developed by the Board. |
| Is the SCMRMHC 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 SCMRMHC strategic plan include: | See above |
| ➢ consumer and community needs analysis? | See above |
| ➢ strategy for increasing the use of evidence-based practices? | 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 SCMRMHC have operational plans based on the strategic plan, which establish time frames and responsibilities implementation of objectives? | See above |

**Rights, Responsibility, Safety, and Privacy**

| Criteria | Comments |
|---|---|
| **Rights and Responsibility** | |
| Does SCMRMHC define the rights and responsibilities of consumers and family members/carers? | **-YES-** |
| Does SCMRMHC actively promote consumer/family member/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? | SCMRMHC involves advocacy services if it feels it is necessary in an individual situation. The center's Client Bill of Rights does not mention services by name and does not include contact information. BOV did not observe this information posted in service locations.<br>**NOTE**: *BOV has provided SCMRMHC with laminated posters with Board of Visitors contact information, and will soon have printed Board of Visitors brochures to provide to SCMRMHC and other mental health facilities.* |
| Does SCMRMHC have an easily accessed, responsive, and fair complaint / grievance procedure for consumers and their family members/carers to follow? | **-YES-** |

| | |
|---|---|
| Does SCMRMHC display in prominent areas of SCMRMHC's facilities: | |
| ➢ a written description of consumers' rights and responsibilities | rights : **-YES-**<br>responsibilities: BOV did not see evidence of this. |
| ➢ information about advocacy services available (the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program) | BOV did not see evidence of this. |
| ➢ the complaint / grievance procedure? | BOV did not see evidence of this. |
| Are staff trained in and familiar with: | |
| ➢ rights and responsibilities? | **-YES-** |
| ➢ advocacy services available? | **-YES-** |
| ➢ complaint / grievance procedure? | **-YES-** |
| | |
| **Safety** | |
| Does SCMRMHC protect consumers from abuse, neglect, and exploitation by its staff and agents? | **-YES-**<br>No allegations against staff for the period requested by BOV (one year prior to site review). |
| Has SCMRMHC fully implemented the abuse / neglect reporting requirements of 53-21-107, MCA? | Since the BOV review in 2002, SCMRMHC developed a policy titled Guidelines for Detecting and Reporting Abuse/Neglect, but it is not fully in compliance with 53-21-107, MCA.<br>**NOTE**: *BOV has provided SCMRMHC with a worksheet for correcting this policy.* |
| Are SCMRMHC staff trained to understand and to appropriately and safely respond to aggressive and other difficult behaviors? | **-YES-**<br>SCMRMHC trains its staff in the use of Mandt® [3]. |
| Do SCMRMHC staff members working alone have the opportunity to access other staff members at all times in their work settings? | **-YES-** |
| | |
| Does SCMRMHC utilize an emergency alarm or other communication system for staff and consumers to notify other staff, law enforcement, or other helpers when immediate assistance is needed? | **-YES-**<br>Staff are almost never alone with consumers; supervisors are accessible through radios and cell phones. |
| Does SCMRMHC utilize an emergency alarm system for staff and consumers to notify other staff, law enforcement, or other helpers when immediate assistance is needed? | **-YES-**<br>Via 911 in group homes; Via Emergency Response Team (ERT) code in main building. |

[3] http://www.mandtsystem.com/

| | |
|---|---|
| Do consumers have the opportunity to access staff of their own gender? | **-YES-** |
| Does SCMRMHC have a procedure for analyzing problematic events and for supporting staff and consumers during and after such events? | **-YES-** |
| | |
| **Consent and Privacy** | |
| Does SCMRMHC provide to consumers and their family members/carers if applicable verbal and written information about consent to treatment and informed consent generally? | **-YES-** |
| Do SCMRMHC staff maintain consumers' wishes regarding confidentiality while encouraging inclusion of support system members? | **-YES-** |
| Does SCMRMHC provide consumers with the opportunity to communicate with others in private unless contraindicated for safety or clinical reasons? | **-YES-** |
| Locations used for the delivery of mental health care ensure sight and sound privacy. | **-YES-** |

Suggestions

- Consider ways to provide consumers and family member/carer with written information about their responsibilities as participants in treatment.

**Recommendations**

4. **Upon admission to services, provide consumers and family members/carers with written information about access to independent advocacy services at the time of beginning services, including information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances; post this information in all consumer service areas.**
5. **Upon admission to services, provide consumers and family members/carers with written information about the complaint / grievance procedure; post this information in all consumer service areas.**
6. **Make necessary adjustments to the center's abuse/neglect policy. (see attached Policy Check List)**

## Informational Documents

| Criteria | Comments |
|---|---|
| Does SCMRMHC proactively provide the following in writing to consumers and family members/carers at the time of entering services in a way that is understandable to them: | |
| ➢ information about consumer rights and responsibilities including complaint / grievance procedure? | consumers: **-YES-**<br>family members/carers: BOV did not see evidence of this.<br>responsibilities: BOV did not see evidence of this. |
| ➢ information about independent advocacy services available? | BOV did not see evidence of this. |
| ➢ information about the complaint / grievance procedure? | consumers: SCMRMHC does not provide grievance/complaint information to consumers when they begin services. Policy is that the grievance procedure is provided on request. It is unclear how consumers find out about the grievance procedure otherwise.<br>family members/carers: BOV did not see evidence of this. |
| ➢ information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances? | BOV did not see evidence of this. |
| ➢ descriptions of program services? | consumers: SCMRMHC has program descriptions, but does not routinely provide them to consumers.<br>family members/carers: BOV did not see evidence of this. |
| ➢ mission statement ? | consumers: SCMRMHC has a written mission statement, but does not routinely provide it to consumers.<br>family members/carers: BOV did not see evidence of this. |
| ➢ information about all mental health/substance abuse treatment service options available in the community? | SCMRMHC provided BOV with 4 booklets listing resources in Billings: 3 prepared for Maternal Child Health program, 1 prepared for Head Start. While these documents have a plethora of resources listed, there is much duplication and a number of resources listed that would be of questionable value to consumers of mental health services. These lists are provided to consumers and family members/carers on request. |
| ➢ information about psychiatric / substance use disorders and their treatment? | SCMRMHC has various brochures and handouts available to consumers in literature racks; these are not routinely provided to consumers and family members/carers. |
| ➢ information about medications used to treat psychiatric disorders? | SCMRMHC has a few pharmaceutical company brochures on medications available to consumers in literature racks; these are not routinely provided to consumers and family members/carers. |

