

**Western  
Montana Mental  
Health Center,  
Kalispell, MT**

May 19 & 20th,

**2016**

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Mental Disabilities Board of Visitors Site Inspection Review

May 19-20, 2016

## Overview

### **Mental Health Facility Reviewed:**

Western Montana Mental Health Center  
Kalispell, Montana

Diane Conti, LCPC, CMHP  
Executive Director

### **Authority for Review:**

Montana Code Annotated, 53-21-104

### **Purpose of review:**

- 1) To learn about services provided by Western Montana Mental Health Center
- 2) To assess the degree to which the services provided are humane, consistent with professional standards, and incorporate Board of Visitors standards for service
- 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:**  
Brodie Moll

**Consultant:**  
Michelle Blair

**BOV Staff:**  
Craig Fitch  
Janette Reget  
Lisa Swanson

### **Review Process:**

- Interviews with Western Montana Mental Health Center staff and clients
- Observation of treatment activities at the mental health center
- Review of written description of treatment programs
- Inspection of the physical plant at the adult services building
- Review of treatment plan records, policies and procedures, organizational structure, allegations of abuse/neglect

## Introduction

Western Montana Mental Health Center (WMMHC) in Kalispell, Montana, provides mental health services to Flathead and Lake Counties. The Mental Disabilities Board of Visitors (BOV) conducted a site inspection of the facilities in Flathead County on May 19-20, 2016.

WMMHC provides services ranging from the least restrictive (outpatient) services to the most restrictive (group home, crisis stabilization, foster homes) services.

WMMHC-Kalispell's goals include:

- Raising awareness to stop the stigma of mental illness
- Assisting individuals and communities with the challenges of mental health, substance use and co-occurring disorders
- Encouraging client creativity by offering art classes, promoting, showing and selling clients' artwork in the facility, hosting client and community art shows
- Offering services to help clients remain in the community

WMMHC provides outpatient therapy services, medication services, crisis services, case management, residential services, and Program of Assertive Community Treatment (PACT) services. In addition, WMMHC is developing collaborative community partnerships, education, and visibility in the community. It is supporting Crisis Intervention Training for law enforcement officers, so they are equipped to respond more effectively to persons in crisis.

The BOV site inspection team was impressed with the attractive campus and facilities. The campus is nicely landscaped and welcoming, with space to relax and visit outdoors. The facilities are well-planned, with plenty of space, and large windows that provide natural light. The reception area is welcoming and comfortable, and is decorated with clients' artwork. Staff were positive and enthused about their programs and the services they provide. They expressed a genuine caring and concern for the clients they serve.

The adult services building houses outpatient, case management, day treatment, and PACT services. The building allows for staff and clients to easily move from one program to another. Staff were observed interacting with clients in all the programs. Safe House, the crisis stabilization facility, is sensibly designed so every bedroom opens onto the day hall, so staff can easily observe residents' activity. Lone Pine Lodge Group Home is set in a quiet neighborhood, surrounded by open fields; the residents have a vegetable garden in the backyard. Independence House is a six-apartment building in a residential neighborhood. WMMHC in Kalispell is a fine example of providing needed services to clients and community.

## Organizational Planning and Quality Improvement

### **Planning:**

Western Montana Mental Health Center (WMMHC) has recently started the strategic planning process. This is an agency-wide process, but each program is developing its own strategic plan. The Kalispell office is developing strategic plans for each department and program. Staff had input into the development of the strategic plan. Each department's plan will be consolidated into the Kalispell office strategic plan, which then will be consolidated in the entire WMMHC plan. The strategic plans do not include specific, tangible goals and objectives with a timeline for anticipated completion, nor are specific staff identified who are responsible for implementing these objectives.

As much as possible, WMMHC has conducted a valid strategic planning process. For agencies that provide services seven days per week and twenty-four hours per day, it is difficult to convene meetings where everyone is at the table. WMMHC is seeking national accreditation through the Commission on Accreditation of Rehabilitation Facilities (CARF). Strategic planning is an integral part of the CARF accreditation process.

