Mental Disabilities Board of Visitors

SITE REVIEW REPORT

Center for Mental Health – Adult Services

Great Falls, Montana

October 7-8, 2010

Gene Haire

Gene Haire, Executive Director

TABLE OF CONTENTS

Mental Disabilities Board of Visitors
Site Review Report
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Adult Services
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OVERVIEW

Mental Health Facility reviewed :

Center for Mental Health – Adult Services (CMH-GF)
Helena, Montana
Shirley Cayko, LCSW - Director

Mental Health Center

Authority for review :

Montana Code Annotated, 53-21-104

Purpose of review :

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

BOV review team :

Staff:
LuWaana Johnson, Paralegal/Advocate
Craig Fitch, Attorney
Alicia Pichette, Mental Health Ombudsman
Gene Haire, Executive Director

Board:
Brodie Moll
Sandy Mihelish
Betty N. Cooper

Consultants:
Bill Docktor, PharmD, BCPP
Pat Frawley, LCSW
Irene Walters, RN

Review process :

- Interviews with CMH-GF staff
- Observation of treatment activities
- Review of written descriptions of treatment programs
- Informal discussions with clients
- Inspection of physical plant
- Review of treatment records

ASSESSMENT OF SERVICES

Program of Assertive Community Treatment (PACT)

Overall impressions about the quality of PACT services.	Strengths: ▪ The CMH-GF PACT program operates effectively as a well-established evidence-based practice for working with adults with serious mental illness. ▪ The CMH-GF PACT program employs Peer Support Specialists as critically-important members of the team. Observations: ▪ PACT Team members expressed the need and desire for training oriented toward recovery*. ▪ Some members of the PACT team have received PACT-specific training, but newer members of the PACT team have not consistently received this training*. ▪ The current PACT Team Leader is the fifth in five years. ▪ It appears that the PACT Team Leader has not received necessary supervision/management training*. ▪ The PACT team has undergone recent significant changes in members and leadership which appear to have created tension within the team and potential for lack of clarity in (a) purpose and standards of PACT services; (b) entry/exit criteria; (c) staff training; (d) daily process of prioritizing and addressing client needs. *** See Staff Competence, Training, Supervision, and Relationship with Clients, p. 19.** Recommendation: 1. Assess the current coherence of the PACT team and assertively work to assist the Team Leader to address the following issues: a) purpose and standards of PACT services b) entry/exit criteria c) staff training d) daily process of prioritizing and addressing client needs (team meetings)

Adult Case Management

Overall impressions about the quality of Adult Case Management services.	Strengths: ▪ The solid leadership of the Case Management service (the Case Management Supervisor has worked at CMH-GF for 26 years, and in her current role for the last 15 years) is evident in the cohesion and confidence of the Case Management staff. ▪ There is good longevity and experience among the Case Management staff. Observations: ▪ CMH-GF Case Managers report that increasingly strict interpretation of Medicaid requirements for case management services has significantly compromised the ability to provide a "relationship-based" service. ▪ Clients interviewed by BOV reported that the services they receive are good, but they would like to have better access to Case Managers.

Psychiatry / Medication Management / Medication Monitoring

Overall impressions about the quality of Psychiatry / Medication Management / Medication Monitoring services.	Strengths: ▪ Clinically competent psychiatry/nursing staff with good longevity/stability. ▪ Effective working relationships among providers in this department. ▪ Environment allows for relatively uninterrupted work space/time for nurses during preparation of client medications. ▪ CMH-GF psychiatrists/mid-level practitioners are also staff providers at the Benefis Hospital Behavioral Health unit, which greatly enhances communication and continuity as clients move between these levels of service. Observations: ▪ The waiting period for a new client to see a psychiatrist/mid-level practitioner is approximately six months (unless the client is referred from Benefis Behavioral Health, the Benefis emergency room, or Montana State Hospital). ▪ Policies and Procedures related to medication set up and delivery are inadequate or nonexistent. ▪ The process for psychiatrists/mid-level practitioners to communicate medication changes and to update the medication list in the electronic medication record is inconsistent /undefined. (Some, but not all changes appear to occur as ordered; some, but not all changes appear in progress notes; outside pharmacies and samples do not appear in orders).

	▪ Nursing leadership is not clearly defined. An LPN is the Nursing Supervisor; an RN provides clinical supervision. It is unclear who is accountable for overall effectiveness and oversight of the nursing department. ▪ The computer system is inadequate and creates the potential for error (see **Organizational Structure, Planning, and Quality Improvement**, p. 10). ▪ New psychiatrist/mid-level/nursing orientation is not defined. (***** See **Staff Competence, Training, Supervision, and Relationship with Clients**, p. 19.) ▪ Quality improvement activities for addressing medication errors are informal at best - and inadequate. (In response to recommendations made by BOV in the CMH-Helena site review report, a new process is being implemented addressing medication errors - (see **Medication**, p. 28). <u>Recommendations</u>: (these are CMH systemic issues; recommendations 2-6 reflect recommendations made in the BOV report on its review of CMH-Helena) 2. Establish clear, specific policies and procedures for medication prescription, documentation, ordering, review, storage, and dispensing along with a system of supervision and communication for these to work properly. These policies and procedures and communication system must be consistent with current standards of practice. 3. Establish specific written competence and knowledge expectations and develop and implement a written training process for nurses and nursing supervisors. Ensure that all current and new nurses are trained in this curriculum; require that knowledge and competence are demonstrated. 4. Revise nursing job descriptions (supervisory and others) to reflect the specific duties and authority. 5. Assess the adequacy of the current computer system and update so that a single system is used for doctors' orders, transcription, progress notes, and medication administration records. 6. Develop and implement medication error detection and review system - including applicable policies and procedures. This system should be incorporated into a continuous quality improvement process that tracks errors and designs interventions aimed at reducing errors over time.

Adult Day Treatment (Community Recovery Center)

Overall impressions about the quality of Adult Day Treatment (Community Recovery Center) services.	Strengths: ▪ New Directions Center (recently renamed the Community Recovery Center [CRC]) has a long history of serving people with serious mental illnesses; clients appear to feel well-cared-for and most appear to have a strong sense of "ownership" and belonging. ▪ A few clients have a well-developed sense of having "meaningful" roles within CRC. ▪ The leadership of CMH and the Community Support Program appears committed to developing services that are consistent with defined recovery principles, and is taking steps in that direction. ▪ There is much community support for these services, as evidenced by the turnout of hundreds of volunteers to help paint the entire interior of CRC in October. ▪ CMH and the Community Support Program are to be commended for embracing the Peer Support Specialist concept and for incorporating WRAP[1] training into services. Observations: ▪ CRC has a legacy of tending toward "taking care of" clients – in the sense that best efforts have been made over the years to ensure that clients achieved a level of stability and safety that could be maintained over time. While there are benefits to this approach, in general this kind of "maintenance" model is fundamentally inconsistent with the principles of recovery. Unintended outcomes of this approach have been: (1) staff have the tendency to view working with clients as a "parent-child" relationship; (2) staff make all decisions; (3) clients appear to drift within a milieu that offers few meaningful choices, and does not address – among other things - the distinction between employment and playing pool; (4) staff do not engage with clients "where they are at" or work together with clients in a collaborative process that is primarily driven by the client; (5) clients tend not to have "meaningful roles"; and (6) clients tend not to progress in the direction of increased independence. **To some extent, all staff and clients of CRC carry the flavor of this approach with them.** ▪ Clients reported to BOV that they are very unclear about the direction services are going. ▪ The three-month process CRC engaged in for identifying activities and program structures that would be consistent with recovery (1) was not done within the context of clear recovery-oriented criteria, and (2) did not include any client involvement. Recommendation: 7. a) Working with clients as partners, clearly define the principles of recovery that all Community Support Program services will follow. b) Clearly define the knowledge and competence expectations for staff related to recovery principles and their application of these principles in their work. c) Clearly define the expectations for the CRC Supervisor position with regard to working directly with clients and to providing leadership in moving services assertively toward recovery. Since this is such a key staff position, the expectations for this position's role and expertise must be high. d) Working with clients as partners, revisit the list of

	recovery-oriented activities and structures generated by the three-month process and revise according to defined recovery principles.

Outpatient

Overall impressions about the quality of Outpatient services.	Strengths: ▪ A clinician is available on a daily basis for walk in clients and crises. ▪ Dedicated staff who appear to genuinely care about their clients. ▪ A good working relationship with the Benefis Behavioral Health inpatient unit.

Residential / Adult Foster Care

Overall impressions about the quality of Residential / Adult Foster Care services.	Strengths: ▪ Good continuum of residential services. ▪ Good residential "step-down" options for people being discharged from Montana State Hospital. ▪ WRAP and Illness Management and Recovery training are incorporated into residential services. Observations: ▪ Staff report that group homes always have waiting lists. ▪ Average stay in group homes is two years. Staff report that clients used to stay longer but Adult Foster Care and PACT offers options for greater independence. ▪ There appears to be minimal integration of residential services with other services; residential services staff appear to have a compartmentalized view of their role relative to other CMH-GF services. ▪ Staff reported to BOV that they want and need to see more clarity in their role in the CMH organization, better training about recovery and recovery-centered services. ▪ BOV's overall impression of the relationship between staff and clients in residential services is similar to observations described above in **Adult Day Treatment/Community Recovery Center** (see p. 7). ▪ Group Home and Adult Foster Care clients are required to go to CRC three times/week. Suggestions: ▪ In light of the extended periods of time clients stay in group homes, consider reassessing the purpose and role of group home services in the treatment/recovery continuum; and whether there is a more active approach to working with clients so that they can move into higher levels of independence more quickly. ▪ Consider whether the requirement to attend CRC is a sufficiently individualized approach.

