

Mental Disabilities Board of Visitors

SITE REVIEW REPORT

Western Montana Mental Health Center

Livingston, Montana

December 6, 2004

Gene Haire, Executive Director

TABLE OF CONTENTS

INTRODUCTION.....	3
OVERVIEW.....	4
ASSESSMENT OF SERVICES.....	5
Administration / Physical Environment	5
Outpatient Therapy	6
Psychiatric Evaluation, Medication Management / Monitoring	7
Crisis Response Services	8
Adult Case Management.....	8
Adult Day Treatment (Mountain House).....	9
Staff Training and Supervision	11
Treatment for Co-Occurring Psychiatric and Substance Use Disorders.....	11
Treatment Planning.....	12
Coordination with Community Agencies.....	13
RECOMMENDATIONS.....	15
FACILITY RESPONSE TO THIS REPORT.....	17
Attachment 1	20

**Mental Disabilities Board of Visitors
Site Review Report
Western Montana Mental Health Center (Livingston)
December 6, 2004**

INTRODUCTION

● **Mental Health Facility reviewed :**

Western Montana Mental Health Center - Livingston (WMMHC - Livingston)

Paul Meyer - Executive Director
John Lynn - Deputy Executive Director
David Powell, LCSW / LAC – Program Director

● **Reviewed by :**

Mental Disabilities Board of Visitors (BOV)

● **Date of review:**

12 / 6 / 04

● **Authority for review:**

53-21-104, Montana Code Annotated, 2003

● **Purpose of review :**

- 1) To assess the degree to which the services provided by WMMHC - Livingston are humane, are consistent with established clinical and other professional standards, and meet the requirements in state law.
- 2) To recognize excellent services.
- 3) To make recommendations to WMMHC - Livingston for improvement of services.
- 4) To report to the Governor regarding the status of services provided by WMMHC - Livingston.

● **BOV review team :**

Board members: Kathleen Driscoll

Consultant: Carla Cobb, Pharm.D., B.C.P.S. (pharmacology consultant)

Staff: Craig Fitch, Attorney
Mary Fitzpatrick, Paralegal / Advocate
Gene Haire, Executive Director

OVERVIEW

- **Service type :**

Community Mental Health Center

- **Review process :**

- 1) interviews with WMMHC - Livingston staff
- 2) interviews with consumers
- 3) interviews with representatives of community agencies
- 4) review of treatment records and written descriptions of treatment services
- 5) tour of facilities

- **Areas reviewed :**

- Administration
- Outpatient Therapy
- Psychiatric Evaluation, Medication Management / Monitoring
- Crisis Response Services
- Adult Case Management
- Adult Day Treatment (Mountain House)
- Staff Training and Supervision
- Treatment for Co-Occurring Psychiatric and Substance Use Disorders
- Treatment Planning
- Coordination with community agencies

ASSESSMENT OF SERVICES

Administration / Physical Environment

● **Brief overview:**

- WMMHC took over mental health services in Livingston from South Central Community Mental Health Center (SCMCMHC) in January 2004 . WMMHC - Livingston provides services described in this review to the Livingston and surrounding area under the administrative structure of WMMHC (headquartered in Missoula).

● **Strengths :**

- Since taking over the Livingston operation, WMMHC moved all services into a newer facility and remodeled it to accommodate the needs of consumers and staff. All space is open, well lighted, and clean.
- WMMHC has a history of having the ability to operate both small and large programs over a large geographical area while maintaining quality services.
- WMMHC employs an administrative philosophy toward its satellite programs that focuses on significant local administrative, budgetary, and clinical autonomy.
- The Deputy Executive Director is responsible for providing administrative support, clinical oversight, and monitoring for all of WMMHC's satellite programs. Since this is a major part of the Deputy Executive Director's duties, satellite programs maintain a connection with and benefit from the expertise and support of the central office.¹

● **Areas of concern :**

- The Livingston Program Director's duties are divided between on-site program management (case management, day treatment, outpatient therapy, medical services, staff training and supervision, and administration) - 16 hours per week; and leadership of the Crisis Response Team for Park and Gallatin Counties - 24 hours per week. No other staff person is designated as having program management responsibilities during the 24 hours per week when the Program Director is focused on the Crisis Response Team.²
- Team communication and issue resolution, coordination among service components, program planning, and problem-solving appear weak.
- WMMHC - Livingston does not have written descriptions of its services and programs.