### **Suggestion:**

- 1) Include specific, measureable goals and objectives, and identify staff who are responsible for implementing these in the strategic plans.

### **Quality Improvement:**

WMMHC has a central quality assurance director that is in charge of the quality assurance process for the entire agency. Supervisory staff in the Kalispell office gathers data within their departments and issues are discussed at supervisory meetings. The agency does not have a formal quality assurance plan. There is a screening tool (PCOMS) that assesses how a person is progressing through treatment when they have individual therapy sessions. The agency is developing a larger customer satisfaction survey, to be conducted on an ongoing basis. There are satisfaction surveys available in the waiting room and other parts of the facility. As the agency progresses through the CARF accreditation process, they will be more engaged in refining this process as it meets those accreditation standards.

### **Suggestion:**

- 2) Formalize and implement a quality improvement process plan.

## Rights, Responsibilities and Safety:

WMMHC intake packet includes the client's mental health rights in Montana and the client grievance process forms. Clients sign these forms to indicate that they have reviewed and are familiar with them. A copy is placed in the client's chart. There is no

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mention of other advocacy groups, including the Board of Visitors, in these forms. There were no posters or brochures regarding access to independent advocacy services. Posters and brochures were provided by the BOV during this site inspection. The brochures were immediately placed in the waiting room.

The clients can easily access the grievance form anywhere within the facility upon request. Staff is aware of the grievance form and the process. The grievance form and the grievance process are simple and easy to understand. Staff was aware of mandatory reporting requirements for clients who are minors, elderly, or developmentally disabled. Staff reported 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 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.

**Recommendations:**

- 1) Include contact information about Board of Visitors and Disability Rights Montana in the client grievance process form. Post information about advocacy assistance in areas where clients gather.

**Safety:**

Clients served reported they felt safe. There have been very few instances where there have been any reports of neglect/abuse. Staff stated they would report to their supervisor if they suspected abuse/neglect. Management investigates all incidents. The Kalispell program does not use restraints or other extraordinary behavior controls. Debriefings are provided when needed.

**Recommendation:**

- 2) Provide annual training to all staff with direct client contact regarding abuse/and or neglect reporting under 53-21-107.

### Client / Family Member Participation

Staff reported that the Kalispell office makes every effort to involve family members in client care and treatment. Clients need to sign an authorization to contact family members, and are frequently encouraged to do so. Part of recovery is involvement of family support. The PACT program identifies family support as an asset. Family members are invited to all day treatment events, such as holiday celebrations.

The day treatment program has a client advisory board called the "Magic Five", which meets twice per month. The advisory board helps determine what activities to schedule, and also addresses clients' complaints. Clients in the day treatment program are asked to participate in two groups per day. The groups include Illness Management and Recovery, Strategies for Success, Letting Go, Fitness, The Brain and Anxiety,

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Mindfulness, Fitness, and Art. The art program in day treatment allows clients to sell their art at the center, and their art has been displayed at the Hockaday Museum in Kalispell. Interviewed clients said they enjoy the groups that are provided. The Kalispell office hires clients to work in the day treatment program and to drive the van. These clients are not trained as peer specialists. They receive the same training as all day treatment staff. Information regarding peer specialist training was shared with staff.

Clients and staff interact freely throughout the facility. Observed exchanges between clients and staff were respectful, professional, and positive, with some humor. During the visit, staff consistently modeled and reinforced healthy, constructive and respectful interactions between staff and clients. Staff from other programs are visible in day treatment, and participate in day treatment activities. Many clients stopped to talk with the administrative staff, who knew the clients by their first names. The facility itself is open, attractive, and welcoming. Clients' art is displayed throughout the facility. The main office in the adult mental health program was current, clean, comfortable, and well-lit with both lamps and natural light.

**Recommendation:**

- 3) Contact Montana Peer Network regarding training of peer support specialists, and request further information.