Emergency Telephone Services / Crisis Response

Overall impressions about the quality of Emergency Telephone Services / Crisis Response services.	Strengths: ▪ Access and coordination of services when a client is in crisis are enhanced the close working relationship with the Benefis Behavioral Health inpatient unit. ▪ The use of Peer Support Specialists provides a good additional level of response to people in urgent situations. ▪ On-call therapists have good access to CMH-GF psychiatric providers. Observations: ▪ CMH-GF clients are given one of two phone numbers to call (one number if they are primarily outpatient clients, one number if they are primarily community support clients) if they need assistance or are in "crisis" at any time. ▪ During working hours, "crisis calls" are answered by CMH-GF staff who patch the caller through to the on-call therapist. ▪ After working hours, "crisis calls" are answered by an answering service, who patch the caller through to the on-call therapist. ▪ There appears to be good coordination of services and response to clients who call the crisis numbers. ▪ CMH is in the discussion stage working with Voices of Hope to take over the role of triaging crisis calls.

Supported Employment

Overall impressions about the quality of Supported Employment services.	See **Evidence-Based Practices: Employment**, p. 23.

MENTAL DISABILITIES BOARD of VISITORS STANDARDS

Organizational Structure, Planning, and Quality Improvement	
Structure:	
Are the lines of authority and accountability in both the organizational chart and in practice: ▪ simple and clear for all staff? ▪ lead to a single point of responsibility and accountability across all sites, programs, professional disciplines and age groups?	Observations: ▪ The CMH-GF organizational chart is conventional and appears to graphically depict reasonable lines of authority and accountability. ▪ The CMH Board has designated the CMH Clinical Director as the Interim Executive Director pending recruitment and selection of a permanent Executive Director. ▪ Because of the emergence of a management style significantly different from that which was in place prior to October 1, staff generally appear unclear about the developing structure and processes for responsibility and accountability. Suggestions: ▪ While the interim management team and Interim Executive Director appear to be moving in a number of positive ways toward improved organizational management, BOV urges CMH to recruit nationally and get a new permanent Executive Director in place as soon as possible.
Does CMH-GF function as a discrete entity integrated within the larger system of mental health services?	See **Access and Entry** and **Continuity of Services Through Transitions**, p. 29 and 30. Strengths: ▪ CMH-GF is unique in that all of its psychiatrists function as staff psychiatrists on the Benefis Behavioral Health inpatient unit. ▪ CMH-GF participates in a number of community efforts related to mental health including the Violence Intervention Program with local law enforcement, and law enforcement personnel who have received Crisis Intervention Team^2 training. Observations: ▪ CMH seems to lack an overarching vision of "who" it is, what it is trying to do, and how it fits into the local, regional, and state spheres of the mental health and general health system. The interim management team appears to recognize this and is working to address some of the issues internally. Suggestions: • Consider identifying and proactively engaging in conversations with relevant entities in each community where CMH provides services; clarify the CMH mission with these entities and ask them what the nature of their relationship with CMH is and what improvements are necessary; implement improvements.
Do the structure and processes of CMH-GF include supports, resources, relationships, and infrastructure that optimize planning, decision-making, and service implementation?	Strengths: ▪ The new interim management team established with the retirement of the former Executive Director at the end of September has been looking at all aspects of the functioning of the organization and making a number of necessary changes; this process has included meeting with staff in each satellite office throughout the region - an excellent beginning to reworking the way CMH communicates with and supports its staff.

	Observations: ▪ CMH continues to operate with a computer system that is incapable of supporting the work of center staff. (See the BOV report on its Site Review of the Center for Mental Health - Helena[3] ; see comments in this report regarding computer deficiencies related to medication management p. 26.) Recommendation: 8. a) With the involvement of clinical and administrative staff from throughout the region and in consultation with experts in electronic medical record keeping systems, evaluate the ability of the current computer system to support the work of CMH staff. If the current system is found to be inadequate, develop a written plan to upgrade the system within a reasonable time frame to one that will support the work of CMH staff and services to clients. b) Put in place immediately temporary computer system solutions that will allow CMH staff to perform essential functions.
Does structure of CMH-GF: ▪ promote continuity of care for clients? ▪ reflect / support a multidisciplinary approach to planning and treatment implementation?	Strengths: ▪ The fact that CMH-GF psychiatrists are also the staff psychiatrists on the Benefis Behavioral Health inpatient unit greatly enhances continuity of care for CMH-GF clients who move between these levels of service. ▪ PACT services operate with continuity of care as a key principle. Observations: ▪ The staff indicated during interviews with BOV that CMH-GF promotes continuity of care, however there does not appear to be a clear treatment planning process - either in written policies and procedures or in practice - which is multidisciplinary in scope; treatment goals are established primarily between the therapist and the client - other staff did not express awareness of treatment goals; medications are not included on the treatment plan; service components tend to function in isolation with little integration in operation or in individual service planning or implementation. Recommendation: 9. Establish policies and procedures that explicitly describe an integrated, multidisciplinary approach to service organization and provision; implement the described processes in the daily operation of program services; train staff in working this way.
Planning:	
Does CMH-GF produces and regularly review a strategic plan?	Strengths: ▪ CMH leaders have initiated a process for developing a strategic plan, and have established several preliminary objectives. In the response to Recommendation 9 in the BOV report of its site review of CMH-Helena, CMH stated that it plans to have a strategic plan in place by May 2011, and indicated that Local Advisory Councils will be the vehicle for stakeholder input. This ongoing process is a very good step forward. ▪ The Medical Director stated that CMH will ask Benefis strategic planners to assist in this strategic planning process.

	Observations: ▪ Staff in general - including Peer Support Specialists - report not being aware of a strategic planning process and/or feeling that they are outside of the process. ▪ So far, clients and family members do not appear to be part of the new strategic planning process. Recommendation: 10. Develop an overarching comprehensive strategic plan with meaningful participation by staff at all levels, clients, family members, and community partners; include "sub-plans" for each CMH satellite office/program.
Is the strategic plan of CMH-GF developed and reviewed through a process of consultation with staff, clients, clients' family members, other community stakeholders?	**See comments above.**
Quality Improvement:	
Does CMH-GF have and use a plan of continuous quality improvement to evaluate and improve all of its activities related to services to clients and families?	No Strengths: ▪ The interim management team appears motivated to establish a plan of continuous quality improvement. ▪ CMH reports that the nascent strategic planning process described above will include a discussion of quality improvement in a meeting scheduled for January 10, 2011. Observations: ▪ CMH has a section in its Clinical Policy Manual titled "Continuous Quality Improvement". The policy restates licensing requirements for clinical charts, and describes general structures (committees, meeting minutes, etc.), but does not constitute a plan of continuous quality improvement. ▪ Supervisors/managers were not able to articulate a conceptual understanding of continuous quality improvement. Recommendation: 11. Develop a process of continuous quality improvement to evaluate and improve all activities related to provision of services to clients and families. Suggestions for implementation of Recommendation 11: ▪ Establish a regional staff position responsible for organizational quality improvement who works with all programs in the region. ▪ Establish a regional quality improvement committee.
Are designated staff of CMH-GF accountable and responsible for the continuous quality improvement process?	No Suggestions: ▪ Consider establishing a regional staff position responsible for organizational quality improvement who works with all programs in the region. ▪ Consider establishing a regional quality improvement committee.
Is CMH-GF able to demonstrate a process of continuous quality improvement that directly affects health and functional outcomes for individual clients?	No See comments above.

Rights, Responsibilities, and Safety

Rights, Responsibilities:

Does CMH-GF define the rights and responsibilities of and provide verbal and written information about rights and responsibilities to clients and family members?	Yes
Does CMH-GF actively promote client access to independent advocacy services by: ▪ providing verbal and written information to clients and clients' family members? ▪ prominently displaying in all of its facilities posters and brochures that promote independent advocacy services including the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and Disability Rights Montana?	Yes Strengths: ▪ Clients are given a list of rights as defined in Montana statute, as well as a "bill of rights" to sign on admission to services. Observations: ▪ BOV noted Board of Visitors' contact information posters in about half the buildings visited but did not see any information posted about the Mental Health Ombudsman or Disability Rights Montana. ▪ It is unclear whether family members are given this information. Recommendation: 12. Post information about Board of Visitors, Mental Health Ombudsman, and Disability Rights Montana in strategic places in all CMH areas frequented by clients.
Does CMH-GF have an easily accessed, responsive, and fair complaint / grievance procedure for clients and their family members to follow?	Observations: ▪ There is a grievance procedure and formal complaint form; because the emphasis is placed on solving complaints as they arise, there are apparently few formal grievances filed. ▪ Clients interviewed by BOV reported what appear to be valid concerns regarding the integrity of the grievance process, and/or their ability to have access to supervisory staff who can understand their complaints; some clients reported that some staff to whom they express their concerns have acted dismissively and/or defensively. ▪ During this site review, BOV experienced CMH-GF staff appearing to eavesdrop on client's conversations with BOV; there was a sense that staff felt the need to be "in control" of the clients. Suggestions: ▪ Assess clients concerns about access to the grievance process and address issues related to access and control.
Does CMH-GF provide to clients and their family members at the time of entering services written and verbal information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances?	No Recommendation: 13. Provide clients and their family members at the time of entering services written and verbal information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances.