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| | |
| ➢ information about opportunities for consumer / family member / carer participation in evaluation of the service ? | SCMRMHC distributes the Mental Health Statistics Improvement Program (MHSIP[4]) consumer survey to consumers as required by AMDD.<br>All office locations (satellites) and Governing Board have consumers on Advisory Boards. |
| ➢ staff names, job titles, and credentials? | BOV did not see evidence of this being provided to consumers and family members/carers. |
| ➢ organization chart ? | SCMRMHC has a written organization chart, but does not routinely provide them to consumers and family members/carers. |
| ➢ staff code of conduct ? | BOV did not see evidence of this being provided to consumers and family members/carers. |
| Does SCMRMHC provide the following documents to consumers and family members / carers and others on request : | |
| ➢ current strategic/ quality improvement plan? | Quality improvement plan is not distributed to consumers, but is available upon request. |
| ➢ current service evaluation report(s) including outcome data? | Not published. |
| ➢ description of minimum competency and knowledge for each staff position providing service to consumers? | Kept in individual Human Resources files. Training and credentials are available upon request. Licenses are posted on office walls. |
| ➢ description of minimum competency and knowledge for each staff position supervising direct care staff? | Kept in individual Human Resources files. Training and credentials are available upon request. Licenses are posted on office walls. |
| Does SCMRMHC maintain and use the following documents to facilitate internal quality improvement and to support positive consumer outcomes: | |
| ➢ records documenting relevant competency and knowledge of individual staff including: (1) training received, (2) training needs, (3) deficits identified, (4) training provided to correct deficits? | All of these records are kept in individual Human Resources files. |

[4] Mental Health Statistics Improvement Program. http://www.mhsip.org/index.asp

Concerns

- The information on psychiatric / substance use disorders available to consumers appears to be a miscellaneous collection of literature from pharmaceutical companies.

Suggestions

- Consider developing more professional and comprehensive program descriptions. This could take the form of a master description of SCMRMHC services with sections for each service category, or separate documents for each service category.
- Consider consolidating consumer resource lists, with a focus on mental health and substance abuse treatment options.
- Consider developing a comprehensive package of written information on psychiatric / substance use disorders and their treatment with specific information pertinent to the people served by SCMRMHC; provide this information to each consumer upon admission to services and to family members/carers as applicable.
- Consider developing a comprehensive package of written information on program information to consumers and family members/carers as listed above.

**Consumer / Family Member Participation**

| Criteria | Comments |
|---|---|
| Does SCMRMHC recognize the importance of, encourage, and provide opportunities for consumers to direct and participate actively in their treatment and recovery? | BOV believes that SCMRMHC does recognize the importance of consumers directing and actively participating in their treatment. This is evident in program and consumer activities and staff work with and encouragement of consumers at Rainbow House and the HUB; and is evident in the rapport that appears to exist between consumers and both Intensive and PACT case management staff.<br><br>However, BOV did not see this environmental evidence reflected into the written programmatic information, treatment planning, treatment goal development, or treatment review. |
| Does SCMRMHC identify in the service record consumers' family members/carers and describe the parameters for communication with them regarding consumers' treatment and for their involvement in treatment and support? | It appears that SCMRMHC does not proactively identify or seek out family members/carers for the purpose of determining whether they and/or the consumer are interested in their involvement in the consumer's treatment - but communicates with family members/carers only when contacted directly by them, or when a particular issue arises in the course of providing services to a consumer that requires communication with family members/carers (ex: if a consumer plans to live with a family member, if a family member is the guardian for a consumer). |
| Does SCMRMHC: | |
| ➢ 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)? | Consumers at Rainbow House and the HUB have opportunities to participate in program operation, i.e., can take on roles such as reception, phone answering, meal preparation, etc.<br><br>BOV did not see evidence that SCMRMHC incorporates consumers or family members/carers in activities such as advisory groups, public meetings, staff recruitment and interviewing, peer and staff education and training, or family and consumer peer support. |

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| | |
| ➢ have written descriptions of these activities? | BOV did not see evidence of this. |
| ➢ promote, encourage, and provide opportunities for consumer and family member/carer participation in the **evaluation** of SCMRMHC (ex: evaluation of 'customer service', effectiveness of communication with consumers and family members/carers, achievement of outcomes)? | SCMRMHC solicits feedback from consumers (not family members/carers) via the MHSIP "Consumer Survey". It does not appear that this instrument forms the basis for an ongoing proactive dialog between SCMRMHC and consumers and family members/carers about the quality or effectiveness of services. |
| ➢ have written descriptions of these activities? | With the exception of the MHSIP survey, BOV did not see evidence of this. |

Suggestions

- Consider ways to promote, encourage, and provide opportunities for consumer and family member/carer participation in the **operation** of the mental health service.
- Consider ways to promote, encourage, and provide opportunities for consumer and family member/carer participation in the **evaluation** of SCMRMHC.

**Recommendations**

7. **Develop procedures and documentation formats that to the greatest extent possible ensure and demonstrate that consumers actively participate in their treatment planning, services, and treatment review.**
8. **Develop procedures and documentation formats that ensure that SCMRMHC staff work with consumers to proactively identify and seek out and communicate with family members/carers for the purpose of determining whether they are interested in being involved in the consumer's treatment.**

**Promotion of Community Understanding of Mental Illness**

| Criteria | Comments |
|---|---|
| Does SCMRMHC work collaboratively with the defined 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-** |
| Does SCMRMHC provide understandable information to mainstream workers and the defined community about mental disorders and mental health problems? | This is done through SCMRMHC's Mental Health Foundation Director and Board. |

***Strengths***

- *SCMRMHC has developed tremendous relationships with the Billings community - much of which appears to be related to ongoing HUB and Rainbow House operation and support activities with community organizations and individuals. These activities have dramatically raised the public's awareness of mental illness.*

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

| Criteria | Comments |
|---|---|
| **Promotion of Mental Health** | |
| Does SCMRMHC work collaboratively with state, county, and local health promotion units and other organizations to conduct and manage activities that promote mental health? | **-YES-** |
| Does SCMRMHC provide information to mainstream workers and the defined community about factors that prevent exacerbation of mental illnesses? | This is done through SCMRMHC's Mental Health Foundation Director and Board. |
| Does SCMRMHC provide to consumers and their family members/carers information about mental health support groups and mental health-related community forums and educational opportunities? | As noted above, SCMRMHC has several lists of community resources that are available to consumers and their family members/carers. |
| | |
| **Promotion of Physical Health** | |
| For all new or returning consumers, does SCMRMHC perform a thorough physical / medical examination or ensure that a thorough physical / medical examination has been performed within one year of the consumer entering / re-entering the service? | SCMRMHC does neither. Psychiatrists refer to primary care doctors as needed. |
| Does SCMRMHC link all consumers to primary health services and ensures that consumers have access to needed health care? | **-YES-** |
| Does SCMRMHC proactively rule out medical conditions that may be responsible for presenting psychiatric symptoms? | **-YES-** |
| For all new or returning consumers, does SCMRMHC make arrangements for a thorough dental examination or ensure that a thorough dental examination has been performed within one year of the consumer entering / re-entering the service? | **-NO-** |

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| Does SCMRMHC ensure that consumers have access to needed dental care? | SCMRMHC makes referrals, but few dentists accept Medicaid, or work with unfunded consumers. |
| | |
| **Prevention of Exacerbation of Mental Illness** | |
| Does SCMRMHC actively and assertively identify and appropriately reach out to vulnerable individuals in the defined community, including 'unattached' individuals with mental illnesses, mentally ill older adults, and minor children of mentally ill consumers who are parents? | **-YES-**<br>Through the PATH case management program. |

Suggestions

- Consider developing informational material to provide to consumers and their family members/carers information about mental health support groups and mental health-related community forums and educational opportunities.

