

Montana Community Services-Billings

February 23 & 24

2017

Site Inspection of Montana Community
Services- Billings, MT

Montana Mental
Disabilities Board of
Visitors

OVERVIEW

Mental Health Facility reviewed:

- Montana Community Services - Judith Herzog, Executive Director

Authority for review:

- Montana Code Annotated, 53-21-104 et seq.

Purpose of review:

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

Site Review Team:

Board:

Jim Hajny
Amy Tipton
Melissa Ancell

Consultant:

Michelle Blair, BA PharmD

BOV Staff:

Daniel Ladd

Review process:

- Interviews with Montana Community Services staff and clients
- Observation of treatment activities
- Review written description of treatment programs
- Review treatment records, policies and procedures, organizational structure, allegations of abuse/neglect

Introduction

Montana Community Services (MCS), is a provider of mental health services in Billings, Montana. The Mental Disabilities Board of Visitors (BOV) conducted a site inspection of the facilities in Billings on February 23 and 24, 2017.

MCS encompasses three separate youth group homes, two for boys and one for girls. They also have three Intensive Community Behavioral Rehabilitation homes. All three homes are dedicated to the care of adults who have both a mental illness and a co-occurring medical condition which requires the constant care that a typical adult group home is unable to accommodate. MCS also operates an assisted living facility which BOV did not review.

The BOV site inspection team (BOV team) was impressed with the attractive, well-kept homes and facilities. Each one was nicely landscaped and welcoming with a space to relax. Homes were individualized and comforting, none felt institutional. Staff were positive and enthused about their programs and the services they provide.

Rights, Responsibilities and Safety

Rights and Responsibilities:

Clients receive an intake packet that includes the client's mental health rights in Montana and the grievance process forms. MCS has its own grievance procedure established in policy that is fair, responsive, and easy for clients and their family members to follow. The clients can easily access the grievance form anywhere within the facility upon request. Staff and clients were aware of the grievance form and the process although very few staff had ever fielded a complaint that utilized a grievance form and no client reported having to fill out a grievance form.

At the time of entering services, clients and family members/guardians receive written and verbal information about assistance available from the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and Disability Rights Montana.

Staff was generally aware of mandatory reporting requirements for clients who are minors, elderly, or developmentally disabled. Staff are aware that any concerns should be immediately reported to their supervisor. Most staff could not recall a time when there

was a problem but felt things could often be handled at their level without using the grievance process. Interviewed clients indicated that if they had complaints or concerns, staff were available and responsive. Clients reported that they were satisfied with the resolutions of these complaints.

Safety:

Safety of all clients was a major concern for senior as well as line staff. Most staff interviewed mentioned their Crisis Intervention Training (CIT) training and recognized it as the foundation for de-escalation and staff/client safety during tense interactions. All staff interviewed knew where to get grievance forms and all staff reported that if there was a concern regarding potential abuse or neglect they would notify their supervisor immediately and in the event that their supervisor was absent (or the subject of a complaint) staff could easily access administrative staff.

Management investigates all reported incidents. MCS program does not use restraints or other extraordinary behavior controls. Debriefings are provided as needed.

Individual, Family Members / Guardian Participation

Once a month the clinical supervisor, group home staff, the resident, and a family member or guardian meet to discuss the treatment plan and process. At this time, they may decide to change the treatment plan to accommodate the resident to help him achieve his goals if he is struggling to meet the goals that are in place. Strength –based implementation is of priority to help residents succeed. The therapist meets with individual residents once a week and they work on goals within the established treatment plan. The weekly meetings with the residents are compiled and these are discussed at the family meetings.

Cultural Effectiveness

At times, MCS can have 75% Native American resident population but averages at this time at 25%. MCS does have a low number of African-American residents and staff would like to have more cultural competence training with this population. Cultural effectiveness at MCS includes personal beliefs and values that are also taken into

consideration as part of their culture. They welcome activities such as pow-wows, rodeos, cultural fairs, crafting, and cooking. They respect gender, race, creed, and cultural beliefs. Cultural considerations for Native American youth and activities are planned in the community that will connect youth to their heritage and family. New Day School provides MCS's Native American youth with extra-curricular cultural activities.

Staff Competence, Training, Supervision and Relationships with Individuals

Competence and Training:

Montana Community Services (MCS) policies define the optimum knowledge, qualifications, and competence expectations for all personnel working with individuals with mental illness. MCS requires all personnel assisting clients with medication administration to be certified. Initial certification is obtained by completing the Medication Administration Education Booklet with a passing rate of 90%. Certified personnel are assessed on an annual basis by re-examination to identify and address knowledge and competence deficiencies. All certified personnel were aware of the education booklet and were able to reference it when asked. The education booklet was last updated in October 2003 and contained some outdated information. When asked by the BOV team, some certified personnel were unsure of the process around controlled substances and refrigerated medications; both processes are located under "Medication Storage and Dispensing" in the MCS policy.