● **Suggestions :**

- Re-evaluate the division of duties for the Program Director. Consider reallocating these duties so that he is more present on-site and more engaged in the day-to-day management of the program.³

¹ Since this site review, Joan Hays, LCSW, has moved into the newly created position of S.W. Regional Director, with administrative, clinical oversight, and monitoring responsibilities for the Bozeman and Livingston programs of WMMHC.

² Since this site review, a 'Deputy Program director position has been created and assigned duties for program management / supervision when the Program Director is occupied with crisis response duties.

³ Since this site review, the new S.W. Regional Director has been addressing this area.

● **Recommendations :**

1. Develop written program / service descriptions. Use to improve staff concept of program mission, structure, and integration; provide to consumers, families, carers, and others in the community.
2. Develop a consistent approach to conducting regular staff meetings; seek staff input about how these meetings can be empowering.

● **Update on Previous Site Review Recommendations :**

2002 Recommendations⁴:

1. As long as SCMCMHC occupies its current building, ensure that the rear space in the building is secure from individuals who are not consumers of SCMCMHC services.
2. As long as SCMCMHC occupies its current building, ensure that the rear space in the building is appropriately supervised when consumers are in that area.
3. Implement measures that ensure the maintenance of confidentiality of phone and in-person conversations that take place anywhere in the facility.
4. Assess the health risks and other negative aspects of having animals in the program. Based on this assessment, establish a program policy addressing this issue.

2004 Update:

All above recommendations have been satisfactorily addressed by WMMHC.

Outpatient Therapy

● **Brief overview of services (from WMMHC - Livingston letter to BOV) :**

- One .9 FTE therapist and one .5 FTE therapist; one contract therapist
- Individual, family, and group therapy.

● **Strengths :**

- Good team of therapists with a variety of skills and backgrounds.

● **Questions :**

- Is there a functional working relationship between therapists and case managers / day treatment staff for consumers who receive multiple services? (see Concerns under **Administration**)
- Who is responsible for the clinical oversight of case management and day treatment treatment plans?
- Are therapists familiar with and do they proactively incorporate evidence-based practices⁵ into their work with people with serious mental illness?

⁴ All 2002 recommendations were made when Livingston services were under the management of South Central Montana Community Mental Health Center.

⁵ Illness Management and Recovery, Medication Management, Assertive Community Treatment / Case Management, Family Psycho-education, Supported Employment, Integrated Co-occurring Disorders Treatment.

- **Update on Previous Site Review Recommendations :**

2002 Recommendations: none in 2002

Psychiatric Evaluation, Medication Management / Monitoring

- **Brief overview of services (from WMMHC - Livingston letter to BOV) :**

- .2 FTE psychiatrist (works in the Livingston Office each Monday)
- .5 FTE Advance Practice Registered Nurse (APRN) with prescriptive authority
- contract with LPN who fills medication boxes for consumers

- **Strengths :**

- New patient appointments with psychiatrist are 1½ hours
- Follow-up patient appointments with psychiatrist are ½ hour for
- Exemplary documentation by psychiatrist – very thorough, descriptive, documentation of symptoms and response
- Psychiatrist documents all medications, including medical drugs, in each note, when available
- Physician notes dates of medication initiation and dose changes
- Rationale for medication changes well documented in progress notes
- Physician's notes are dictated
- Notes are copied to therapists and primary care physician, with consent
- Copies of all written prescriptions are kept in the medical record
- Psychiatrist addresses metabolic adverse effects of psychiatric medications
- Well organized and safe method for weekly medication box fills by contract nurse
- Good telephone access to psychiatrist as needed
- No involuntary or emergency medication use
- Psychiatric nurse practitioner hired; awaiting license to start work
- Addition of APRN will improve consumer access to psychiatric care and medication management.

- **Areas of concern :**

- Limited face-to-face contact time with psychiatrist working one day per week

- **Suggestions :**

- Obtain weights on all patients on a periodic basis to monitor for psychiatric medication-associated weight gain
- Continue plans to manage the psychiatrist waiting list based on prioritization of need rather than strictly a first-come, first-served basis
- Provide nurse with extra medication boxes to allow her to clean the patient's boxes on occasion

- **Update on Previous Site Review Recommendations :**

2002 Recommendations:

5. Establish a protocol for obtaining written information from each prescribing psychiatrist or physician for inclusion in charts.