## Integration and Continuity of Services

| Criteria | Comments |
|---|---|
| **Within the Organization** | |
| Does SCMRMHC ensure service integration and continuity of care across its services, sites, and consumers' life spans? | **-YES-** |
| Does SCMRMHC convene regular meetings among staff of each of its programs and sites in order to promote integration and continuity? | **-YES-** |
| | |
| **Within the Community** | |
| Does SCMRMHC actively participate in an integrated **human services system** serving the defined community, and nurture inter-community links and collaboration? | **-YES-** |
| Are SCMRMHC staff knowledgeable about the range of other community agencies available to consumers and family members/carers? | **-YES-** |
| Does SCMRMHC support its staff, consumers, | **-YES-** |

| | |
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| and family members/carers in their involvement with other community agencies wherever necessary and appropriate? | |
| | |
| **Within the Health System** | |
| Is SCMRMHC 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 SCMRMHC 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 SCMRMHC ensure continuity of care for consumers referred outside the mental health service for a particular therapy? | **-YES-** |
| Does SCMRMHC ensure continuity of care for consumers following their discharge? | Attempts are made to ensure continuity of care through follow-up, and release of information, if consumer and treatment team are available. |

## Staff Competency, Training, Supervision, Relationships with Consumers

| Criteria | Comments |
|---|---|
| **Competency and Training** | |
| Does SCMRMHC define minimum knowledge and competency expectations for each staff position providing services to consumers? | **-YES-** |
| Does SCMRMHC have written training curricula for new staff focused on achieving minimum knowledge and competency levels defined for each position providing services to consumers? | There is written training curricula for group home and case management staff, and Psychosocial Rehabilitation Aides. |
| Does SCMRMHC 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? | SCMRMHC appears to rely primarily on 'on-the-job' training and shadowing of experienced staff by new staff. |
| Does SCMRMHC 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? | **-YES-** |

| | |
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| Does SCMRMHC periodically assess staff and identify and addresses knowledge and competence deficiencies? | **-YES-** |
| | |
| **Supervision** | |
| Does SCMRMHC provide active formal and informal supervision to staff? | **-YES-** |
| Are SCMRMHC supervisors trained and held accountable for appropriately monitoring and overseeing the way consumers are treated by line staff, and for ensuring that treatment and support is provided effectively to consumers by line staff according to their responsibilities as defined in treatment plans? | **-YES-** |
| Are SCMRMHC supervisors trained and held accountable for appropriately monitoring and overseeing the treatment and support provided to consumers by line staff? | **-YES-** |
| | |
| **Relationships with Consumers** | |
| Do SCMRMHC 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-** |

Suggestions

- Consider developing written training curricula for new staff focused on achieving minimum knowledge and competency levels defined for each position providing services to consumers.

## Assessment, Treatment Planning, Documentation, and Review

| Criteria | Comments |
|---|---|
| **General** | |
| Does the SCMRMHC use a multidisciplinary approach in its treatment planning and review process? | Each SCMRMHC service develops a discrete treatment plan. BOV did not see evidence that treatment planning or review involves a comprehensive, multidisciplinary approach. |
| Does SCMRMHC have a procedure for appropriately following up with people who decline to participate in an assessment, treatment planning session, or a treatment review? | Only through the efforts of case managers responsible for the consumer. |
| With consumers' consent, do SCMRMHC 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? | SCMRMHC does not routinely and proactively do this; only with consent of the client and if staff believes it is necessary. |
| Are SCMRMHC assessments, treatment planning sessions, and treatment reviews conducted in accordance with the unique requirements of people with visual or hearing impairment, people with other disabilities including developmental disabilities, and people who are illiterate? | **-YES-** |
| | |
| **Assessment** | |
| Are SCMRMHC assessments conducted in accordance with the unique cultural, ethnic, spiritual, and language needs relevant to all people in the defined community, with a specific emphasis on American Indian people? | **-NO-** |
| When a diagnosis is made, does SCMRMHC provide to consumers and, with the consumer's consent, family members/carers with information on the diagnosis, options for treatment and prognosis? | BOV did not see evidence of this.<br><br>Rainbow House addresses some of these areas in classes for the consumers who select those classes. |
| Do SCMRMHC assessments: | |
| ➢ identify consumer preferences, strengths, and needs regarding safety, food, housing, education, employment, and leisure? | BOV did not see evidence of a consistent approach; very spotty mostly focusing on status/deficits of one or more of these areas; preferences not explored.<br><br>Case Management conducts a 'strengths assessment". |

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| ➢ include thorough medical evaluations that determine the nature of consumers' current medical and dental needs, and rule out or identify medical disorders – as contributing to or causing psychiatric symptoms? | If consumer has a private MD, this area appears to be deferred.<br><br>SCMRMHC believes this is the domain of primary care clinics. |
| ➢ include current nutritional status? | BOV did not see evidence of this. |
| ➢ include current level of physical fitness? | BOV did not see evidence of this. |
| ➢ include assessment of abuse/neglect? | BOV did not see evidence of this. |
| ➢ identify factors that place the consumer at high risk for suicide, violence, victimization, medical disorders such as HIV, gambling, or substance abuse? | Risk for suicide and danger to others addressed; generally other risk areas not addressed. |
| ➢ include detailed family history, including family history of mental illness and/or substance abuse? | **-YES-** |
| ➢ include detailed description of current family relationships including consumers' children and their caretaking and custody status? | **-YES-** |
| ➢ identify family supports available, with specific names, contact, and permission information? | BOV did not see evidence of this. |
| ➢ identify specific ethnic background, including unique cultural, ethnic, spiritual, and language needs relevant to consumers and their families, with a specific emphasis on American Indian people (including consumer identified nation/tribe and relevant tribal contact information)? | BOV did not see evidence of this. |
| ➢ identify all psychiatric and/or substance abuse treatment and specific plans for obtaining pertinent treatment documentation and for communicating with relevant clinicians and other professionals or paraprofessionals who have provided such treatment in the past or who are currently providing services, including psychiatric medication prescribers? | Mental health and substance abuse treatment noted; BOV did not see evidence of plans for obtaining pertinent treatment documentation and for communicating with relevant clinicians. |
| ➢ include detailed information that either confirms or rules out the presence of co-occurring psychiatric and substance use disorders? | BOV did not see evidence of this.<br>In one chart there was clear historical and current information that indicated significant drug use without CD referral. |