Safety:	
Does CMH-GF protect clients from abuse, neglect, and exploitation by its staff or agents?	Yes
Has CMH-GF fully implemented the requirements of 53-21-107, Montana Code Annotated for reporting on and investigating allegations of abuse and neglect of clients?	No Observations: ▪ Even though CMH has a policy that addresses 53-21-107, MCA, few staff seem aware of it or their responsibilities; there is no staff training relative to this statute. ▪ The part of the CMH policy titled "Procedure for dealing with allegations of abuse and neglect" states that "Some of these complaints may be more appropriately conceived as a client grievance and more appropriately and effectively handled through the Center's grievance procedure" and goes on to say that "If the client prefers to address the allegation [of abuse or neglect] informally with the supervisor..." BOV believes that this part of the policy does not appropriately frame the requirements for action when an allegation meets the statutory definition of abuse or neglect. The statute does not allow a provider to exercise discretion when these definitions are met by the circumstances - it must proceed with an investigation and come to a conclusion about whether abuse or neglect did indeed take place, and then to take appropriate corrective action. Recommendation: 14. a) Revise the CMH abuse/neglect policy to remove any indication that discretion may be exercised when an allegation meets the statutory definition of abuse or neglect. b) Revise the CMH policy so that who the "professional person in charge of the mental health facility" is relative to §53-21-107, MCA is clear. c) Provide training for all staff - including supervisors - in the policy and procedure for responding to allegations of abuse and neglect of clients.
In investigations of allegations of abuse, neglect, or exploitation of clients by its staff or agents, does CMH-GF thoroughly analyze the events and actions that preceded the alleged event – including actions and/or non-actions of its staff or agents?	No allegations of abuse or neglect have ever been reported to BOV by CMH-GF.
After an allegation of abuse, neglect, or exploitation of a client by its staff or agents is determined to be substantiated, does CMH-GF debrief all related circumstances – including all staff and supervisory actions or non-actions that could have contributed to the abuse, neglect, or exploitation – in order to decrease the potential for future recurrence?	No allegations of abuse or neglect have ever been reported to BOV by CMH-GF.
Are staff of CMH-GF trained to understand and to skillfully and safely respond to aggressive and other difficult client behaviors?	Yes - Every employee takes the Mandt®[4] training/refresher course annually. Strengths: ▪ CMH-GF staff receive training in Ethics and Human Services.

Does CMH-GF use special treatment procedures that involve behavior control, mechanical restraints, locked and unlocked seclusion or isolation, time out, etc. in a manner that is : ▪ clinically justified? ▪ properly monitored? ▪ implemented only when other less restrictive measures have failed?	Special treatment procedures are not used.

Client / Family Member Participation

Does CMH-GF identify in the service record clients' family members and describe the parameters for communication with them regarding clients' treatment and for their involvement in treatment and support?	Observations: ▪ Staff does not proactively explore/pursue family participation, but are very willing to include family members in all assessments, treatment planning sessions and treatment reviews, with client permission. Suggestions: ▪ Consider ways to be more proactive about encouraging family member involvement in treatment generally.
Do CMH-GF assessments, treatment planning sessions, and treatment reviews proactively include the participation of clients and – with consent – clients' family members?	Strengths: ▪ In the PACT program, clients are actively involved in identifying their goals, wants and needs as the treatment plan is being written. Observations: ▪ CMH-GF clients generally are involved in these activities, however clients BOV interviewed reported that they are included passively - not as active partners. ▪ BOV did not interview one CMH-GF staff person who indicated that families/concerned others are included as part of the treatment planning process. Suggestions: ▪ Consider ways to be more proactive about including families in treatment planning and review. ▪ Consider ways to include clients as active partners in the development and review of their treatment plans.
When a diagnoses is made, does CMH-GF provide the client and – with consent – the client's family members with information on the diagnosis, options for treatment and possible prognoses?	Yes - clients See above comments related to family involvement.
Does CMH-GF proactively provide clients, and – with consent – clients' family members a copy of the treatment plan?	Observations: ▪ If the client (or family member) wants a copy of the treatment plan, one is provided. Otherwise, a copy of the treatment plan is given to a client when he requests one or he/she can view it on-line with his/her case manager. ▪ Staff interviewed by BOV reported that most clients do not want a copy of their treatment plan. To BOV, this seemed to be more an indication of a tendency toward a staff assumption/mindset rather than an indication of client non-interest in their treatment plans. Suggestions: ▪ Consider ways to be more proactive in engaging clients in this process, including routinely giving each client a copy of his/her treatment plan, and making plans a touchstone for service activities.

Does CMH-GF promote, encourage, and provide opportunities for client and family member participation in the **operation** of its services? Examples: ▪ participation in developing the strategic plan and plan for continuous quality improvement ▪ advisory groups ▪ participation in public meetings ▪ interviews and selection of prospective staff ▪ peer and staff education and training ▪ family and client peer support? Does the service have written descriptions of these activities?	Strengths: ▪ There is a Client Board (includes a President, Vice President, and a Secretary) that meets regularly. The Client Board makes recommendations to the program supervisors who, in turn, bring them up for discussion at management meetings. ▪ The Peer support Specialist component is strong. Observations: ▪ participation in developing the strategic plan and plan for continuous quality improvement? No ▪ advisory groups? YES (see above) ▪ participation in public meetings? No ▪ interviews and selection of prospective staff? No ▪ peer and staff education and training? WRAP and other peer-to-peer training ▪ The PACT Team Leader reports that she has been asking for a PACT Advisory Council lead by clients (which is an established component of the PACT model), but to date had not received the approval to assemble this group. Suggestions: ▪ Consider ways to promote, encourage, and provide opportunities for client and family member participation in the **operation** of its services Recommendation: 15. Make arrangements for CRC to host the NAMI Peer-To-Peer training.
CMH-GF promotes, encourages, and provides opportunities for client and family member/carer participation in the **evaluation** of its services? Examples:: ▪ 'customer service' ▪ effectiveness of communication with clients and family members ▪ measurement of health and functional outcomes of clients Does the service has written descriptions of these activities?	No Suggestions: ▪ Consider ways to promote, encourage, and provide opportunities for client and family member participation in the **operation** of its services
Does CMH-GF review exit plans in collaboration with clients and – with consent - family members/carers as part of each review of the individual service plan?	Yes (see comments above related to family involvement) Strengths: ▪ When clients leave CMH-GF services to go to another location, Case Managers assist in identifying options and coordinate with services in the city they are moving to. ▪ When clients are considering leaving CMH-GF services because of dissatisfaction, Case Managers attempt to work out new service options and approaches. ▪ When clients leave group home services, staff assist in the move, coordinate continuation of medications, and ensure that a Case Manager and Therapeutic Aide is in place as the transition proceeds.

Cultural Effectiveness

Does CMH-GF have a Cultural Effectiveness Plan – developed with the assistance of recognized experts - that includes defined steps for its integration at every level of organizational planning, and that specifically emphasizes working with American Indian people?	No
Does CMH-GF define expectations for staff knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the mental health treatment of the people served, with a specific emphasis on American Indian people?	No Observations: ▪ It appears that being "culturally sensitive" is left up to the predilection of each employee. ▪ Position descriptions do not address cultural knowledge or application of this knowledge in working with clients.
Does CMH-GF provide staff training - conducted by recognized experts - that enables staff to meet expectations for knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the provision of mental health treatment to the people served, with a specific emphasis on American Indian people?	No Observation: ▪ In September 2010, CMH-GF brought in a cultural expert who provided CMH staff from throughout the organization training in cultural diversity and sensitivity.
Do CMH-GF treatment plans take into account individually-identified cultural issues, and are developed by a culturally competent clinician or in consultation with such a clinician?	Observation: ▪ The burden appears to fall to CMH-GF clients for initiating discussion of needs or concerns related to cultural issues. Suggestions: ▪ Review the CMH-GF policy on smudging when requested by American Indian clients. ▪ Consider revising the intake format to include prompts for issues specific to cultural issues[5].
Has CMH-GF developed links with other service providers / organizations that have relevant experience and expertise in the provision of mental health treatment and support to people from all cultural / ethnic / religious / racial groups in the community, with a specific emphasis on American Indian people?	No Observations: ▪ The primary local service provider with experience and expertise in the provision of mental health treatment and support to American Indian people is the Indian Family Health Clinic[6] in Great Falls. This clinic appears to be a wonderful resource, however during BOV's interview with IFHC staff, the working relationship between IFHC and CMH-GF was described as distant. Suggestions: ▪ Explore and initiate collaboration with organizations that can be drawn on to enrich services: Pretty Shield Foundation[7]; Hopa Mountain[8]; Tribal Social Services on the Blackfeet, Rocky Boys, and Fort Belknap reservations; White Bison Inc.[9]; Montana Wyoming Tribal Leaders Council[10], and Tribal Colleges[11].
Does CMH-GF have a plan for recruitment, retention, and promotion of staff from cultural/racial/ethnic backgrounds representative of the community served with a specific emphasis on American Indian people?	No Suggestions: ▪ Consider participating in the University of Montana "career day" events to identify and recruit ethnic/American Indian individuals who are qualified for position openings. ▪ When advertising for vacant staff positions at CMH-GF, consider including the phrase "qualified American Indians and other ethnic minorities are encouraged to apply". ▪ Contact the Indian Health Services Area Office[12] for potential graduates who are looking for employment with a mental health provider.