### Staff Competence, Training, and Supervision

WMMHC ensures the appropriate training to all staff providing medication management services in accordance with ARM: 37.106.1950. Orientation and training is addressed in policy and appears to be meaningful and relevant. All staff receive training in Adult Clinical Policy & Procedures, Client/Family/Cultural Sensitivity Training, Client Rights, Grievance Procedure and Advocacy Group Assistance, CPR, First Aid, Infection Control and Universal Precautions, Personnel Policy and Procedures, HIPPA and Confidentiality, and documentation requirements. A new employee reported positively on the training experience, was enthusiastic about the facility, and demonstrated the knowledge necessary to provide services. WMMHC has recently implemented the Relias online training program.

Interviewed staff reported they had hands-on training and mentoring from other staff. Staff stated that they have access to their supervisors and meet with them on a regular basis. Supervisors have regularly scheduled supervision times, and it appears that staff and supervisors regularly interact on an almost daily basis.

Staff is allotted \$250.00 per year for continuing education of their choice. The treatment team also provides semi-regular in-service educational sessions for the staff. Licensed health care professionals are expected to meet all continuing education requirements to maintain professional licensure, and these are recorded in the employee's personnel file.

### Cultural Effectiveness

WMMHC does not have a cultural effectiveness plan. Staff in the Kalispell office reported that they rarely serve Native Americans or people from other cultural or ethnic backgrounds. Even though Kalispell is near two Montana reservations, staff believe that the community of Kalispell is not that diverse. It is unclear if cultural, ethnicity, historical, military service, or spirituality are addressed in the treatment planning process. Cultural competency training is provided through the Relias online training program. It appears the Kalispell office has limited contact with resources in the community that address the needs of minorities and people from other cultures.

#### **Recommendations:**

- 4) Develop a cultural effectiveness plan, with input from recognized experts. Include in the plan specific training in cultural effectiveness and diversity.
- 5) Reach out to resources in the community that provide services to minorities and persons from different cultural backgrounds, in order to identify individuals who may benefit from mental health services.
- 6) Consider hiring or contracting with a Native American clinician who can assist with developing culturally effective treatment planning and therapy.

### Treatment and Support

#### **General:**

People who are applying for services at WMMHC in Kalispell are asked to complete an intake packet that includes an intake screening form, medical history, an insurance information form, and 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 programs that could best meet the client's needs. The clinician also completes the initial treatment plan.

Persons referred for PACT services are assessed within one week of referral. PACT provides more intensive wrap-around services, including therapy, case management, substance use treatment, medication management, vocation services, payee services, and nursing services. Persons receiving PACT services have an individualized treatment plan that incorporates goals and objectives from all PACT services.

#### **Treatment Planning:**

Case managers are primarily responsible for review and update of client treatment plans. Treatment plan reviews are completed every 90 days, although the treatment plans are usually reviewed more frequently than that. All staff involved in the client's

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services participate in the treatment plan review, and make contributions of goals and objectives that can be addressed. Clients review and sign the updated treatment plans. Clients in need of chemical dependency treatment are referred to Flathead Valley Chemical Dependency Services, part of Western Montana Addiction Services. Reviewed treatment plans indicated that person-centered language is not used in the treatment plans. This may be limited by the electronic medical records, but effort should be made to use client name instead of "client" or "patient".

### **Trauma Informed Care:**

WMMHC received a Trauma-Informed Care Provider grant from the National Council for Behavioral Health. This grant will allow WMMHC to receive training and use Adverse Childhood Events (ACE) screenings and other evidence-based trauma-informed care screenings and strategies. The center's facility is a welcoming, safe environment, which can help reduce the chance of re-traumatizing clients. Trauma-informed care staff training is available through the online Relias training program. It will be interesting to see the progress WMMHC makes towards implementing a trauma-informed approach.

### **Evidence-Based Services:**

WMMHC provides outpatient individual and group therapy focusing on recovery from mental illness and co-occurring substance disorders. Treatment goals focus on reduction of symptoms, enhancement of personal goals, relapse prevention, skill building, and problem solving. The day treatment program provides Illness Management and Recovery, Dialectical Behavior Therapy skills groups, Wellness Recovery Action Plan (WRAP) groups, and other groups that enhance recovery.