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| ➢ include functional assessment of consumers' daily living skills with detailed description of consumers' strengths and deficits? | Case Management – yes.<br>Outpatient - BOV did not see evidence of this. |
| ➢ addresses consumers' feelings of hope about the future and their ability to lead a productive life? | BOV did not see evidence of this. |
| ➢ identify sources of motivation, resources, strengths, interests, capabilities, major problems, and deficits? | Case Management does conduct a 'strengths assessment"; generally no evidence of focus on motivation, resources, interests, capabilities. |
| ➢ identify coping strategies and supports that have been successful in the past and can be successful in the future? | Included in Case Management 'strengths assessment"; otherwise, BOV did not see evidence of this. |
| ➢ address consumers' choices regarding services including history of satisfaction and dissatisfaction with services, including medications? | BOV did not see evidence of this. |
| ➢ address consumers' understanding of their illness, their medications and other treatments, and potential medication side effects? | BOV did not see evidence of this. |
| | |
| **Treatment Planning** | |
| Does SCMRMHC work with consumers, and with consumers' consent, family members/carers, and others to develop initial treatment plans? | consumers : **-YES-**<br>family members/carers : BOV did not see evidence of this. |
| Do service plans focus on interventions that facilitate recovery and resources that support the recovery process? | BOV did not see evidence of this. |
| Does SCMRMHC work with consumers, family members/carers, and others to develop crisis / relapse prevention and management plans that identify early warning signs of crisis / relapse and describe appropriate action for consumers and family members/carers to take? | Rainbow House provides a crisis management class for the consumers who choose to participate.<br><br>Outpatient services has a place for a 'crisis plan'.<br><br>CD plans address relapse in substance abuse.<br><br>Other service area (PACT, case management, HUB) staff are observant and intervene during crises, and provide some incidental education about what to do when consumers experience increased symptoms, but there is no formal approach to this area in service planning.<br><br>Family members/carers : no evidence of their involvement. |
| Are SCMRMHC consumers, and with consumers' consent, family members/carers proactively given a copy of the treatment plan? | BOV did not see evidence of this. |

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| **Documentation** | |
| Does SCMRMHC 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? | SCMRMHC is in the process of setting up a computerized health record system. |
| Is the computerized health record system is capable of coordinating information with other health care providers? | See above |
| Treatment and support is provided by SCMRMHC recorded in an individual clinical record that is accessible throughout the components of the mental health service? | Charts and treatment plans are located in various places, depending on what services the person is receiving. There is no central record that is uniformly accessible throughout SCMRMHC. |
| Is SCMRMHC 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? | BOV did not see evidence of this.<br><br>Goals/objectives are general. Progress notes do not consistently reflect treatment objectives in plans. |
| Is there clear congruence among SCMRMHC assessments, service plans, discharge plans, service plan revisions, and treatment documentation? | Generally, 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? | BOV did not see evidence of this.<br><br>Documentation consists of consumer signatures. No evidence of family member involvement. |
| For children, is there clear documentation of a proactive approach to involving consumers' parents / carers / guardians, in the service planning and revision? | SCMRMHC does not provide services to SED children. |
| Does SCMRMHC document the following to track consumer outcomes: | |
| ➢ attainment of treatment objectives? | In a very general way in 90 day treatment reviews. |
| ➢ changes in mental health and general health status for consumers? | BOV did not see evidence of this. |
| ➢ changes in consumers' quality of life? | BOV did not see evidence of this. |
| ➢ consumer satisfaction with services? | BOV did not see evidence of this. |

| Review | |
|---|---|
| Do SCMRMHC treatment progress reviews support conclusions with documentation? | **-YES-** |
| Do SCMRMHC treatment progress reviews actively solicit and include the input of consumers, family members / carers, all facility practitioners involved in the consumer's services, and outside service providers? | BOV did not see evidence of this. |
| Are SCMRMHC treatment progress reviews conducted with the treatment team members and the consumer present? | BOV did not see evidence of this. |
| Do SCMRMHC treatment progress reviews proactively support continuing treatment and support adjustments that will ensure progress, not just "maintenance"? | BOV did not see evidence of this. |
| When continuation of ongoing treatment strategies are appropriate, do SCMRMHC treatment progress reviews clearly addresses this fact and document the rationale? | BOV did not see evidence of this. |

Concerns

- There are currently three separate charting systems: clinical, chemical dependency, and medical. This situation appears to have the potential for compromising the continuity of documentation across disciplines, and access to comprehensive information by staff providing services to the same consumer.
- Treatment plans appear much too vague; documentation is too general and appears not to adequately reflect treatment objectives; reviews appear to be repeats of existing plans without clear justification.

Suggestions:

- If the process of moving to one comprehensive electronic charting system is not in the plans in the next one to two years, SCMRMHC should consider combining the clinical, addiction, and medical charts into one comprehensive physical chart.

**Recommendations**

9. **Revise assessment tools so that there is consistency across service types and so that they address items listed in Assessments above.**
10. **Assess each SCMRMHC program for staff skills in treatment plan development, documentation, and review. Develop treatment planning training for new staff, and conduct retraining for current staff in the following areas: development of appropriately specific treatment objectives, documentation that is relevant to treatment objectives, and treatment review that proactively develop continuing adjustments to plans that will support progress, not just maintenance.**
11. **Develop a comprehensive treatment planning and review process so that all service areas that are providing treatment to an individual consumer are concurrently involved collectively in treatment planning and review.**

## Treatment and Support

| Criteria | Comments |
|---|---|
| **General** | |
| Is treatment and support provided by SCMRMHC evidence-based [5]? | |
| ➢ **Illness Management & Recovery** | Structured educational groups conducted at Rainbow House address a number of the components in the SAMHSA EBP guidelines in this area. |
| ➢ **Medication Management Approaches in Psychiatry** | SCMRMHC uses the traditional approach to psychiatric medication prescription and management; this approach follows the principles described in the SAMHSA EBP guidelines.<br><br>SCMRMHC does not use a medication algorithm approach[6] nor systematic medication-related outcome measures. |
| ➢ **Assertive Community Treatment** | SCMRMHC provides services to a selected number of adult consumers using the PACT model. Fidelity to the model is monitored by AMDD. (see **PACT**, page 11) |
| ➢ **Family Psychoeducation** | SCMRMHC does not offer psychoeducation to family members of consumers. |
| ➢ **Supported Employment** | Work with consumers at the HUB comes the closest to supported employment of any service offered directly by SCMRMHC. (see **The HUB**, page 8)<br><br>Rainbow House refers consumers who are interested in working to Vocational Rehabilitation via case managers; consumers then are referred to several organizations that provide supported employment services directly to people with disabilities COR Enterprises and Job Connection). (see **Day Treatment [Rainbow House]**, page 7) |
| ➢ **Integrated Treatment for Co-Occurring Disorders** | SCMRMHC is participating in co-occurring disorders treatment training provided by AMDD and is moving in the direction of developing an integrated approach to treating people with co-occurring psychiatric and substance use disorders.<br>(see **Co-Occurring Psychiatric and Substance Use Disorders**, page 40) |
| Is treatment and support provided by SCMRMHC recovery-oriented? | **-YES-** |

[5] 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/ .