With regard to its own staff, does CMH-GF monitor and address issues associated with cultural / ethnic / religious / racial prejudice and misunderstanding, with a specific emphasis on prejudice toward and misunderstanding of American Indian people?	Yes Observations: ▪ CMH-GF reports to BOV that it handles cultural / ethnic / religious / racial prejudice in the same way it addresses any inappropriate staff actions.
Does CMH-GF analyze the cultural / ethnic / religious / racial demographics of its catchment area with a specific emphasis on American Indian people?	No Suggestions: ▪ Develop a database that tracks the demographic profile of CMH-GF clients. ▪ Work with the Indian Family Health Clinic to measure the number of American Indians potentially in need of but not receiving mental health services in the CMH-GF catchment area.
	Recommendations related to Cultural Effectiveness: 16. Develop a Cultural Effectiveness Plan that specifically emphasizes working with American Indian people and that includes defined steps for its integration at every level of organizational planning. Suggestions for Implementation of Recommendation 16: ▪ Reach out to the American Indian members of the CMH Board for assistance. ▪ Establish a staff committee to begin the process of developing a Cultural Effectiveness Plan. ▪ Ask the Indian Family Health Clinic for assistance. ▪ Reach out to cultural experts in the Gros Ventre, Assiniboine, Chippewa Cree, and Blackfeet tribes for assistance. 17. Define expectations for staff knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the mental health treatment of American Indian people. 18. Incorporate expectations for staff knowledge about cultural, ethnic, social, historical, and spiritual issues into all CMH position descriptions and performance appraisals. 19. Develop and provide training conducted by recognized experts that enables staff to meet expectations for knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the provision of mental health treatment to all NBM patients, with a specific emphasis on American Indians. Suggestions for Implementation of Recommendation 19: ▪ Assess all CMH staff knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to its clients and clients' families - from top leadership to line staff - to establish a baseline for designing cultural training for staff. ▪ Develop a library of resource material on cultural issues, which could be incorporated into staff training. ▪ Attend local cultural events to gain personal insight into the American Indian culture first hand. ▪ Establish cross-training agreements with the Gros Ventre, Assiniboine, Chippewa Cree, and Blackfeet tribes. ▪ Send staff to the annual Native American Child and Family Conference held in Great Falls, and the annual National Indian Child and Family Conference in Billings. 20. Develop relationships with American Indian clinicians; ask for help in developing treatment plans that take into account individually-identified cultural issues. 21. Develop a formal, ongoing working relationship with the Indian Family Health Clinic.

Staff Competence, Training, Supervision, and Relationships with Clients

Competence and Training:

Does CMH-GF define optimum knowledge and competence expectations specific to working with people with mental illnesses and emotional disturbances for each staff position providing services to clients?	No Observations: ▪ CMH position descriptions describe general "skills, knowledge, and abilities" related to job title and professional discipline. ▪ Position descriptions appear to be generic and applicable to every office of the Center for Mental Health. ▪ No position descriptions contain descriptions of optimum knowledge and competence expectations specific to working with people with mental illnesses and emotional disturbances. ▪ Supervisors' position descriptions are vague in their descriptions of specific expectations related to supervision.
Does CMH-GF have written training curricula for new staff focused on achieving optimum knowledge and competence expectations specific to working with people with mental illnesses and emotional disturbances defined for each position providing services to clients?	No Observations: ▪ When staff are hired to work at CMH-GF, they go through general organizational orientation. ▪ There is no training curriculum for supervisors.
Does CMH-GF train new staff in job-specific knowledge and competence OR require new staff to demonstrate defined optimum knowledge and competence specific to working with people with mental illnesses and emotional disturbances prior to working with clients?	No Strengths: ▪ Some staff have attended the Addictive and Mental Disorders Division-sponsored training in Co-Occurring Psychiatric and Substance Use Disorders and Illness Management and Recovery. Observations: ▪ Following general CMH orientation, most subsequent staff training is informal on-the-job and ad hoc. ▪ Some PACT team members report that they had not been given PACT training. Recommendation: 22. a) Define optimum knowledge and competency expectations for each staff position providing services to clients including supervisors and peer support specialists. b) Based on optimum knowledge and competency expectations, develop written training curricula for new staff focused on achieving these knowledge and competency levels. This training should include basic information about all major mental illnesses. c) Develop and implement a training protocol for new staff that follows a written curriculum based on defined optimum knowledge and competence expectations.
Does CMH-GF provide staff opportunities for ongoing training including NAMI-MT Provider Training, NAMI-MT Mental Illness Conference, Mental Health Association trainings, Department of Public Health and Human Services trainings, and professional conferences?	Yes Strengths: ▪ Staff report that they have access to local trainings. ▪ All CMH staff meet in Great Falls for an annual training. ▪ A number of CMH-GF staff have been to immersion training at the Village.

	▪ Nursing staff are encouraged to return to school. One RN is currently in APRN program; two others have completed program. ▪ Some staff attend the annual NAMI conferences. Recommendation: 23. Arrange for all CMH-GF staff to take the NAMI Provider Education course.
Does CMH-H hire and train people with mental illnesses as peer support specialists?	Yes Strengths: ▪ CMH-GF has excelled in hiring and sending Peer Support Specialists to standardized training in Arizona[13]. ▪ One CMH Peer Support Specialist has received certification and now can provide local training to new PSS staff. Observations: ▪ CMH-GF is working to develop competency and knowledge expectations and training so that all staff – including those who identify as having a mental illness and who work as PSSs – have the same job responsibilities. Suggestions: ▪ Review the policies and procedures that treat Peer staff differently from other staff; revise the policies and procedures so that Peer staff and other staff have the same responsibilities and expectations.
Does CMH-GF periodically assess current staff and identify and address knowledge and competence deficiencies?	The interim management team is in the process of revamping its human resources department; establishing regular staff performance appraisals is part of this project.
Supervision:	
Does CMH-GF train supervisors and hold them accountable for appropriately monitoring and overseeing the way clients are treated by line staff?	Strengths: ▪ The appropriate treatment of clients is a high priority of the CMH-GF leadership and supervisors. Observations: ▪ There is no formal training for supervisors. (See Recommendation 22)
Does CMH-GF train supervisors and hold them accountable for appropriately monitoring, overseeing, and ensuring that treatment and support is provided effectively to clients by line staff according to their responsibilities as defined in treatment plans?	Observations: ▪ There is no formal training for supervisors. (See Recommendation 22) ▪ Supervisory expectations are not defined.
Relationships with Clients:	
Do mental health service staff demonstrate respect for clients by incorporating the following qualities into the relationship with clients: ▪ active engagement? ▪ positive demeanor? ▪ empathy? ▪ calmness?	Strengths: ▪ Some staff exhibit these skills; a few staff and supervisors are exemplary in this area. Observations: * ▪ CMH-GF staff clearly care about the clients and believe that what they are doing does help them. However, apparently due to the long-standing paternalistic and care-taking approach

▪ validation of the desires of clients?	established in the Community Support Program over the years, there is a culture in which "working side-by-side" in a "mutually-empowering" manner does not exist. This results in an atmosphere in which staff make all the decisions, clients are not included in important program development projects, and there is a lack of understanding or appreciation for the concept of "meaningful roles" for clients. ▪ While BOV did not observe any staff treating clients in a blatantly disrespectful manner, BOV did observe clients being treated in an intentionally paternalistic and condescending way, as if they were disabled children about whom others could freely speak in their presence; and in ways that indicated a poor understanding of professional boundaries. ** These comments do not apply to PACT, Case Management, Peer Support, or Outpatient services.*
	<u>Recommendation:</u> 24. Identify staff whose interactions with clients are condescending and/or not consistent with the principles of recovery and/or indicate poor professional boundaries; establish clear expectations for these behaviors to change, provide training and supervision to maximize the opportunities for these staff to change.
Active Engagement with Clients:	
Do CMH-GF direct care staff demonstrate proactive, assertive, supportive, engagement with clients in every applicable treatment environment?	(see comments above)
Are CMH-GF professional staff consistently present in all treatment environments interacting with direct care staff and clients teaching, modeling, and reinforcing healthy, constructive, respectful interactions?	No * <u>Strengths:</u> ▪ The Community Support Program Director has started to exert a positive presence in the milieu. <u>Observations:</u> ▪ Professional staff / supervisors were not observed interacting with direct care staff and clients teaching, modeling, and reinforcing healthy, constructive, respectful interactions. ▪ Clinical staff and the Supported Employment supervisor are not integrated with the "day treatment" milieu. ** These observations are primarily related to the Community Recovery Center (Day Treatment) which is the primary "milieu" environment.* <u>Recommendation:</u> 25. Revise the performance expectations of professional and supervisory staff so that a required part of their work is to be consistently present in all treatment environments interacting with direct care staff and clients teaching, modeling, and reinforcing healthy, constructive, respectful interactions, i.e., modeling recovery principles.
Do CMH-GF supervisors ensure that direct care staff spend their time with clients engaged in consistently positive, recovery-oriented incidental interactions?	See comments above.