The Program Manager at each facility reviews each individual's medication record for appropriate administration of medications. Each month, the Program Manager reviews and initials each medication sheet to indicate completion of the review. The personnel appear to be satisfied with the level of supervision received.

Behavioral intervention training for staff is mandatory once a month in various areas of expectations for employment. This is documented in the site's database for staff to review. Supervisors are encouraged to print out and display a hard copy for staff's availability so they are aware of any area that may need updated trainings. All clinicians are licensed with the State of Montana, and other staff is required to have a Bachelors' degree or three years of experience in the field they are pursuing employment. Supervision is offered by Linda Pantenaud, MSW, LCPC and Clinical Supervisor. The staff relationships with residents were observed to be respectful and caring. Teamwork was evident within this organization.

Active Engagement with Individuals:

MCS staff appeared to be actively engaged with all clients, the settings were comfortable and safe. The client's individual treatment goals were readily at hand and being addressed. Interviewed clients appeared to be happy and had positive things to say about the facilities and staff. They enjoyed the living situation and felt safe. The personnel present in the homes seemed to have supportive relationships with the clients and interacted with all clients in a positive manner.

Treatment and Support

General:

All clients applying for services at MCS are asked to complete an intake packet that includes an intake screening form, medical history, an insurance information form, policies addressing aggressive behaviors, clients' rights, and the grievance process. The intake packet includes the crisis line number, with encouragement to use it if necessary. A clinical assessment is scheduled upon receipt of the completed intake packet. During the clinical assessment, the clinician makes referrals to the program that could best meet the client's needs. The clinician also completes the initial treatment plan within the first twenty days.

Supervisory staff report that currently 11 children are receiving services at three different group homes: Custer, Miles, and Parkhill. The clinician evaluates referrals and intake paperwork and directs the treatment planning process. She or another clinician on staff meet with children once a week individually. Family therapy is conducted with the family or guardian as indicated in the treatment plan, unless contraindicated and documented. The clinician conducts weekly clinical team meetings at each site to provide training to all staff and gather input from staff regarding the treatment plan process and the implementation of the treatment plan. The clinician meets once a month with the guardian/family member and other team members to discuss the treatment process and progress. Discussion includes: Behavioral issues, month to month reports, progress regarding treatment plans, and needed revision of the treatment plan if it is not effective, family therapy sessions as well as discharge planning.

The planning program for adults is modeled the same way with referrals coming from Montana State Hospital. At intake, residents are evaluated for medical and mental health conditions. All adults must be able to take care of all their medical needs and be able to

administer their medical needs. This may include administering their own insulin and changing their catheters. Currently there are 16 adults in three different group homes: Myrtle, Lewis, and Fair Meadow. Rainbow House, a day treatment program provided by South Central Montana Community Mental Health Center, is available for the residents to participate during the day while in conjunction with their treatment plans.

Suggestion: Consider cross training among group home staff in alternate group homes.

Treatment Planning:

Written treatment and discharge plans are in place for every individual client at MCS. Treatment plans are implemented and updated while the client is receiving services at MCS. MCS recently arranged for a primary care provider from Billings Clinic to see clients at one of the Intensive Community Behavioral Rehabilitation (ICBR) homes to promote continuity of care and ensure clients have access to primary care services. This allows for a thorough physical and medical examination at least once a year and proactively rule out medical conditions that may be responsible for presenting psychiatric symptoms.

Trauma Informed Care and Evidence-Based Services

MCS staff are trained in and utilize Trauma Informed Principles of care. The BOV team was impressed with the Trauma Informed Care (TIC) approach to daily activities such as: Using the Adverse Childhood Experience (ACE) questionnaire for consumers of services, increasing workforce knowledge and competence in TIC, conducting ongoing TIC education and training for all staff, and implementing TIC policies/procedures and standards of practice.

MCS plans to expand on their goal of utilizing TIC principles with clients who have been impacted by ACE's yet who are learning, healing, growing, and making peace with the help of Trauma Informed Care principles.

Education:

Most youth attend classes in area public schools. MCS has developed successful relationships with schools to allow their clients to remain in class and receive a structured, effective school setting. New Day School provides MCS's Native American youth with extra-curricular cultural activities.

Co-Occurring Psychiatric and Substance Use Disorders:

MCS does not provide segregated substance use disorder treatment, but often provides co-occurring treatment when appropriate. They provide co-occurring treatment in all phases throughout their services when appropriate. A client in need of segregated substance use disorder treatment is referred to outside community resources.