[6] Texas Medication Algorithm Project at : http://www.dshs.state.tx.us/mhprograms/TMAPover.shtm

| | |
|---|---|
| Does SCMRMHC provide education for consumers, family members/carers, and staff which maximizes the effectiveness of consumer / family member / carer participation in consumers' treatment ? | Consumers: Structured educational groups conducted at Rainbow House.<br>Family Members/Carers: No education is offered to family members. |
| | |
| **Case Management** | |
| Does SCMRMHC provide comprehensive, individualized case management and support to consumers with severe mental illness? | **-YES-** |
| Based on individualized needs assessment, does SCMRMHC provide or facilitates access to assertive community treatment based on the PACT© model? | **-YES-** |
| Does SCMRMHC establish maximum caseload sizes? | **-NO-** |
| Does SCMRMHC monitor caseloads to ensure that excessive caseload sizes do not compromise service quality or consumer access to case managers? | SCMRMHC attempts to balance the demand for case management services with the financial ability to add staff as needed. |
| | |
| **Independent Care** | |
| Do SCMRMHC independent care programs or interventions provide sufficient scope and balance so that consumers develop or redevelop the necessary competence to meet their own everyday community living needs? | **-YES-** |
| | |
| **Housing - General** | |
| Does SCMRMHC identify housing needs and desires of consumers in the service plan? | **-YES-** |
| Does SCMRMHC ensure that consumers have access to an appropriate range of agencies, programs, and interventions to meet their needs for housing? | **-YES-** |
| Does SCMRMHC provide a range of treatments and support that maximize opportunities for the consumer to live independently in their own housing? | **-YES-** |
| Unless safety is a concern, is SCMRMHC assistance in maintaining housing non-contingent upon compliance with treatment? | If the consumer will allow case management assistance. |
| Does SCMRMHC provide supported housing in a manner that promotes choice, safety, and maximum possible quality of life for the consumer? | **-YES-** |

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| Does SCMRMHC ensure that consumers have access to safe, affordable, decent housing in locations that are convenient to community services and amenities? | **-YES-**<br>Within the limitations in the Billings community. |
| Does SCMRMHC operate or provides access for consumers to specialized supported/supervised housing that includes active support and treatment components? | **-YES-** |
| Does SCMRMHC provide support and advocacy to consumers in communicating and problem solving with landlords? | **-YES-** |
| Does SCMRMHC work closely with landlords to ensure that consumers do not lose their housing during periods of hospitalization or other temporary out of community treatment? | **-YES-** |
| Does SCMRMHC provides access to and assistance with options for consumer home ownership? | SCMRMHC would, upon request by the consumer. |
| | |
| **Supported Housing Provided by SCMRMHC** | |
| Does SCMRMHC fully integrate the housing program into other treatment and support programs? | **-YES-** |
| Does SCMRMHC deliver a range of treatment and support services to the consumers living in the housing according to individual need? | **-YES-** |
| Does SCMRMHC offer to consumers living in the housing maximum opportunity to participate in decision making with regard to the degree of supervision in the facility, decor, visitors, potential residents and house rules? | (see comments under **Residential Services**, page 13) |
| Is SCMRMHC-provided housing in the proximity of consumers' social and cultural supports, and community activities? | **-YES-** |
| Does SCMRMHC ensure that housing maximizes opportunities for the consumer to exercise control over their personal space? | **-YES-** |
| Does SCMRMHC -provided housing accommodate the needs of consumers with physical disabilities (complies with the Americans With Disabilities Act)? | **-YES-** |
| | |
| **Supported Housing Provided by Agencies other than SCMRMHC** | |
| Does SCMRMHC not refer a consumer to housing where he / she is likely to be exploited and/or abused? | **-YES-** |

| | |
|---|---|
| Does SCMRMHC refer a consumer to temporary housing such as homeless shelters only for short-term temporary periods pending a move to permanent housing? | **-YES-** |
| | |
| **Education** | |
| Does SCMRMHC identify education needs and desires of consumers in the service plan? | BOV did not see evidence of this.<br><br>Status of education completed noted in some charts. |
| Does SCMRMHC support consumers' desires to participate in and facilitates access to opportunities for further or continuing education? | When articulated by consumer – yes. BOV did not see evidence of this being proactively approached to either identify these desires or rule them out. |
| | |
| **Employment** | |
| Does SCMRMHC identify employment needs and desires of consumers in the service plan, and assists consumers in defining life roles with respect to work and meaningful activities? | BOV did not find consumers' employment needs/desires addressed in service plans.<br><br>Case managers, HUB and Rainbow House staff work with consumers to assist them in becoming involved with meaningful activities; HUB staff target employment as an ongoing activity with consumers who participate in the HUB.<br><br>PACT team does not have an Employment Specialist as recommended by the PACT model.<br><br>(see **HUB**, page 8; **Day Treatment** [**Rainbow House]** page 7; **PACT** page 11) |
| Does SCMRMHC assist consumers to find and keep competitive employment through a supported employment approach? | Except for some good employment assistance at the HUB, SCMRMHC does not work directly with consumers to assist them to obtain and keep jobs.<br><br>SCMRMHC staff have the option to refer interested consumers to Vocational Rehabilitation. |
| Does SCMRMHC accommodate consumers' individual choices and decisions about work and support based on consumers' needs, preferences, and experiences? | See above |
| Does SCMRMHC emphasize a focus on rapid attachment to the workforce in integrated settings and support for consumers in obtaining and keeping integrated employment in community settings[7]? | See above |

[7] Bond, G.R., Becker, D.R., Drake, R.E., Rapp, C.A., Meisler, N., Lehman, A.F., et al. (2001). Implementing supported employment as an evidence-based practice. *Psychiatric Services*, 52(3), 313-322.

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|---|---|
| Does SCMRMHC ensure consumers' right to fair pay and working conditions? | See above |
| Does SCMRMHC work closely with employers to ensure that consumers do not lose their jobs during periods of hospitalization or other temporary out of community treatment? | See above |
| | |
| **Family and Relationships** | |
| Does SCMRMHC identify needs and desires of consumers relative to family relationships in the service plan? | BOV did not see evidence of this. |
| Does SCMRMHC's treatment and support provide consumers with the opportunity to strengthen their valued relationships? | BOV did not see evidence of this. |
| Does SCMRMHC ensure that consumers and their families have access to a range of family-centered approaches to treatment and support? | BOV did not see evidence of this. |
| Does SCMRMHC offers Family Psycho-education to consumers' family members and family members/carers [8, 9.]? | BOV did not see evidence of this. |
| | |
| **Social and Leisure** | |
| Does SCMRMHC identify social and leisure needs and desires of consumers in the service plan? | BOV did not see evidence of this. |
| Does SCMRMHC ensure that consumers have access to an appropriate range of agencies, programs and/or interventions to meet their needs for social contact and leisure activities? | **-YES-**<br>Case managers, HUB, and Rainbow House staff work with consumers to assist them in becoming involved with social and leisure activities. |
| Does SCMRMHC provide or ensure that consumers have access to drop-in facilities for leisure and recreation as well as opportunities to participate in leisure and recreation activities individually and/or in groups? | The HUB functions as a drop-in program and has in-house social/leisure activities for consumers who choose to go to the HUB. Consumers at Rainbow House told BOV that they do not generally feel comfortable going to the HUB.<br><br>Rainbow House has ample opportunities for social/leisure activities on site until noon on weekdays. |
| Does SCMRMHC facilitate consumers' access to and participation in community-based leisure and recreation activities? | HUB and Rainbow House, through connections in the community, provide bridges for consumers to participate in community-based social/leisure activities. |