Treatment and Support

General:	
Is a written treatment plan in place and being implemented for every client receiving services from CMH-GF?	Yes
For all new or returning clients, does CMH-GF perform a thorough physical / medical examination or ensure that a thorough physical / medical examination has been performed within one year of the client entering / re-entering the service?	Yes
Does CMH-GF link all clients to primary health services and ensure that clients have access to needed health care?	Yes
Does CMH-GF proactively rule out medical conditions that may be responsible for presenting psychiatric symptoms?	Yes Diagnostic assessments identify medical conditions. The status of medical issues is included in the psychiatrists' notes. <u>Strengths:</u> ▪ There appears to be a high level of awareness and concern among therapists regarding the relationship between physical and mental illnesses.
Does CMH-GF ensure that clients have access to needed dental care?	Every attempt is made to arrange for dental care. <u>Strengths:</u> • CMH-GF is working to bring a dental hygienist into New Directions Center to provide dental cleaning and preventative care.
Evidence-Based Services:	
Does CMH-GF provide treatment and support to adults that incorporates the following SAMHSA-identified evidence-based practices: Illness Management and Recovery, Assertive Community Treatment, Family Psychoeducation, Supported Employment, Integrated Treatment for Co-occurring psychiatric and substance use disorders.?	<u>Strengths:</u> ▪ CMH-GF is participating in the project led by AMDD to implement Illness Management and Recovery and Integrated Treatment for Co-occurring Psychiatric and Substance Use Disorders - and will be subject to new Administrative Rules in these areas. ▪ CMH-GF provides Assertive Community Treatment (PACT) and Supported Employment.
Does CMH-GF provide treatment and support to adults in a manner that is consistent with the SAMHSA principles for recovery?	<u>Strengths:</u> ▪ Currently there is fresh optimism from staff who support the recovery focus CMH-GF has been exploring. ▪ CMH-GF has been redesigning its day treatment program into a "Community Recovery Center"; leadership has been to training at The Village program; staff and Peer Support Specialists have also been to the Recovery Innovations of Arizona (RIAZ), formerly known as META Services in Arizona. ▪ CMH interim management team has been facilitating discussions across the region to develop consensus for an operational definition of recovery to be used in service restructuring going forward.

Housing:	
Does CMH-GF ensure that clients have access to safe, affordable, quality housing in locations that are convenient to community services and amenities?	Yes Strengths: ▪ Center West does a good job assisting clients to find quality, affordable housing when they transition into independent housing from the Center. ▪ Housing is provided for some of the most seriously mentally ill clients in group homes, foster homes, and the transitional living units at Center West. ▪ The adult case managers advocate for and help their clients in finding housing, and to ensure that clients in housing are treated humanely, with respect, are not exploited, and that the housing is safe and sanitary.
Does CMH-GF provide support and advocacy to clients in communicating and problem-solving with landlords?	Yes
Does CMH-GF work closely with landlords to ensure that clients do not lose their housing during periods of hospitalization or other temporary out-of-community treatment, or other illness-related circumstances?	Yes
Does CMH-GF provide access to and assistance with options for client home ownership?	No Suggestion: ▪ Contact Montana Home Choice Coalition[14] for information about assistance for home ownership for people with disabilities.
Education:	
Does CMH-GF facilitate access to opportunities for continuing education?	Yes Strengths: ▪ Job Coaches and Case Managers assist clients to get connected with educational resources.
Employment:	
Does CMH-GF assist clients to find and keep competitive employment through a supported employment model?	Yes Strengths: ▪ Long-term CMH commitment to maintaining a discrete employment service through a vendor agreement for Supported Employment with Vocational Rehabilitation. ▪ The Supported Employment staff work hard to give clients support to succeed in finding quality jobs. Observations: ▪ CMH appears conflicted in a number of ways regarding employment services: ➢ there is only one Job Coach for hundreds of clients; ➢ Supported Employment and CRC staff receive no training in the current state of "technology" for working with people with serious mental illnesses become employed;

	➢ Case Managers warn clients about working, because their SSI will be impacted; ➢ Supported Employment and CRC are not integrated. ▪ A number of CRC staff appear not to be aware of established knowledge/experience in the literature related to assisting people with mental illness to find and keep jobs. The prevailing thinking about employment appears to be that people with serious mental illnesses are extremely limited in their ability to work, that many/most are not interested in working, and that people with serious mental illnesses require extensive involvement in "employment readiness" activities before they try and/or succeed in real jobs. This approach is not consistent with the literature or with model program outcome data[15] ,[16]. ▪ CMH works closely with SKILS'KIN[17] for assisting CMH clients in obtaining employment[18] (SKILS'KIN is primarily a provider of services to people with developmental disabilities.) The CMH Job Coach reported to BOV that SKILS'KIN appears not to understand the difference between an employee who has a developmental disability and an employee who has a mental illness. ▪ BOV believes that the degree to which CMH-GF relies on SKILS'KIN for CMH-GF client employment placement and support may be a concern: (1) does this reliance result in less involvement by CMH-GF in developing its community connections and relationships to develop an array of quality employment options for the clients of the center?, (2) does this reliance diminish CMH-GF staff comprehensive working relationship with clients? ▪ It appears that Supported Employment may be an underappreciated aspect of the CMH-GF, and might not be adequately recognized or supported by leadership as a fundamental component of a recovery based program. <u>Suggestions:</u> ▪ Consider bringing Supported Employment down from the attic of the CRC building and locating it in the middle of CRC. <u>Recommendations:</u> 26. a) Assess the knowledge and competence SKILS'KIN has in working with people with mental illnesses. If necessary, work with SKILS'KIN to address deficits. b) Fully-integrate Supported Employment into CRC services. c) Research and provide training to staff about acknowledged optimal approaches to working with people with serious mental illnesses with employment. Start by studying the SAMHSA Evidence-Based Practices Toolkit document <u>Building Your Program - Supported Employment</u>[19].

Co-Occurring Psychiatric and Substance Use Disorders:	
Has CMH-GF fully implemented the protocols established by AMDD for treatment of people who have co-occurring psychiatric and substance use disorders?	CMH-GF is participating in the project led by the AMDD to implement Integrated Treatment for Co-occurring Psychiatric and Substance Use Disorders - and is subject to new Administrative Rules in this area requiring that all services be "Co-Occurring Capable". Strengths: ▪ CMH-GF has one Licensed Addiction Counselor staff. ▪ One of the CMH-GF psychiatrist provides addiction services at the local hospital and is the primary addictionologist in the community. ▪ Every client served by the PACT team receives a "co-occurring" assessment, and - if indicated - the treatment plan integrates psychiatric and substance use issues. Observations: ▪ The Medical Director estimates that at least 50% of her clients have substance use disorders in addition to psychiatric disorders. ▪ There appears to be heavy reliance on referral to outside addiction treatment resources with little integration of CMH and referral agency services. ▪ Systemic requirements including separate chemical dependency and mental health funding streams continue to create barriers for truly integrated treatment for people who have co-occurring psychiatric and substance use disorders. Suggestions: ▪ Consider working with the AA/NA community to host AA/NA meetings on site at CRC. ▪ Look for ways to continue moving toward full implementation of the Comprehensive Continuous Integrated System of Care model[20].
Crisis Response and Intervention Services:	
Does CMH-GF operate a 24 hour / day, 7 day / week crisis telephone line?	Yes
Does CMH-GF list and advertise its crisis telephone number in a manner designed to achieve maximum visibility and ease of location to people in crisis and their families?	No Observations: ▪ Crisis numbers are provided to all CMH-GF clients. ▪ The crisis numbers are listed in the White Pages under the Center for Mental health listing. Suggestion: ▪ Consider creating Yellow Pages listings that are cross-referenced for easy access for potential callers in psychiatric crises.
Does CMH-GF respond directly to all individuals who call its crisis telephone line, and - after responding to each caller's immediate need - refers callers who are not its clients to necessary services?	Yes

Is CMH-GF's crisis telephone line able to route multiple calls to appropriate responders?	Unclear Suggestion: ▪ Ensure that the crisis phone lines can handle multiple calls simultaneously.
For crisis line callers who are engaged with another service provider, does CMH-GF - after responding appropriately to each caller's immediate need, and after addressing life safety concerns - carefully refer those clients to that provider?	Yes
For crisis line callers who are not engaged with another service provider, does CMH-GF - after responding appropriately to each caller's immediate need, and after addressing life safety concerns - either open the caller for services or carefully refer those callers to another provider?	Yes
Does CMH-GF follow-up on crisis line callers whom it refers out to ensure that the outside provider received the referral?	No Observations: ▪ CMH-GF is planning to develop a role for PSS staff to do next day follow-up on all crisis callers.