6. Establish a protocol for SCMCMHC – Livingston staff to provide written information about medication response and symptoms to each prescriber. This written information should also be included in charts.

2004 Update:

With the reinstatement of a psychiatrist on contract and on site one day per week, the 2002 recommendations are no longer relevant.

Crisis Response Services

- **Brief overview of services (from WMMHC - Livingston letter to BOV) :**
 - Three master's level clinicians (WMMHC - Livingston Program Director, WMMHC - Livingston therapist, and one contract therapist) rotate through a 3-4 days on and 7 days off on call rotation.
 - Crisis Response Team (CRT) responds to crisis calls in Gallatin and Park counties.
 - WMMHC - Livingston Program Director is the team leader for CRT.
- **Strengths :**
 - 24/7 crisis response coverage.
- **Areas of concern :**
 - The therapist who is a WMMHC staff person is often pulled away from therapy sessions when she is on call for crisis response.
- **Suggestions :**
 - Consider replicating the Mental Health Professional approach to crisis response that WMMHC uses in Kalispell and Missoula (dedicated crisis response staff).⁶
- **Update on Previous Site Review Recommendations :**

2002 Recommendations: none in 2002

Adult Case Management

- **Brief overview of services (from WMMHC - Livingston letter to BOV) :**
 - two full time Adult Case Managers
 - one .75 FTE, and one .37 FTE Adult Case Managers (these staff work part of the time in Day Treatment and part of the time as case managers)
- **Strengths :**

⁶ Since this site review, WMMHC has implemented a “dedicated Mental Health Professional” crisis response model for Park and Gallatin counties. The Livingston office Program Director is one of the professionals on this new team.

- Good longevity and experience with the two full time case managers.

● **Areas of concern :**

- BOV has some question about the ability of staff who work part of the time in day treatment and part of the time as case managers to focus adequately on either task.
- Supervision of case managers and the case management service seems ambiguous. Prior to the switch from SCMCMHC to WMMHC, supervision of case management was out of Billings. Now supervision is on-site, but the Program Director's availability appears very limited, and there appears to be little proactive involvement by the Program Director with case managers.

● **Questions :**

- Is there a functional working relationship between case managers and therapists for consumers who receive multiple services (see Concerns under **Administration**)?⁷
- Who is responsible for the clinical oversight of case management treatment plans?
- Is there a process for identifying adults in Livingston who have a serious disabling mental illness and engaging them in case management services?

● **Recommendations :**

3. Develop a focused, ongoing, supportive supervisory and service oversight role for the Program Director with regard to case management.⁷

● **Update on Previous Site Review Recommendations :**

2002 Recommendations: none in 2002

Adult Day Treatment (Mountain House)

● **Brief overview of services (from WMMHC - Livingston letter to BOV) :**

- The Mountain House day treatment program was re-started in March 2004, after having been discontinued by SCMCMHC in 2001. For about 20 years prior to that, Mountain House was a thriving program based on the Clubhouse Model <http://www.iccd.org/article.asp?articleID=3> .

● **Strengths :**

- It is wonderful to see the day treatment program operating again in Livingston. BOV believes that this kind of program can be a critical focal point for consumer recovery and for consumers finding meaningful roles in the community.
- The Day Treatment Facilitator went to Silver House in Butte (a WMMHC program) for a day for some information about what a day treatment program looks like.
- Staff appear interested, enthusiastic, and motivated to build a quality program.
- Consumers appear to feel comfortable at the new program; there is an atmosphere of "we're in this together".

⁷ With the establishment of a Deputy Program Director position, these working relationships should improve.

- Consumers report their appreciation for the hard work and help they get from the Program Facilitator.