[8] 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.
[9] Information on Family Psycho-education at : http://www.mentalhealthpractices.org/fam.html

| **Medication** | |
|---|---|
| Is SCMRMHC medication prescription protocol evidence-based and reflect internationally accepted medical standards [10, 11] ? | In a review of six cases, indication for psychotherapeutic medication is consistent with diagnoses and/or symptoms in workups and progress notes. Psychiatrists and Nurse Practitioner appear to manage medications well.<br><br>SCMRMHC does not adhere to a medication algorithm approach nor to the SAMHSA Medication Management Approaches in Psychiatry.<br><br>NOTE: The separate charts for medication documentation compromises psychiatrists' access to information regarding other treatments (these charts do not include treatment plans) including services provided by case management, therapists, or addiction counselors. |
| At SCMRMHC facilities, is medication prescribed, stored, transported, administered, and reviewed by authorized persons in a manner consistent with legislation, regulations and professional guidelines? | **-YES-** |
| Are SCMRMHC 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? | This is not documented in the medication charts. |
| Where the consumer's medication is administered by SCMRMHC, is it administered in a manner that protects the consumer's dignity and privacy? | **-YES-** |
| Is "medication when required" (PRN) is only used as a part of a documented continuum of strategies for safely alleviating the consumer's distress and/or risk? | **-YES-** |
| Does SCMRMHC ensure access for the consumer to the safest, most effective, and most appropriate medication and/or other technology? | **-YES-** |
| Does SCMRMHC 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? | This is not documented in the medication charts. |
| Does SCMRMHC acknowledge and facilitate consumers' right to seek opinions and/or treatments from other qualified prescribers and does SCMRMHC promotes continuity of care by working effectively with other prescribers? | **-YES-** |

[10] Texas Medication Algorithm Project at : http://www.dshs.state.tx.us/mhprograms/TMAPover.shtm
[11] Information on Medication Management at : http://www.mentalhealthpractices.org/med.html

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|---|---|
| Where appropriate, does SCMRMHC actively promote adherence to medication through negotiation and the provision of understandable information to consumers and, with consumers' informed consent, their family members/carers? | **-YES-**<br>Family members/carers generally not involved. |
| Wherever possible, does SCMRMHC not withdraw support or deny access to other treatment and support programs on the basis of consumers' decisions not to take medication? | **-YES-** |
| For new clients, does SCMRMHC 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 treatment? | After consumers are admitted to services, YES. |
| For open clients, does SCMRMHC 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? | **-YES-**<br>Given the excessive number of consumers on psychiatrists' case loads, these intervals are realistic. |
| When legitimate concerns or problems arise with prescriptions, do SCMRMHC consumers have immediate access to a psychiatrist or mid-level practitioner? | **-YES-** |
| Are medication allergies and adverse medication reactions are well documented, monitored, and promptly treated? | **-YES-** |
| Are medication errors documented? | **-YES-** |
| Is there a quality improvement process in place for assessing ways to decrease medication errors? | It is unclear whether a specific process is in place to address medication errors.<br>*Prevention* of medication errors in group homes is addressed by a procedure whereby every medication is checked when it comes into the group home, then double checked again before the consumer receives it. Inter-program training is provided on medication identification. |
| Are appropriate consumers screened for tardive dyskinesia? | **-YES-**<br>SCMRMHC reports that its psychiatrists evaluate for TD at each consumer appointment. BOV did not see documentation of this in consumer charts. |
| Is the rationale for prescribing and changing prescriptions for medications documented in the clinical record? | **-YES-** |
| Is medication education provided to consumers including "adherence" education? | Medication education is provided via case managers and via classes at Rainbow House. |

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| | SCMRMHC does not adhere to the SAMHSA Medication Management Approaches in Psychiatry. |
| Is there a clear procedure for the use of medication samples? | **-YES-** |
| Are unused portions of medications disposed of appropriately after expiration dates? | **-YES-** |
| Are individual consumers' medications disposed of properly when prescriptions are changed? | **-YES-** |
| Is there a clear procedure for using and documenting emergency medication use, including documentation of rationale, efficacy, and side effects? | **-YES-** |
| Is there a clear procedure for using and documenting 'involuntary' medication use, including documentation of rationale, efficacy, and side effects? | SCMRMHC does not administer medications against consumer choice. |
| Are there procedures in place for obtaining medications for uninsured or underinsured consumers? | **-YES-** |
| Is assertive medication delivery and monitoring available to consumers based on need for this service? | **-YES-**<br>As part of the PACT program. |
| | |
| **Co-Occurring Psychiatric and Substance Use Disorders**[12] | |
| In assessing each individual, does SCMRMHC assume that a co-occurring mental illness and substance use disorder 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? | Not in place yet.<br><br>SCMRMHC has initiated joint intake assessment reviews by the Outpatient and Chemical Dependency Departments' clinical staff. |
| If co-occurring psychiatric and substance use disorders are determined to be present, does the SCMRMHC assessment describe the dynamics of the interplay between the psychiatric and substance disorders? | Not in place yet. |
| If co-occurring psychiatric and substance use disorders are determined to be present, does the SCMRMHC service plan describe an integrated treatment approach? | Not in place yet. |

[12] 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.

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| Does SCMRMHC 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 state [13]? | Not in place yet. |
| If co-occurring psychiatric and substance disorders are determined to be present, does SCMRMHC treatment documentation indicate that interventions have integrated psychiatric and substance use disorder therapies; when counselors from discrete psychiatric and substance disorders disciplines are involved, does documentation indicate ongoing communication and coordination of therapies? | Not in place yet. |
| Does SCMRMHC identify and eliminate barriers to the provision of integrated treatment for consumers who have a co-occurring mental illness and substance use disorders? | ➢ As stated above. (see **Chemical Dependency Services [Journey Recovery Program]**, page 5 and **Outpatient Therapy**, page 10) SCMRMHC is participating in co-occurring disorders treatment training and is taking steps toward integration of treatment for co-occurring disorders.<br><br>➢ Although CD services are provided at the HUB and at the main SCMRMHC building as well as at the Journey Recovery Program facility, the fact that there are separate departments and locations for Outpatient [Mental Health] Services and Chemical Dependency Services represents a programmatic and philosophical separation (with regard to consumers who have co-occurring psychiatric and substance use disorders) that is being reviewed.<br><br>➢ Funding and billing services from two "pots" of money (chemical dependency and mental health) are barriers to integrated treatment that are being reviewed by the Addictive and Mental Disorders Division.<br><br>➢ It does not appear that the medical department is fully committed to the full integration of treatment for people with co-occurring psychiatric and substance use disorders.<br><br>➢ Chemical Dependency staff describe significant waiting lists for admission to the Montana Chemical Dependency Center (MCDC) for people needing inpatient treatment; they also have identified "step down" supervised residential options for people returning from inpatient treatment as an unmet need. |
| Does SCMRMHC use one service plan and one relapse plan for each consumer with a co-occurring mental illness and substance use disorder? | Not in place yet. |

[13] 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.