Medication:	
Is the medication prescription protocol evidence-based and reflect internationally accepted medical standards?	Yes
Is medication prescribed, stored, transported, administered, and reviewed by authorized persons in a manner consistent with laws, regulations, and professional guidelines?	No Observations: ▪ Medications are being repackaged by nurses into calendar boxes. I would anticipate that the Nursing Board would consider this legal, but the Pharmacy Board would not. ▪ Nurses hand out and label samples for patients. The pharmacy board would not consider this legal. The label attached by the nurses does not meet legal requirements for a prescription. ▪ Prescription, storage, administration (at center this includes only depot injections), and review are consistent. ▪ Using three computer systems is a set-up for errors. OnCall Data includes medications and allergies, eCET has prescribers progress notes, and another system (Paper Vision) is used for scanned data from other facilities. In On Call Data, a medication is "discontinued" by unchecking the active medication box, so there is no actual discontinuation date. Updating the medications in On Call Data is a varied process. For some prescribers, the nurse sits in with the client during appointments, but not for all. If they sit in they know to check the progress notes to make the medication changes. If they do not, the prescriber must make these changes or let the nurses know. In the outpatient (outside of CRC), the prescriber must enter the medication changes in On Call Data. There is not a consistent system to be sure On Call Data is up to date. In one of the records reviewed, the medications in the progress note (eCET) and those in medication record (On Call Data) were in conflict. Recommendation: 27. Develop a consistent process, no matter who the prescriber or nurse is, for medication ordering and data entry in all settings.

	28. Address the computer deficiencies that increase risk for medication errors. (See Recommendation 8 in CMH-Helena site review report)
Are clients and – with consent – clients' family members provided with understandable written and verbal information about the potential benefits, adverse effects, and costs related to the use of medication?	Yes Observations: ▪ Prescriber's progress notes document education regarding medications being prescribed. ▪ Nurses often provide patient educations handout to clients. ▪ Nurses often respond to clients questions regarding medications. ▪ Commercial drug information is provided by the nursing staff.
Is "medication when required" (PRN) only used as a part of a documented continuum of strategies for safely alleviating the resident's distress and/or risk?	Observations: ▪ The APRN with whom BOV spoke stated that she recommends PRN medication as a last resort and to try other interventions first, but it does not seem to be a formal, well-planned approach. ▪ Nursing supervisor report there are very few PRN medications used in the group homes. ▪ Nursing supervisors report there are no PRN medications are used at CRC.
Does CMH-GF ensure access for clients to the safest, most effective, and most appropriate medication and/or other technology?	Yes Observations: ▪ The only formulary restrictions are those that are exterior to the CMH. These include Medicaid/Medicare and the $450/month limitation for MHSP.
Does CMH-GF acknowledge and facilitate clients' right to seek opinions and/or treatments from other qualified prescribers and promote continuity of care by working effectively with other prescribers?	Yes
Does CMH-GF actively promote adherence to medication through negotiation and education?	Yes Strengths: ▪ Nursing staff verbalize knowledge and experience negotiating with client's to optimize medication benefit for patient through compliance.
Wherever possible, does CMH-GF not withdraw support or deny access to other treatment and support programs on the basis of clients' decisions not to take medication?	Yes Observations: ▪ One psychiatrist/addictionologist has not provided treatment to two clients who had medical marijuana cards and continued to abuse marijuana despite her best efforts. In each case the client has a therapist who continued to provide services and an avenue was left open should the client want to re-enter the program.
For new clients, is there 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?	Strengths: ▪ A client who has been hospitalized is seen quickly with CMH-GF appointment is set up at discharge. ▪ Clients coming from Montana State Hospital are seen faster than other new clients. ▪ Nursing staff prioritize decompensating clients for psychiatrist appointments. Observations: ▪ A client new to the center who is not at a crisis stage may wait up to three months to see a prescriber. ▪ No psychiatrist at the Center sees children or adolescents.

	▪ The community appears to be underserved. Waiting lists are long.
For current clients, does CMH-GF 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?	Yes
When legitimate concerns or problems arise with prescriptions, do clients have immediate access to a psychiatrist or mid-level practitioner?	Yes Observations: ▪ These inquiries are fielded by the nursing staff. They assess the situation and most of them can be handled at this level. If needed, nurses have immediate access to the prescriber. If an emergent situation is present, the emergency department at the hospital is utilized. ▪ MD/Nurse relationships are mutually respectful and work in partnership to manage services.
Are medication allergies, side effects, adverse medication reactions, and abnormal movement disorders well documented, monitored, and promptly treated?	Yes
Are medication errors documented?	Yes Observations: ▪ A new medication error policy and procedure is being developed by the Medical Director.
Is there a quality improvement process in place for decreasing medication errors over time?	No Observations: ▪ CMH-GF states that this will be included in the new policy and procedure. Currently there is only an informal process.
Is the rationale for prescribing and changing prescriptions for medications documented in the clinical record?	Yes
Is there is a clear procedure for the use of medication samples.	See comments on p. 26.
Are unused portions of medications and expired medications disposed of appropriately after expiration dates using – when resources are available - the protocols described in SMAR$_X$T DISPOSAL$^{TM\ 21}$ or the equivalent?	Yes Strengths: ▪ Unused medications are deposited in a sharps container which is picked up by a biohazard company. The nurses stated that they checked and the company does follow disposal laws.
Is there a clear procedure for using and documenting emergency medication use, including documentation of rationale, efficacy, and side effects?	Emergency medications are not used.
Is there a clear procedure for using and documenting 'involuntary' medication use, including documentation of rationale, efficacy, and side effects?	"Involuntary" medications are not use.
Are there procedures in place for obtaining medications for uninsured or underinsured clients?	Yes Observations: ▪ One of the psychiatrists stated she intentionally tries to use less expensive medications when possible. ▪ Samples are used when needed.

	▪ Patient assistance programs are used.

NOTE: To assess how CMH-GF functions in the following areas, BOV interviewed staff at the following organizations in Great Falls, each of which has a primary role in provision of health services:

- Indian Family Health Clinic (IFHC) - primary health care provider
- Benefis Behavioral Health (BBH) - not a primary health care provider
- Community Health Care Center (CHCC) - primary health care provider

Access and Entry	
Are mental health services convenient to the community and linked to primary medical care providers? Does CMH-GF inform the community of its availability, range of services, and process for establishing contact?	Observations: ▪ IFHC and CHCC are aware of services provided by CMH-GF, but both agencies experience their working relationship with CMH-GF as distant and poorly-coordinated, and access to CMH-GF services as difficult. ▪ Linkage to primary medical care providers appears to be an ad hoc process driven primarily by individual CMH-GF Case Managers; CMH-GF does not appear to have a defined approach to developing and maintaining relationships with medical care providers. ▪ There is no protocol for communication / coordination between CHCC and CMH-GF; there have been no meetings to discuss this; CHCC reports that CMH-GF does not return its phone calls; the CHCC Behavioral Health Therapist has to "finesse" the communication to make it work. ▪ CMH-GF does not appear to be proactive in its working relationship with IFHC and CHCC; it appears that this lack of proactive engagement by CMH-GF applies to the community at large (with the exception of Benefis Behavioral Health). ▪ CMH-GF requires its clients to have a CMH-GF therapist in order to access its prescribers; CHCC experiences this as a barrier to access to services. Recommendation: 29. Begin immediately to establish a well-defined, ongoing working relationship with IFHC and CHCC, to include the following: a) designation of a CMH-GF nurse to be the liaison for these relationships; b) in collaboration with IFHC and CHCC, establishment of written protocols for coordination, communication and problem-solving; c) establishment of CMH-GF primary responsibility to nurture and maintain these working relationships. 30. Establish a single point of entry for access to CMH-GF services.
For new clients, is there 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?	No Observations: ▪ CMH-GF has five psychiatrists and two mid -level practitioners (APRNs). ▪ Timely access to CMH-GF services is available to clients in emergent situations, and for clients being discharged from Benefis Behavioral Health inpatient unit and Montana State Hospital; the waiting period for all other new clients to see a psychiatrist/mid-level practitioner is approximately three

	months; for clinical intake – one month or less; for case management and PACT, there is no wait. ▪ CHCC reported to BOV that as of 10/26/10, the wait time for a clinical intake was four weeks. ▪ CHCC clients who have first gone to CMH-GF for services tell the CHCC Therapist that CMH-GF tells them - without coordination with CHCC - to go to CHCC because they can receive services sooner. ▪ CMH-GF has involved in a planning-process with a number of other community entities to establish a Crisis Response Team; this appears to have been in a perpetual planning process with no end state in sight.
Is an appropriately qualified and experienced staff person available at all times - including after regular business hours - to assist clients to enter into mental health care?	Yes
Does CMH-GF ensure that clients and their family members are able to, from the time of their first contact with CMH-GF, identify and contact a single mental health professional responsible for coordinating their care?	Observations: ▪ Identification of a single mental health professional who is the contact person for each client / family member appears to vary from one service area to another, but it is generally recognized that the primary therapist or case manager is the contact person. ▪ Staff is generous with sharing their phone numbers and other contact information, including who to contact as a back up in the event that the primary person is not available.
Does CMH-GF have a system for prioritizing referrals according to risk, urgency, distress, dysfunction, and disability, and for commencing initial assessments and services accordingly?	Yes

Continuity of Services Through Transitions

Does CMH-GF review the outcomes of treatment and support as well as ongoing follow-up arrangements with clients and - with consent – clients' family members prior to their exit from the service?	Yes Strengths: ▪ Peer Support Specialists and Adult Therapeutic Aides provide good support as clients transition into and out of CMH-GF services. Observations: ▪ It was reported to BOV that some clients whose services had been funded by the Mental Health Services Plan (MHSP) - and whose eligibility had been terminated - have received letters from CMH-GF informing them that their services were being terminated with no assistance for transitioning away from services. Suggestions: ▪ Review the process for terminating services when MHSP eligibility is ended; establish in-person transition assistance.
When a client is transitioning to another service provider, does CMH-GF proactively facilitate involvement by that service provider in transition	Yes

planning?	
Does CMH-GF ensure that clients referred to other service providers have established contact following exit from CMH-GF?	Yes
If a client ***was*** receiving CMH-GF services prior to an inpatient admission, does CMH-GF assume primary responsibility for continuity of care between inpatient treatment and community-based treatment?	Yes <u>Strengths:</u> ▪ CMH-GF coordinates well with Benefis Behavioral Health and with Montana State Hospital. ▪ CMH-GF deserves much credit for its use of Peer Support Specialists to help clients move between outpatient and inpatient services. This personal contact and support from peers makes a big difference for people going through very difficult situations.