● **Areas of concern :**

- Beyond sending the Program Facilitator to Silver House for one day, neither the Program Director or WMMHC has provided guidance for establishing a viable, functioning day treatment program.
- There does not appear to be an ongoing dialog between the Program Facilitator and the Program Director.
- There is no written program description.
- The staff people split their time between day treatment and case management. This arrangement appears to make it difficult to focus on the development of a dynamic milieu-based service that empowers and supports consumers.
- Roles and expectations for day treatment staff are ambiguous.
- Daily structure of the program appears too loose, with too much emphasis on watching movies, arts and crafts, group shopping, etc.
- Though well-meaning and probably a function of lack of knowledge and experience working with adults with mental illness, staff appear to patronize consumers and to orient the program around a “day care” approach..
- Consumers are not free to come and go as they wish. Staff say that this doesn’t work, and that it makes it too difficult to get a lunch count.
- Entry/exit policy is not defined.
- There are no activities related to assisting consumers get and keep integrated jobs in the community.

● **Recommendations :**

4. Staff and consumers should work together to research, analyze, and implement an overall conceptual/philosophical model/structure in Mountain House. This model should address rehabilitation-oriented components needed in the milieu to establish integration between the milieu and targeted activities such as employment. *Rehabilitation and employment should be a primary focus of this new structure.* Well developed models that have long histories of achieving rehabilitation and employment outcomes for adults with serious mental illnesses are Thresholds in Chicago (<http://www.thresholds.org/>) and Fountain House in New York City (<http://www.fountainhouse.org/>). The International Center for Clubhouse Development (<http://www.iccd.org/>) is an excellent technical assistance resource. A more recently developed program that has received national acclaim and that was highlighted in the 2001 Montana Conference on Mental Illness is the Village (<http://www.village-isa.org/>).
5. Staff and consumers should work together to develop a written program description that establishes:
 - the program’s purpose
 - the program’s values
 - the program’s daily structure (should be employment oriented)
 - how the program supports consumers in finding and keeping integrated jobs in the community (this should be a strong emphasis)
 - how the program supports consumers with housing concerns
 - how the program assists consumers in furthering their education
 - how the program assists consumers who have substance use problems
 - how the program provides opportunities for consumers to come together socially

● **Update on Previous Site Review Recommendations :**

2002 Recommendations: none in 2002 (day treatment program did not exist in 2002)

Staff Training and Supervision

● **Brief Overview (from WMMHC - Livingston letter to BOV)**

- “staff orientation with [Program Director], the WMMHC orientor, and another staff person that performs the same duties”
- “Each employee is able to access continuing education in-services within the agency and in the community”
- “Bozeman and Livingston satellites have a monthly presentation of in-services provided in the Bozeman office”

● **Areas of concern :**

- WMMHC - Livingston does not have a written staff orientation protocol or written staff orientation materials that define and focus on achieving minimum knowledge and competency levels.
- The orientation that does take place does not appear to give new staff information about other services provided by WMMHC - Livingston (example: information about case management services provided to new therapists) or about the established integration/coordination across the various WMMHC - Livingston services.

● **Recommendations :**

6. Define minimum knowledge and competency expectations for each staff position providing services to consumers.
7. Develop written orientation and training material for new staff focused on achieving minimum knowledge and competency levels, and on integration/coordination across the various WMMHC - Livingston services.
8. Train new staff in job-specific knowledge and skills OR require new staff to demonstrate defined minimum knowledge and competency prior to working with consumers.
9. Assess current staff so that knowledge and competence deficiencies can be identified and addressed.

● **Update on Previous Site Review Recommendations :**

2002 Recommendation: none in 2002

Treatment for Co-Occurring Psychiatric and Substance Use Disorders

● **General Observations :**

- The importance of addressing the phenomenon of co-occurring mental illness and substance use disorders has been described thoroughly in mental health literature, and identified nationally and in Montana as a critical area needing development.
- Providers report that approximately 60% of adults with serious mental illness also have a co-occurring substance use disorders.
- Montana State Hospital has identified untreated substance use disorders in people with co-occurring mental illness and substance use disorders as a primary cause of

rehospitalization.

- “Integrated Dual Disorders Treatment” has been established as a core evidence-based mental health practice by the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Mental Health Services (CMHS).⁸

● **Strengths :**

- Program Director is ‘dually licensed’ (Licensed Clinical Professional Counselor and Licensed Addiction Counselor).