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| 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? | Two of the Licensed Addiction Counselors in the Journey Recovery program are pursuing licensing as Clinical Professional Counselors (LCPC).<br><br>Dual licensing is a component of the system change process that AMDD and providers are exploring. |
| If the mental illness and the substance use disorder are being treated by more than one professional, does SCMRMHC ensure that communication and treatment integration between these personnel is maximized? | SCMRMHC is in the early stages of bringing LAC and LCPC services into improved coordination.<br><br>There is no documentation that indicates this. Interviews with LCPCs and LAC and chart review indicate that when a person has both a psychiatric disorder and an addiction disorder, he/she receives separate and discrete services for each disorder. Referrals are made from one service to the other when the "primary" clinician determines that a threshold for such a referral has been met. |
| | |
| **Relapse Prevention** | |
| Does SCMRMHC assist each enrolled consumer to develop a relapse management plan that identifies early warning signs of relapse and describes appropriate actions for SCMRMHC, consumers, and family members/carers to take? | Outpatient plans have a section for 'crisis plan'.<br><br>BOV did not see evidence of consistent development of comprehensive relapse plans for all consumers with SDMI. |
| | |
| **Crisis Response and Intervention Services** | |
| Does SCMRMHC have clear policies that describe its activities for responding to emergency mental health services within in the defined community? | **-YES-** |
| Does SCMRMHC operate a 24 hour / day, 7 day / week crisis telephone line? | **-YES-** |
| Does SCMRMHC respond directly to its own clients who call the crisis telephone line? | **-YES-** |
| Does SCMRMHC respond directly to unattached individuals who call the crisis telephone line? | **-YES-** |
| Does SCMRMHC refer consumers who call the crisis telephone line and who are engaged in services with another entity to that entity? | **-YES-** |
| Is SCMRMHC's crisis telephone number is listed clearly in the local telephone directory? | **-YES-** |

## Access / Entry

| Criteria | Comments |
|---|---|
| **Access** | |
| Does SCMRMHC 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 SCMRMHC services convenient to the community and linked to primary medical care providers? | **-YES-** |
| Does SCMRMHC inform the defined community of its availability, range of services, and the method for establishing contact? | **-YES-** |
| For new clients, does SCMRMHC 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. | **-YES-** |
| | |
| **Entry** | |
| Does SCMRMHC have policies and procedures describing its entry process, inclusion and exclusion criteria, and means of promoting and facilitating access to appropriate ongoing care for people not accepted by SCMRMHC? | **-YES-**<br><br>...means of promoting and facilitating access to appropriate ongoing care for people not accepted by SCMRMHC: if SCMRMHC determines that there is an urgent need to commence services, a consumer is opened right away; for others delays may result in the consumer drifting away, or in an unnoticed decompensation. |
| Is an appropriately qualified and experienced SCMRMHC 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 SCMRMHC minimize the need for duplication in assessment, service planning and service delivery? | Consumers receiving services from more than one SCMRMHC service go through the assessment and treatment planning process for each service type. |
| Does SCMRMHC ensure that consumers and their family members/carers are able to, from the time of their first contact with SCMRMHC, identify and contact a single mental health professional responsible for coordinating their care? | **-YES-** |

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|---|---|
| Does SCMRMHC have a system for prioritizing referrals according to risk, urgency, distress, dysfunction, and disability and for commencing initial assessments and services accordingly? | **-YES-** |

Suggestions

- Consider ways to proactively pull family members/carers more into the treatment process.
- Consider ways to establish consistent, comprehensive relapse plans across service types.

## Continuity Through Transitions

| Criteria | Comments |
|---|---|
| Does SCMRMHC ensure that consumers' transitions within SCMRMHC are facilitated by a designated staff member and a single individual service plan known to all involved? | **-YES-**<br>...single individual service plan known to all involved : (see **Assessment, Treatment Planning, Documentation, and Review – General**, page 28) |
| Do consumers' individual service plans include exit plans that that maximize the potential for ongoing continuity of care during and after all transitions from the SCMRMHC to other services? | BOV did not see evidence of this. |
| Does SCMRMHC review exit plans in collaboration with consumers and their family members/carers as part of each review of the individual service plan? | BOV did not see evidence of this. |
| Does SCMRMHC review the outcomes of treatment and support as well as ongoing follow-up arrangements for each consumer prior to their exit from the service? | BOV did not see evidence of this. |
| Does SCMRMHC 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? | This is done as needed when discharge plans are made. |
| When a consumer is transitioning to another service provider, does SCMRMHC proactively facilitate in-person involvement by the new service provider in transition planning and the earliest appropriate involvement of the service provider taking over treatment responsibilities? | **-YES-** |
| Does SCMRMHC ensure that consumers referred to other service providers have established contact, and that the arrangements made for ongoing follow-up are satisfactory to consumers, their family members/carers, and the other service provider prior to exiting SCMRMHC? | **-YES-** |
| When a consumer who is transitioning to another service provider is taking psychotropic medications, does SCMRMHC 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? | **-YES-**<br>For (1) and (2).<br>SCMRMHC has no control over funding for medications. |

**Recommendations**

12. **Develop a component of treatment planning and review that specifically addresses "exit plans" for SCMRMHC for consumers. Where this is inappropriate for individual consumers document the situation in the treatment plan.**

## Re-entry Into Service

| Criteria | Comments |
|---|---|
| Does SCMRMHC ensure that consumers, their family members/carers and other service providers and agencies involved in follow-up are aware of how to gain re-entry to SCMRMHC at a later date? | If possible, information is given to the consumer and involved agencies at time of discharge. |
| Prior to exit, does SCMRMHC ensure that consumers, their family members/carers and other agencies involved in follow-up, can identify a staff person in SCMRMHC who has knowledge of the most recent episode of treatment and/or support? | The most knowledgeable staff member in the case works with the consumer, family members, and other agencies during the discharge. |
| Does SCMRMHC schedule follow-up contact with consumers and post-exit service providers to determine continuity of service, and attempts to re-engage with consumers who do not keep the planned follow-up appointments? | SCMRMHC does not actively follow clients who leave its services. |
| Does SCMRMHC assist consumers, family members/carers, and other agencies involved in follow-up to identify the early warning signs that indicate SCMRMHC should be contacted? | Warning signs are discussed with referred agencies and participants. |

## Transition Into and Out of Inpatient Care

| Criteria | Comments |
|---|---|
| Does SCMRMHC 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 SCMRMHC make every attempt to promote voluntary admission for the consumer? | **-YES-** |
| For it's consumers, does SCMRMHC assume primary responsibility for continuity of care between inpatient or residential treatment and community-based treatment? | **-YES-** |
| Does SCMRMHC 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 or residential treatment? | **-YES-** |
| Does SCMRMHC ensure that consumers' case manager, therapist, and psychiatrist participate in hospital intake and assessment, especially regarding medication considerations? | Only if SCMRMHC doctors do the admitting. |
| Leading up to and at the time of discharge, does SCMRMHC communicate and coordinate with the inpatient unit in such a way as to ensure continuity of care when consumers are discharged from inpatient treatment? | **-YES-** |
| Does SCMRMHC facilitate discharge planning meeting(s) prior to discharge that involve the consumer and family members / carers? | **-YES-** |

# RECOMMENDATIONS

1. **Develop an active, in-house supported employment component within Rainbow House. This should include reorienting at least one in-house group toward employment topics, developing jobs with employers in the community, assisting consumers to learn the jobs, placing consumers in jobs, and providing ongoing active support for employed consumers.**

2. **For consumers participating in the Residential Services program: Assess each consumer's needs for independent living skill-building; incorporate goals relative to independent living skills into each consumer's treatment plan; develop training specifically designed to teach skills necessary for making the transition from group home to more independent living.**