WMMHC-Kalispell PACT services are fully staffed as required by state statute; it is one of the few remaining PACT programs in the state. Clients referred to PACT services from Montana State Hospital generally transition through the Safe House. Target 189 funds are available to assist with transition costs.

### **Housing:**

WMMHC-Kalispell provides residential services from most restrictive settings to independent settings. Lone Pine Lodge Group Home is the most restrictive residential setting, with 24/7 staffing. Residents are typically transitioned from a psychiatric inpatient facility on long-term commitment status, or require intensive supervision for safety. The group home has eight beds. Residents' medications are kept and administered on-site.

Adult foster care is available for residents who require 24-hour supervision for safety and personal care, who do not follow medication and treatment goals, who have problems living independently, and/or who have had repeated hospitalizations.



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Independence House is an apartment building owned by WMMHC. Residents are able to live independently without direct supervision. Residents at Independence House receive PACT services. Treatment goals include daily living skill improvement, budgeting, house-keeping, food preparation, and other skills in order to live independently.

Obtaining housing in Kalispell is a challenge. Like most cities in Montana, housing is limited, and low-income housing has a long waiting list. Kalispell has two homeless shelters. WMMHC and the community of Kalispell may benefit from the establishment of a homeless task force that includes stakeholders who are concerned about homelessness and persons obtaining affordable housing.

**Recommendation:**

- 7) Attempt to provide more housing options for clients whose symptoms require greater community support and supervision, such as more group homes and foster care.

**Employment:**

WMMHC hires clients to work in various positions throughout the facility. WMMHC employs a Master's level Vocational Rehabilitation Specialist who has many creative ideas on how to develop either work or volunteer opportunities for clients. The BOV site inspection team was impressed with this vocational employment program. The BOV site inspection team did not inspect whether clients receive assistance to pursue their education.

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

WMMHC-Kalispell does not provide substance use disorder treatment, except through the PACT program. A client in need of substance use disorder treatment is referred to Flathead Valley Chemical Dependency services. Currently there is limited collaboration with chemical dependency services. The state of Montana has different licensing requirements for mental health and chemical dependency treatment programs, which is a barrier to providing co-occurring treatment.

**Crisis Response and Intervention Services:**

Safe House is the crisis residential facility on the WMMHC-Kalispell campus. Safe House is a short-term stabilization facility, providing an alternative to psychiatric hospitalization. Safe House is used to transition clients coming from Montana State Hospital. It provides 24-hour care to persons in psychiatric crisis. Admission criteria are ages 18 or older, voluntary admission, willingness to sign a no-harm contract, and free from alcohol and drugs. Safe House has 6 beds. WMMHC-Kalispell has a 24/7 crisis phone line that is managed at Safe House. The PACT program has its own crisis phone line for PACT clients who are in crisis.

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**Medications:**

The providers at WMMHC do not utilize protocols, but after review of the medical records, prescribing appears to be evidence-based and reflect internationally accepted medical standards. Medication management service goals are outlined in the WMMHC ARM: 37.106.1950 Mental Health Center: Medication Management Services policy. Transcription of the provider notes, assessments, and plans were behind many months due to the loss of a staff member. This prevented the most recent treatment plans from being assessed. The WMMHC is aware of this delay in documentation and is working to hire a new staff member to bring the records current. Rational for prescribing, changing and tapering/titrating medication therapy as well as how the medication therapy changes will be monitored (i.e. labs, vitals, rating scale for response, etc.) was not consistently documented in the electronic record.

All medications are stored in a locked cabinet in a locked medication room which is staffed by a nurse during business hours. All controlled substances are double checked by two staff and a countback is performed every time a medication is administered.

Medications are delivered through a unit dose system provided by Sykes Pharmacy in Kalispell. The staff observes clients taking their medications to assess for medication adherence. Medication samples are stored in a locked cabinet in the nursing station. The medication samples are appropriately documented after each use on the recording sheet.