● **Areas of concern :**

- There is very little indication that people who come to WMMHC - Livingston for services are assessed for the existence of co-occurring psychiatric and substance use disorders.
- Two of the four charts BOV reviewed in depth had no or inadequate assessments for co-occurring psychiatric and substance use disorders; a third gave a substance use disorder diagnosis, but did not identify the consumer as having a co-occurring psychiatric and substance use disorder and the treatment plan did not address issues relating to a co-occurring psychiatric and substance use disorder.

● **Recommendations :**

10. To the greatest degree possible pending implementation of a fully integrated “co-occurring disorders” continuum of care per guidelines being developed by AMDD:
 - (a) proactively identify in initial assessments each consumer who has a co-occurring mental illness and substance use disorder;
 - (b) develop treatment plans for these consumers that thoroughly integrate treatment for the co-occurring disorders;
 - (c) conduct all counseling and treatment activities within the structure of an integrated treatment plan;
 - (d) when referrals are made for substance use disorder counseling outside of WMMHC - Livingston, ensure that WMMHC - Livingston initiates and maintains ongoing communication and treatment coordination with that counselor.

● **Update on Previous Site Review Recommendations :**

2002 Recommendation: None in 2002

Treatment Planning

● **Strengths :**

- All documentation by the psychiatrist is excellent (see **Psychiatric Evaluation, Medication Management / Monitoring**)
- Case Management progress notes are generally clear and specific.
- Some clinical assessments are excellent (ex.: 69228).

⁸ United States Department of Health and Human Services. Evidence-Based Practices: Shaping Mental Health Services Toward Recovery. Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, <http://www.mentalhealthpractices.org/index.html> , 2004.

- **Areas of concern :**

(During its initial review on December 6, 2004, BOV saw significant weaknesses in a quick review of charts. BOV Executive Director returned on December 14, 2004 and reviewed five charts⁹ in depth, focusing on treatment plans and treatment plan revisions.)

- In this relatively small sample, BOV noted weaknesses related to the following:
 - Multiple and inconsistent forms used for treatment plans and progress review.
 - Inadequate individualization of plans.
 - Unclear continuity and coordination of services and outcomes across service types and over time for consumers who are involved in multiple services.
 - No treatment plans for day treatment services.
 - One chart (69228) had no treatment plan (only has "Initial Treatment Recommendations").
 - Inadequate treatment intervention statements on treatment plans.

- **Recommendations :**

11. Conduct an internal review of treatment planning and documentation; increase clinical supervision and treatment planning and review quality.

- **Update on Previous Site Review Recommendations :**

2002 Recommendations: (none of the four charts BOV reviewed in 2002 had current treatment plans)

7. Conduct an internal documentation compliance audit of the SCMCMHC – Livingston office charts. Focus on treatment plans. ***There must be a current treatment plan in each consumer's chart, and a process for regularly reviewing and updating treatment plans.***

2004 Update: As described above, the quality of treatment plans and plan reviews warrants review and increased supervision.

Coordination with Community Agencies

- **Brief overview:**

- BOV met with two staff (one Behavioral Health Specialist and one Case Manager) from Community Health Partners (CHP), the federally-funded community health center in Livingston. A number of individuals receive services from both CHP and WMMHC - Livingston.

- **Strengths:**

- CHP case manager meets with WMMHC - Livingston case managers once per month.

- **Areas of concern:**

- When CHP makes referrals to WMMHC - Livingston, WMMHC - Livingston staff do not communicate with CHP - Did the referral show up for the initial appointment? Was the

⁹ Charts # 60889, 62653, 62669, 69228, 62865.

- person opened for services? What WMMHC services is the person getting?
- When CHP clients referred to WMMHC - Livingston need to apply for the Mental Health Services Plan (MHSP), CHP staff have to fill out the paperwork, because WMMHC - Livingston staff say they don't have time.
- When CHP clients call the WMMHC - Livingston crisis line, WMMHC staff do not communicate with CHP about crisis services provided or about necessary follow-up these clients need.
- WMMHC - Livingston seems too rigid when CHP referrals do not show up the first time for appointments; WMMHC - Livingston does not communicate with CHP in these cases - the attitude appears to be "if they don't show up, they don't need services".
- When consumers who receive services from both agencies go to Montana State Hospital, WMMHC - Livingston staff do not keep CHP up to date about treatment or discharge times and plans.
- CHP clients report that "there are too many barriers" to pursuing services at WMMHC - Livingston.