3. **Review the concept of recovery and empowerment and incorporate these into both the written program description and the activities of the Residential Services program.**

4. **Upon admission to services, provide consumers and family members/carers with written information about access to independent advocacy services at the time of beginning services, including information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances; post this information in all consumer service areas.**

5. **Upon admission to services, provide consumers and family members/carers with written information about the complaint / grievance procedure; post this information in all consumer service areas.**

6. **Make necessary adjustments to the center's abuse/neglect policy. (see attached Policy Check List)**

7. **Develop procedures and documentation formats that to the greatest extent possible ensure and demonstrate that consumers direct and actively participate in their treatment planning, services, and treatment review.**

8. **Develop procedures and documentation formats that ensure that** SCMRMHC **staff work with consumers to proactively identify and seek out and communicate with family members/carers for the purpose of determining whether they are interested in being involved in the consumer's treatment.**

9. **Revise assessment tools so that there is consistency across service types and so that they address items listed in Assessments above.**

10. **Assess each** SCMRMHC **program for staff skills in treatment plan development, documentation, and review. Develop treatment planning training for new staff, and conduct retraining for current staff in the following areas: development of appropriately specific treatment objectives, documentation that is relevant to treatment objectives, and treatment review that proactively develop continuing adjustments to plans that will support progress, not just maintenance.**

11. Develop **a comprehensive treatment planning and review process so that all service areas that are providing treatment to an individual consumer are concurrently involved collectively in treatment planning and review.**

12. **Develop a component of treatment planning and review that specifically addresses "exit plans" for** SCMRMHC **for consumers. Where this is inappropriate for individual consumers document the situation in the treatment plan.**

# FACILITY RESPONSE

1. Currently, the Rainbow House Day Treatment Program's vocational component is pre-vocational, which provides job readiness training. Several groups are held to teach vocational skills. The Kitchen group focuses upon food preparation and kitchen skills. The maintenance group teaches shop, maintenance, and repair skills. The computer group teaches clerical and computer sills as well as resume construction and interview skills. The receptionist group teaches the skills needed to function as a receptionist in an actual employed setting. People learn to answer the phone; take clear and concise messages and to improve their personal communication skills and abilities.

   Vocational needs of specific consumers, such as supported employment and situational assessments, are referred to the Mental Health Center's drop in program, The Hub. The employees who work at the Rainbow House Day Treatment Program also function as .5ftes case managers. They work closely with Vocational Rehabilitation Staff, who provide direct vocational services such as vocational evaluation; referral; job development and placement. The case management component of this network is in the follow along services provided by each case manager.

2. Consumer's needs are addressed in the initial treatment plan, upon admission to a group home placement. During their residency, consumers are taught ADL skills; coping skills; financial budgeting and community orientation aimed at successful transition from group home living to an independent community residential placement. Training is specifically designed, based upon the strengths and limitations of the individual consumer.

3. The written description of the residential services Program is as follows: The purpose of our group homes is to assist people referred to our program with their recovery through stabilization of problematic symptoms and behaviors; through empowering them to obtain services within the community; expose them to social situations aimed to improve their relations with others, and to empower them to achieve independent living within the community.

   Activities available to people who are placed in our group homes are focused upon stabilization of specific symptoms and behaviors within a strengths and recovery model focusing upon empowering consumers to improve the quality of their lives, while transitioning through the program to an individual, independent, residential placement within the community.

4. Upon admission to services, consumer, family members/carers will be provided written information on independent advocacy services. This information will also be posted in all consumer service areas.

5. Upon admission to services, consumers, family members/carers will be provided written complaint/grievance procedures. The procedures will be posted in all consumer service areas

6. The Mental Health Center will review it's Abuse and Neglect Policy and make any necessary changes to ensure that it is entirely compatible with the policy check list used by the Board of Visitors and noted in Montana Code Annotated 2005; 53-21-107.

7. There will be procedure and documentation formats available to consumers to ensure and encourage consumer/family member participation in their treatment planning. The procedure and documentation already starts at the application stage by requesting consumers to identify family and friends whom they wish to get involved in their treatment on the Social/Medical History form (attached to the hard copy). This form is to be completed in their own privacy, and to be well thought out, without any outside pressures. This form is signed by the consumer, and later by the assessor, after careful review and collaboration with the consumer. The second stage of direct consumer involvement, is in the initial intake process. Information is provided to the assessor, who, along with the consumer, agree on the problem and a resolution to the problem. A treatment plan is produced by the assessor and consumer, and a contractual agreement is signed by both parties, agreeing that they will commit to the treatment plan. At 90 days, a review form (attached to hard copy) is completed by the assessor and the consumer to monitor their success and make any changes going forward into the next 90 days, and so forth every 90 days until discharge.

8. Proactively working to involve family members/carers in the consumer's care is a major component in the services we provide. The consumer must first give permission to involve other in their treatment. Staff are advised to involve family/others when possible, and are trained on HIPAA regulations so as not to violate the privacy and confidentiality of the consumer. If family members bring the consumer to treatment, they are encouraged to participate, if the consumer approves. The Quality Assurance Team reviews assist treatment providers through recommendations to involve family/carers when possible. The 90 day review is also assessed by the provider's supervisor, who also identifies consumer/family/carer involvement. In a less formal process, staffing with supervisors can identify family/carer involvement as important members of the treatment team.

9. Reviewing and revising assessment tools is an ongoing process. The mental health and alcohol and drug programs at the Mental Health Center are blending a treatment plan that identifies co-occurring problems (attached to hard copy). This will compliment both assessments. For example, the chemical assessment evaluation requires key family members to be formally contacted to participate (either by telephone, or face-to-face) in the consumer's treatment. Weekly, there is time set aside for staffing cases to discuss co-occurring issues.

10. We have recently developed a new outpatient treatment plan, and it will be necessary for us to conduct training for all outpatient staff on how to develop the plan and use the form. In regard to training of new employees, we will include items on the training form that documents the training all new employees receive in regard to treatment planning. We will begin documentation on our "Report of Training" form for new employees immediately. It will take approximately 60

days to complete training on the newly developed treatment plan for *all* outpatient staff, and we will provide documentation accordingly if requested by the Board of Visitors.

11. The recently developed Out Patient Treatment Plan is constructed every 90 days by the licensed therapist, with the assistance of other members of the treatment team and the consumer. Whether or not the consumer agrees with the plan is addressed on the Treatment Plan Document. Each Treatment Plan is developed face to face with each consumer present. The other members of the treatment plan such as the Medical Provider, Case Manager, Chemical Dependency Counselor or other service providers are invited into the planning process and encouraged to submit their input. All members of the treatment team are part of the review process every 90 days.

12. We are currently in the process of reviewing our treatment planning methods, including forms. We will be adding a section at the end of the treatment plan form that will include exit plans. These exit plans will include recommended discharge criteria, and recommended referrals to other providers when additional services might be needed. These exit plans will be reviewed with the consumer at the initial intake when the treatment plan is developed, and at each 90 day review. We will ensure that there is consumer and family member involvement in the development of exit plans.