Education on specific medications prescribed to the patients are discussed by the providers at each visit (i.e. indication, directions for use, expected results, adverse effects, monitoring, costs, and adherence). Nursing staff educate the clients about medical conditions as well as overall medication treatment management.

WMMHC utilizes multiple resources to assist uninsured or underinsured patients in obtaining medications (i.e. NAMI, Sykes Pharmacy fund, Medication Assistance Programs from the manufactures).

WMMHC has a documented policy guiding staff on how to report medication errors through an online reporting system. Medication errors are documented at the time of the event. Providers and patients are notified of the medication error, and the facility evaluates the medication error to assess for quality improvement.

Metabolic monitoring with antipsychotic medications based on ADA and APA guidelines are not routinely documented in the electronic medical record. The staff is aware of this gap in care and is working on developing facility guidelines for monitoring (i.e. "Project Heather"). Medication allergies, side effects, adverse reactions, and abnormal movement disorders are documented in the electronic medical record, monitored, and promptly treated.

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The staff at WMMHC actively promote adherence to medications through negotiation and education. If a client refuses to take medication, the staff talk with the client about his rights, document the client did not take the medication and inform the treatment team. Providers have open conversations with the clients and provide medication education to promote adherence. This empowers the clients to take control of their treatment to an extent and improves compliance. The facility does not withdraw support or deny access to other treatment and support programs based on the client's decision not to take medication. The PACT team delivers medications to clients at least 3 times per week, if not more, to promote medication compliance. New clients to WMMHC see a therapist within 1 week for an initial assessment and are seen by a nurse practitioner for initial psychiatric assessment and medication management in approximately 6 weeks.

**Recommendations:**

- 8) Transcribe past providers notes and treatment plans to get the electronic medical records current.
- 9) Improve documentation regarding the reasoning behind initiating, tapering, and titrating medications.

**Access and Entry**

Clients have access to therapists within 1 week of application for initial clinical assessments. There is a slightly longer wait to see a nurse practitioner, which can take up to 6 weeks. Following the initial assessment, the clinician makes referrals to programs that best meet the client's needs.

Referrals from Montana State Hospital are assessed by the Clinical Supervisor. Accepted referrals usually come to the Safe House on a pre-placement visit, as part of transitioning into the community. WMMHC uses Target 189 funding to help with transition costs.

WMMHC maintains a website, Facebook page and LinkedIn account to help inform the community of its availability, range of services, and process for establishing contact.

**Continuity of Services Through Transitions:**

WMMHC-Kalispell is developing strong community partnerships with other agencies and stakeholders, including the community health center, Office of Public Assistance, Pathways Treatment Center, law enforcement, and the courts. These partnerships allow for smoother transitions of clients to other services. WMMHC-Kalispell has a contract with the Veterans' Administration to provide mental health services.

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**Suggestions:**

- 1) Include specific, measureable goals and objectives, and identify staff who are responsible for implementing these in the strategic plans.
- 2) Formalize and implement a quality improvement process plan.

**Recommendations:**

- 1) Provide annual training to all staff with direct client contact regarding abuse/and or neglect reporting under 53-21-107.
- 2) Include contact information about Board of Visitors and Disability Rights Montana in the client grievance process form. Post information about advocacy assistance in areas where clients gather.
- 3) Contact Montana Peer Network regarding training of peer support specialists, and request further information.
- 4) Develop a cultural effectiveness plan, with input from recognized experts. Include in the plan specific training in cultural effectiveness and diversity.
- 5) Reach out to resources in the community that provide services to minorities and persons from different cultural backgrounds, in order to identify individuals who may benefit from mental health services.
- 6) Consider hiring or contracting with a Native American clinician who can assist with developing culturally effective treatment planning and therapy.
- 7) Attempt to provide more housing options for clients whose symptoms require greater community support and supervision, such as more group homes and foster care.
- 8) Transcribe past providers notes and treatment plans to get the electronic medical records current.
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