● **Recommendations :**

12. Work with CHP to establish a written protocol for (1) communicating about referrals made by each agency to the other, (2) establishing MHSP eligibility, (3) serving CHP clients through the WMMHC crisis line, and (4) communicating about joint consumers who go to Montana State Hospital.

● **Update on Previous Site Review Recommendations :**

2002 Recommendations: none in 2002

RECOMMENDATIONS

1. Develop written program / service descriptions. Use to improve staff concept of program mission, structure, and integration; provide to consumers, families, carers, and others in the community.
2. Develop a consistent approach to conducting regular staff meetings; seek staff input about how these meetings can be empowering.
3. Develop a focused, ongoing, supportive supervisory and service oversight role for the program manager with regard to case management.
4. Staff and consumers should work together to research, analyze, and implement an overall conceptual/philosophical model/structure in Montana House. This model should address rehabilitation-oriented components needed in the milieu to establish integration between the milieu and targeted activities such as employment. *Rehabilitation and employment should be a primary focus of this new structure.* Well developed models that have long histories of achieving rehabilitation and employment outcomes for adults with serious mental illnesses are Thresholds in Chicago (<http://www.thresholds.org/>) and Fountain House in New York City (<http://www.fountainhouse.org/>). The International Center for Clubhouse Development (<http://www.iccd.org/>) is an excellent technical assistance resource. A more recently developed program that has received national acclaim and that was highlighted in the 2001 Montana Conference on Mental Illness is the Village (<http://www.village-isa.org/>).
5. Staff and consumers should work together to develop a written program description that establishes:
 - o the program's purpose
 - o the program's values
 - o the program's daily structure (should be employment oriented)
 - o how the program supports consumers in finding and keeping integrated jobs in the community (this should be a strong emphasis)
 - o how the program supports consumers with housing concerns
 - o how the program assists consumers in furthering their education
 - o how the program assists consumers who have substance use problems
 - o how the program provides opportunities for consumers to come together socially
6. Define minimum knowledge and competency expectations for each staff position providing services to consumers.
7. Develop written orientation and training material for new staff focused on achieving minimum knowledge and competency levels, and on integration/coordination across the various WMMHC - Livingston services.
8. Train new staff in job-specific knowledge and skills OR require new staff to demonstrate defined minimum knowledge and competency prior to working with consumers.
9. Assess current staff so that knowledge and competence deficiencies can be identified and addressed.
10. To the greatest degree possible pending implementation of a fully integrated "co-occurring disorders" continuum of care per guidelines being developed by AMDD:
 - (a) proactively identify in initial assessments each consumer who has a co-occurring mental illness and substance use disorder;
 - (b) develop treatment plans for these consumers that thoroughly integrate treatment for the co-occurring disorders;
 - (c) conduct all counseling and treatment activities within the structure of an integrated treatment plan;
 - (d) when referrals are made for substance use disorder counseling outside of WMMHC - Livingston, ensure that WMMHC - Livingston initiates and maintains ongoing communication and treatment coordination with that counselor.

11. Conduct an internal review of treatment planning and documentation; increase clinical supervision and treatment planning and review quality.
12. Work with CHP to establish a written protocol for (1) communicating about referrals made by each agency to the other, (2) establishing MHSP eligibility, (3) serving CHP clients through the WMMHC crisis line, and (4) communicating about joint consumers who go to Montana State Hospital.

FACILITY RESPONSE TO THIS REPORT

**Livingston Satellite Office
232 S Main Street
Livingston, MT 59047
406/222-3332**

Gene Haire
Board of Visitors
PO Box 200804
Helena, MT 59620

Dear Gene,

This letter is our official facility response to the Board of Visitors site review and report from December 2004. Thank you for your visit and assessment of the Livingston MHC office. The following is an attempt to address the recommendations stated in the Board of Visitors report.