Medications:

The BOV team was impressed by the excellent working relationship with MCS and Stillwater Family Pharmacy. All MCS personnel expressed satisfaction with the services provided and said the pharmacist is readily available to address any questions or concerns that may arise. Stillwater Family Pharmacy is prompt at filling and delivering the clients' medications within a time period that does not delay care, exacerbate illness, or prolong absence of necessary medication treatment. This process is often complete even prior to the client arriving at the facility. The pharmacist at Stillwater Family Pharmacy appears to have a great relationship with the clients' providers in the community and is able to communicate with them in a timely fashion. After review of charts and discussion with the pharmacist, medication regimens appear to be evidence-based and reflect internationally accepted medical standards. The pharmacist ensures the clients' medications are appropriate, safe, effective, and promote medication adherence.

Medications at all the MCS facilities are stored, administered, and reviewed by certified personnel consistent with laws, regulations, and professional guidelines. All medications are delivered in a unit dose bubble pack system through the Stillwater Family Pharmacy and stored in patient specific bins in a locked cabinet at each facility. MCS utilizes a medication administration double check system which is a quality improvement process put in place for decreasing medication errors overtime. Since the implementation of this process, medication errors have reduced significantly. "Medication when required" (PRN) are appropriately documented and used sparingly along with other strategies for safely alleviating the client's distress. Medication administration records (MARs) are printed for each individual client on a monthly basis or whenever there is a change in medication therapy.

Medication education of all new or modified medications is provided to certified personnel by the pharmacist at Stillwater Family. Medication information leaflets which include understandable information about the potential benefits and adverse effects of the prescribed medications are printed and stored in the medication administration binder for every client. Certified personnel reference the medication information leaflets when administering medications to the clients.

A procedure located in the MCS policy is in place for documenting and reporting medication errors. Medication errors are reported immediately to the Program Manager who ensures appropriate action has been taken to ensure the well-being of the client. Refused medications are documented as a medication error and certified personnel notify the provider, pharmacist, and program manager. When possible, certified personnel actively promote adherence to medication through negotiation and education. Overall, staff at all the MCS facilities reported good medication compliance with all the clients.

Unused medications and expired medications are disposed of appropriately by Stillwater Family Pharmacy and are in accordance with the Food and Drug Administration, Office of National Drug Control Policy Guidelines.

Clients are seen by a psychiatric provider every thirty days to assess the effectiveness of prescribed medications, adjust prescriptions, and address questions and concerns. For any immediate concerns including medication allergies, side effects, adverse reactions and abnormal movements, the client has access to same day care or the hospital if needed. These are monitored on a daily basis and properly documented. MCS recognizes and facilitates a client's rights to seek opinions and treatment options from other qualified prescribers and promotes continuity of care by working effectively with other prescribers.

Access and Entry and Continuity of Services Through Transitions

MCS appears to be functioning at a fairly high level with respect to access and entry. Local access to additional supportive services is readily available and managed efficiently throughout the organization.

Clients have immediate access to therapists for initial clinical assessments. There is a slightly longer wait to see a medical provider. Following the initial assessment, the clinician makes referrals to program that best meet the client's needs.

Prescribers see clients Monday through Friday. Unfortunately, if someone is admitted Friday after business hours, that person will not be seen until Monday by a prescriber unless it is an emergency.

MCS services are well regarded in the area. The services are convenient to the community and are linked to primary medical care providers. MCS has designated staff to lead most transition services. Transitions within the community seem to be well coordinated, especially transitions in/out of community crisis services.

OBSERVATIONS/RECOMMENDATIONS:

- 1) Recommend including more detailed medication administration instructions on the MAR (i.e. take levothyroxine in the morning on an empty stomach with a full glass of water at least 30 to 60 minutes before food or other medications)
- 2) Recommend regularly scheduled medication education classes for the clients and staff. Consider utilizing the pharmacist at Stillwater Family Pharmacy for medication education.
- 3) Recommend updating the Medication Administration Education Booklet with current information. Consider having the pharmacist from Stillwater Family Pharmacy review the education booklet prior to publication.

FACILITY RESPONSE:

MCS will consult with the owner of Stillwater Pharmacy to provide input on how the pharmacy can assist in: 1. Changing the methodology the pharmacy uses to include more detailed medication administration instructions on the MAR sheet, and ask pharmacy if it is possible for them to provide regularly scheduled medication education classes for the clients and staff, (or what methodology could be utilized).

We will update the Medication Administration Education Booklet with current information and consult with Stillwater Pharmacy regarding the updates to the booklet. Consultation will occur prior to February 2, 2019.

Implementation will occur, (for observations 1,2, and 3 based on pharmacy recommendations, prior to June 1, 2019.