STATUS OF IMPLEMENTATION OF 2006 RECOMMENDATIONS

1) Develop a Supported Employment component in the Havre adult services continuum.

   2010 Status: Not applicable to the 2010 review.

2) Develop a definitive system to identify, track, and coordinate medications prescribed outside the center with medications prescribed by center psychiatrists.

   2010 Status Reported by CMH-GF:
   All psychiatric and medical medications are added to OnCallData as soon as staff is aware. Any adjustments made by our psychiatrists are either sent in a note to that physician, or the nurses call the office.

3) Revise the medication system so that it is part of a planned program - included in the treatment plan - to develop consumers' knowledge and compliance with the medication consistent with the goal of recovery.

   2010 Status Reported by CMH-GF:
   All medications are added to the clients MAR. All meds and med changes are discussed with the client at the time of change. All information, indications and side effects are discussed with the client. All medication changes for clients at the group homes and foster homes are sent a copy of the med changes .

4) Provide medications to consumers in such a way that they are labeled properly with consumer name, medication names, dosages, and directions for use.

   2010 Status Reported by CMH-GF:
   All medication boxes are labeled on three sides with a list of medications in container. Those clients receiving daily medication packets will receive a list of medications to accompany those meds. The list will also have the psychiatrist name and medical provider if applicable.

5) Use medication calendar boxes, cassettes, blister packs, or another distribution system for all consumers.

   2010 Status Reported by CMH-GF:
   Clients who are noncompliant with meds receive daily, three times a week, or weekly med dispensing. Medications in the foster homes are filled by the pharmacy in a weekly med box with list of meds on the back of box. Medications at the group homes are filled by nursing staff weekly, with med list on back of boxes. All controlled substances are blister packed and signed out by staff.

6) Develop a procedure for detecting and reporting medication errors.

   2010 Status Reported by CMH-GF:
   All medication errors are documented on a Medication Error Document, and then sent to the nursing supervisor. She then documents the error on a Medication Error Report form with a description of the incident, and the corrective actions. This is then forwarded to the program director, clinical director, program supervisor, and medical director. The medical prescriber, if applicable will be also notified, along with the psychiatrist or APRN. Nursing staff is to double check med setups and have client check meds before taking them.

7) Develop a procedure for conducting and documenting AIMS scale tests.

2010 Status Reported by CMH-GF:
After last site review, an AIMS program was instituted by the nursing staff. Clients on antipsychotic medications were screened every 6 months for extrapyramidal symptoms. Due to ongoing staff shortages in the nursing office, this hasn't been done for some time. We are hiring again and this will be reinstituted after staff is trained. We make every attempt to be aware of any visible involuntary movements and bring this immediately to the attention of their psychiatrist. AIMS testing will be documented in the ECET program.

8) Develop a procedure whereby CMH staff is responsible for disposing of outdated medication samples and unused medications that are discarded in the sharps container.

2010 Status Reported by CMH-GF:
All discontinued or outdated meds are put in our sharps (biohazard) containers and stored in a locked room until the Stericycle company picks up quarterly. If there are numerous meds, we black out the bottles and bag up and put in the storage container for disposal.

9) Develop and begin using immediately a medication administration record to document all medications administered and/or distributed by CMH nurses.

2010 Status Reported by CMH-GF:
We are developing a new MAR that will be more legible, and more easily understandable for staff. Currently all medications are listed in our OCD system. We have all medications that we dispense, written on a separate card which is updated with all medication changes.

10) Develop specific strategies for increasing Evidence-Based Practices.

2010 Status Reported by CMH-GF:
Sponsored a 5 day DBT training in Great Falls for clinicians in the state of Montana
Cultural Competency training at all staff in-service
Recovery model at all staff in-service
Co-Occurring development participation
Provide training and support the participation in outside seminars and conferences that adhere to evidence based models.

11) AMDD should develop specific communication and coordination protocols for managing treatment of consumers as they move from the community to inpatient treatment and back to the community.

2010 Status: BOV note: AMDD issue.

12) Develop written training curricula and 'sign off' procedures for each new staff providing services to consumers - focused on achieving minimum knowledge and competency levels as defined for each position.

2010 Status Reported by CMH-GF: "contact Sydney Blair"

13) Provide written information to CMH staff, consumers, and family members/carers about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances.

2010 Status Reported by CMH-GF:
Have BOV brochures available for client's, etc. to inform them of the role of the BOV and the contact information. Have run out and need to replenish supply. Send brochures

14) Develop procedures and documentation formats that ensure that consumers direct and actively participate in their treatment planning and treatment review.

2010 Status Reported by CMH-GF:
Client's and clinicians develop treatment plans together during a therapy session and the client gives input on their wants and needs. Clients sign off on treatment plans. (Electronically or hard copy scanned in Papervision).

15) Develop procedures and documentation formats that ensure that CMH staff work with consumers to proactively identify, 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.

2010 Status Reported by CMH-GF:
It is the position of the CMH-GF clinicians to involve family members whenever possible however only in the best interest of the client.

16) Develop policies, procedures, staff training, and liaisons relative to cultural, ethnic, and spiritual issues relevant to providing mental health services to American Indian people as described in BOV Standards for Site Reviews of Mental Health Facilities.

2010 Status Reported by CMH-GF:
The cultural beliefs held by our American Indian population are treated on an individual desire to be connected to the tribe and culture. We collaborate with many agencies in regards to our American Indian clients. Probably are lax in the knowledge of the BOV standards due to rapid staff turnover and lack of training. Would welcome any help the BOV could give the CMH-GF in this arena.

17) Develop a comprehensive, multidisciplinary approach to treatment planning, documentation, and review that is consistent with the **Assessment, Treatment Planning, Documentation, and Review** in BOV Standards for Site Reviews of Mental Health Facilities.

2010 Status Reported by CMH-GF:
The Adult Programs at New Direction Center implemented the team meetings of multidisciplinary staff to review **Assessment, Treatment Planning, Documentation, and Review** of a clinician's case load. The clients staffed are up to the decision of the team members.

2010 RECOMMENDATIONS

1. Assess the current coherence of the PACT team and assertively work to assist the Team Leader to address the following issues:
   a) purpose and standards of PACT services
   b) entry/exit criteria
   c) staff training
   d) daily process of prioritizing and addressing client needs (team meetings)

2. Establish clear, specific policies and procedures for medication prescription, documentation, ordering, review, storage, and dispensing along with a system of supervision and communication for these to work properly. These policies and procedures and communication system must be consistent with current standards of practice.
3. Establish specific written competence and knowledge expectations and develop and implement a written training process for nurses and nursing supervisors. Ensure that all current and new nurses are trained in this curriculum; require that knowledge and competence are demonstrated.
4. Revise nursing job descriptions (supervisory and others) to reflect the specific duties and authority.
5. Assess the adequacy of the current computer system and update so that a single system is used for doctors' orders, transcription, progress notes, and medication administration records.
6. Develop and implement medication error detection and review system - including applicable policies and procedures. This system should be incorporated into a continuous quality improvement process that tracks errors and designs interventions aimed at reducing errors over time.
7. a) Working with clients as partners, clearly define the principles of recovery that all Community Support Program services will follow.
   b) Clearly define the knowledge and competence expectations for staff related to recovery principles and their application of these principles in their work.
   c) Clearly define the expectations for the CRC Supervisor position with regard to working directly with clients and to providing leadership in moving services assertively toward recovery. Since this is such a key staff position, the expectations for this position's role and expertise must be high.
   d) Working with clients as partners, revisit the list of recovery-oriented activities and structures generated by the three-month process and revise according to defined recovery principles.
8. a) With the involvement of clinical and administrative staff from throughout the region and in consultation with experts in electronic medical record keeping systems, evaluate the ability of the current computer system to support the work of CMH staff. If the current system is found to be inadequate, develop a written plan to upgrade the system within a reasonable time frame to one that will support the work of CMH staff and services to clients.
   b) Put in place immediately temporary computer system solutions that will allow CMH staff to perform essential functions.
9. Establish policies and procedures that explicitly describe an integrated, multidisciplinary approach to service organization and provision; implement the described processes in the daily operation of program services; train staff in working this way.
10. Develop an overarching comprehensive strategic plan with meaningful participation by staff at all levels, clients, family members, and community partners; include "sub-plans" for each CMH satellite office/program.
11. Develop a process of continuous quality improvement to evaluate and improve all activities related to provision of services to clients and families.
12. Post information about Board of Visitors, Mental Health Ombudsman, and Disability Rights Montana in strategic places in all CMH areas frequented by clients.
13. Provide clients and their family members at the time of entering services written and verbal information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances.
14. a) Revise the CMH abuse/neglect policy to remove any indication that discretion may be exercised when an allegation meets the statutory definition of abuse or neglect.
    b) Revise the CMH policy so that who the "professional person in charge of the mental health facility" relative to §53-21-107, MCA is clear.
    c) Provide training for all staff - including supervisors - in the policy and procedure for responding to allegations of abuse and neglect of clients.
15. Make arrangements for CRC to host the NAMI Peer-To-Peer training.
16. Develop a Cultural Effectiveness Plan that specifically emphasizes working with American Indian people and that includes defined steps for its integration at every level of organizational planning.
17. Define expectations for staff knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the mental health treatment of American Indian people.