1. To help improve staff concept of the program mission, we have developed the attached description of services. We also have the different members of the Treatment Team working on brochures to assist in educating people that inquire about the services offered at the Livingston WMMHC program. They will be handed out to clients, family members, and other programs in the community. We anticipate the brochures will be ready by July 1, 2005.
2. There is a weekly treatment team meeting every Tuesday morning at 9:00 where the different service divisions come together and coordinate care. During this meeting, the various treatment team members can bring up concerns about the program and clients and get input from the Program Director and or other treatment team members in the meetings. Prior to the BOV review in December 2004, this treatment team meeting was sometimes missed by the Program Director due to his on call responsibilities. In his absence, the staff was left instructions for the remainder of staff to convene. At the time of the BOV audit, these meetings did not meet sometimes when the Program Director was absent in spite of the directives given. When this problem was noted, the Program Director made an effort to redistribute his CRT call time to be available during the weekly treatment team meetings. During these meetings and on occasion, the individual team members are also asked independently what they need to better do their job at this agency.
3. The Program Director has taken an active role in providing supportive supervision of the case management services. This has been further enhanced by the promotion of Stefan Bean in the role of Deputy Program Director of Livingston. He operates in a supervisory role when the Program Director is out of the office and he is the team lead for the other case managers. Earlier in May, he attended the Supervisor Training for the State sponsored Case Management Training.
4. During the month of January, the Day Treatment Manager went to Chicago and contacted the Thresholds Program. She also has made some inquiries into the other model programs to obtain additional technical assistance. Following those contacts, the focus has been on gearing the day treatment participants towards running a business. The staff and clients have been working on strategies of assisting the consumers to focus on rehabilitation and employment opportunities. They were able to identify a need for eyeglass chains in the community. The Mountain House Day Treatment Manager and the clients have been able to secure consignment space at a couple of the local optician's offices and have also sold them to people that just stop by. The clients have also considered selling the eyeglass chains at the local farmer's market this summer. This will provide some helpful assistance to the consumers that are interested in starting their own

businesses.

5. The Mountain House Day Treatment Program has been working on developing a brochure to help describe some of the services offered at this WMMHC satellite. We anticipate the brochures will be ready by July 1, 2005. The written program description in the brochures will include the various items identified in the BOV Recommendations.
6. The clinical and personnel manuals are a very complete set of references for assisting staff persons in providing services to the clients of WMMHC-Livingston. These policy and procedures manuals are available to the Program Director and the rest of the staff to provide additional direction in providing quality services to the consumers.
7. WMMHC has an orientation process for their new employees. This was initially done during the hiring process. Each job advertisement for filling a new position in Livingston MHC had specific minimum requirements listed. This was further assessed in the interviewing process and during the follow up on references. The Livingston satellite office administrative assistant was recently trained in the orientation process. Before this training, the orientation process was done through the Bozeman office. With the recent change in supervision to the Southwest Region of WMMHC, the newly appointed director has been able to share the training and orientation agendas for newly hired employees of the Livingston office. This additional set of tools should help guide the Program Director and the staff in obtaining a direction to complete the formal knowledge, competency levels, and integration/coordination between the different service areas at WMMHC-Livingston.
8. In an attempt to train new staff in job specific knowledge and skills, the Livingston MHC office uses the following approach: each new employee is explained the organizational structure and how they fit into it, they are also assigned a job trainer to shadow to get a hands on explanation of their job duties, this is further explained by having the employees read the clinical policies manual. During the weekly treatment team meetings, the staff is expected to ask questions. The Program Director also utilizes an open door policy in managing the agency and consulting with the staff.
9. Great attention is given to assess current staff knowledge and competence deficiencies during the weekly staff meetings and in formally. Formally, this is also addressed in the annual evaluation for each employee. They are given feedback and support on where they need to improve in their job duties. On a more informal basis, it is reviewed during the weekly staff meetings and on an individual basis as needed.
10. During all of the initial intakes, each of the clients is screened for substance abuse disorders using the CAGE. Since the BOV review, the program director has been active in the various trainings offered by AMDD for co-occurring disorders and the DBT-S Training offered in mid May. This information has been used to look at assessing the needs in the MHC to better address the need for coexisting disorders using the Compass and the Action Plan. The treatment team took an active role in assessing our strengths/weaknesses in this area. The Livingston MHC has also worked with the local substance abuse provider in town, Southwest Chemical Dependency Program, in obtaining a coexisting disorders grant to better coordinate the care for individuals with substance abuse and mental health issues in Park County that have access integrated services at this agency. An effort to further coordinate the care for the dually diagnosed consumers has been implemented by both agencies.
11. During the weekly treatment team meetings, the staff brings their files in for the cases they plan to discuss. At that time, the Program Director conducts an internal review of identified cases. The WMMHC Quality Improvement Director has completed 2 reviews of the Livingston files. One of the areas she has identified in need of improvement throughout the WMMHC system was the area of treatment plans. She has been working closely with the various satellites and has launched a

pilot study of a new treatment planning process. This new treatment plan should be available to all of the WMMHC satellites July 1, 2005. It has already been shown to the AMDD staff for their feedback and was received well. Also, an effort has been made to increase the level of clinical supervision and review of the level of quality of services provided to the clients of the Livingston MHC. This should provide a better tool to assist in treatment planning and documentation of the client's needs. Therefore, the treatment planning and review of the quality of services will be easier to identify and supervise.

12. Since the site review, the Livingston MH Center communicates regularly by face to face meetings and telephone with the director and staff of CHP. The last contact with Laurie Frances, ED, indicates the CHP has a protocol in place for paging MHP's if they are serving a patient in MH crisis, and the MHP will consult with and make recommendations regarding further need for assessments. A contract exists for CHP Case management of joint consumers, and that contract does outline procedures for communicating regarding needs of those consumers. When a new director begins, it will be recommended that CHP case manager be included in regular MHC staff meetings. The new director will also be required to address communication regarding MHSP eligibility determinations and joint patients/consumers who may be exiting the State Hospital.

Thank you for your insights into ways we can improve the quality of care to the clients of the Livingston MHC. I hope we have satisfied the recommendations if you have any questions, feel free to contact me at the above address or phone number.

Sincerely,

David B. Powell

David B. Powell LCSW/LAC
Program Director

Attachment 1

(provided as part of the facility response by WMMHC)

The Livingston WMMHC Satellite Office Areas of Service

When a client applies for services at the Livingston WMMHC office, they are given an intake with one of the licensed therapists. One of the Licensed Clinical Social Workers or Licensed Clinical Professional Counselors completes the individual intake and makes appropriate recommendations to the clients about the various services available at the Livingston MHC office. These services include outpatient individual, couple, family, and group therapy. Currently, there is an Art Therapy Group on Mondays at 2:00. On Tuesdays, another group is facilitated to help client's coping with chronic illnesses. This group is currently offered on Tuesdays at 2:00. There is also a Dialectical Behavior Therapy skills group offered at this MHC.

Within the Outpatient division is the psychiatric Services. In the Livingston office, there is a 0.4 FTE psychiatrist and a 0.6 FTE advanced practice registered nurse. The psychiatrist has been seeing the clients of this office for the last 4 years. He is a board certified psychiatrist for Children, Adolescents, and Adults. The APRN is the one of the newest additions to the Livingston treatment team. She is also able to see adults and adolescents. Together, this full FTE of psychiatric services is responsible for the various psychiatric evaluations and medications management services. The APRN is currently working in the office 3 days a week. This will be increased as the demand in the community increases.

One of the areas that are typically included in the treatment recommendations is Case Management. This service is offered to program participants to help them access community supports and to help them live independently. There are currently 3.37 FTE's of case management services. In July, this program will be expanding to almost 4 FTE's.

Another service area is the Mountain House Day Treatment Program. This program has been offered at the Livingston office again since March 2003. It typically has 10-12 participants daily. The day treatment manager helps clients improve their social skills, participate in activities to help their independent living skills, and look at a possible vocational component. They have started their own business of making chains for glasses. They have been selling them to the local eyeglass dealers and the community. Proceeds from this business will be redistributed back into the program to assist with prescription co pays and other costs to the participants. Our newest member of the team, is a MSW intern from the Walla Walla Program in Billings.

Due to the closeness of the Bozeman office, other services are also available to the local clients in Livingston. The Crisis Response Team serves the Gallatin and Park Counties 24 hours a day and 7 days a week. These licensed therapists have a good working relationship with the local hospitals, law enforcement agencies, and other community providers. Through the Bozeman WMMHC office, we are also able to access Hope House. This is a Crisis Level Group Home that houses up to 4 people currently. Several Livingston clients have accessed these supports.