18. Incorporate expectations for staff knowledge about cultural, ethnic, social, historical, and spiritual issues into all CMH position descriptions and performance appraisals.
19. Develop and provide training conducted by recognized experts that enables staff to meet expectations for knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the provision of mental health treatment to all NBM patients, with a specific emphasis on American Indians.
20. Develop relationships with American Indian clinicians; ask for help in developing treatment plans that take into account individually-identified cultural issues.
21. Develop a formal, ongoing working relationship with the Indian Family Health Clinic.
22. a) Define optimum knowledge and competency expectations for each staff position providing services to clients including supervisors and peer support specialists.
    b) Based on optimum knowledge and competency expectations, develop written training curricula for new staff focused on achieving these knowledge and competency levels. This training should include basic information about all major mental illnesses.
    c) Develop and implement a training protocol for new staff that follows a written curriculum based on defined optimum knowledge and competence expectations.
23. Arrange for all CMH-GF staff to take the NAMI Provider Education course.
24. Identify staff whose interactions with clients are condescending and/or not consistent with the principles of recovery and/or indicate poor professional boundaries; establish clear expectations for these behaviors to change, provide training and supervision to maximize the opportunities for these staff to change.
25. Revise the performance expectations of professional and supervisory staff so that a required part of their work is to be consistently present in all treatment environments interacting with direct care staff and clients teaching, modeling, and reinforcing healthy, constructive, respectful interactions, i.e., modeling recovery principles.
26. a) Assess the knowledge and competence SKILS'KIN has in working with people with mental illnesses. If necessary, work with SKILS'KIN to address deficits.
    b) Fully-integrate Supported Employment into CRC services.
    c) Research and provide training to staff about acknowledged optimal approaches to working with people with serious mental illnesses with employment. Start by studying the SAMHSA Evidence-Based Practices Toolkit document Building Your Program - Supported Employment.
27. Develop a consistent process, no matter who the prescriber or nurse is, for medication ordering and data entry in all settings.
28. Address the computer deficiencies that increase risk for medication errors. (See Recommendation 8 in CMH-Helena site review report).
29. Begin immediately to establish a well-defined, ongoing working relationship with IFHC and CHCC, to include the following:
    a) designation of a CMH-GF nurse to be the liaison for these relationships;
    b) in collaboration with IFHC and CHCC, establishment of written protocols for coordination, communication and problem-solving;
    c) establishment of CMH-GF primary responsibility to nurture and maintain these working relationships.
30. Establish a single point of entry for access to CMH-GF services.

FACILITY RESPONSE

CENTER FOR MENTAL HEALTH-ADULT SERVICES
Great Falls, Montana

2010 BOARD OF VISITORS SITE REVIEW RESPONSE

The Center for Mental Health-Great Falls (CMH-GF) strives to provide the best service to our clientele that follows our vision of "*Partnering to Improve Lives".* The Clinical Directors met in October 2010 and adopted the Recovery Model as our guiding principle. The principles of recovery fall directly in line with our mission "The Center for Mental Health partners with people and communities to produce exceptional, integrated mental health and substance abuse services". We believe in the ideals of recovery which encompasses some of these principles not only for our clientele but also our staff. These principles include: Hope, Choice, Empowerment, Spirituality, Safe Environment, Education, Employment, and an all encompassing improvement in one's Quality of Life.

1. Assess the current coherence of the PACT team and assertively work to assist the Team Leader to address the following issues:

a) Purpose and standards of PACT services

b) Entry/exit criteria

c) Staff training

d) Daily process of prioritizing and addressing client needs (team meetings)

The Community Support Program Director (CSPD) will work closely with the PACT team leader to review the purpose and standards of PACT services. Review of the PACT standards with the PACT team leader has already started and will be an ongoing process with a meeting at least twice a month. The CSPD will assist the PACT team leader to review and develop a well planned standard for entry/exit criteria for the PACT consumer as is in accordance with PACT standards. Meetings with Pact Team Leader and the PACT team will be held twice a month to ensure the adherence to and evaluation of the entry/exit criteria. Trainings for the PACT staff will be held bi-monthly with input from the staff in the areas where they feel they need the most assistance and knowledge. It will be the duty of the PACT team leader to initiate such trainings and ensure that they take place. This process will begin on April 1, 2011 (See Appendix I)

2. Establish clear, specific policies and procedures for medication prescription,

documentation, ordering, review, storage, and dispensing along with a system of supervision and communication for these to work properly. These policies and procedures and communication system must be consistent with current standards of practice.

The CMH Medical Director, GR Nursing Supervisor, and with input from the Helena Office Nursing Supervisor, and the Medical Director of Southern Services people will meet twice monthly to review existing policy and establish policies to address issues outlined by the BOV in compliance with current standards of practice.

3. **Establish specific written competence and knowledge expectations and develop and implement a written training process for nurses and nursing supervisors. Ensure that all current and new nurses are trained in this curriculum; require that knowledge and competence are demonstrated**.

   The Clinical RN stationed in Great Falls will investigate curriculum and with the assistance of the Medical Director develop and implement a written training process for nurses and nursing supervisors. A meeting will take place monthly until this process is completed. Once the written training process is developed competency will determined by the demonstration of skills in accordance with the curriculum developed. The Clinical RN will observe these duties tasks on an ongoing basis. A mandatory training course will be required and all current nursing staff and new nurses at time of hire will be required to complete this training.

4. **Revise nursing job descriptions (supervisory and others) to reflect the specific duties and authority.**

   All nursing job descriptions will be revised at the Center wide Supervisors training on March 11, 2011. These job descriptions will reflect the specific duties and authority of each nursing position (supervisory and others). The CMH nursing staff will be responsible for writing these job descriptions.

5. **Assess the adequacy of the current computer system and update so that a single system is used for doctors' orders, transcription, progress notes, and medication administration records.**

   The computer focus group formed in the fall of 2010 consisting of Richard Cornwell (finance director), Janet Vestre (IS Director), Scott Moyers (IT personnel, Marlene Mowery, PsyD. (Children and Family Programs Director), and Shirley Cayko, LCSW (Community Support Program Director) (CSPD) began meeting weekly to address the inadequacies of the entire computer system throughout the CMH region. An alternate electronic prescribing program has been explored that would interface with our electronic medical record and replace our existing system. Pursuit of this has been put on hold initially to explore transitioning to an entirely new electronic medical

record system, and more recently by budgetary and financial constraints. This will be again revisited when finances allow. In the interim, a dual monitor system has been employed for all nursing staff and prescribers to minimize risk of errors. The above mentioned focus group meets continually on a weekly basis. When funding is available we will pursue committee recommendations.

6. **Develop and implement medication error detection and review system - including applicable policies and procedures. This system should be incorporated into a continuous quality improvement process that tracks errors and designs interventions aimed at reducing errors over time.**

New error reporting forms have been created to assist in identifying root causes and types of errors. A committee will continue to meet monthly consisting of the Medical Director, Nursing Supervisor, and the Two Group Home Supervisors to review medication errors. Part of the committee's agenda is to develop a process that tracks errors and incorporates this into a quality review process that tracks the type or error, identify root causes, develop and implement interventions, and track the effects over time.

7. a) **Working with clients as partners, clearly define the principles of recovery that all Community Support (Recovery) Program services will follow.**

The Community Recovery Center (CRC) staff will be working with members on a daily basis empowering clients to determine the direction of their goals in the CRC with the staff acting as partners and support. Staff and members will work collaboratively with one another to attain this goal.

The principles of recovery that all CRC services will follow are based on principles found in the Village Model, Long Beach, CA and Recovery Innovations of Arizona (RIAZ, META). These principles are based on:

Hope, Choices, Empowerment, Spirituality, Environment, Acceptance of one's mental illness, Safety, Education and Employment, Community, Quality of Life, and a way to quantify the program's success.

b) **Clearly define the knowledge and competence expectations for staff related to recovery principles and their application of these principles in their work.**

The staff of the CRC joined in a conversation with co-workers and Peer Support Specialists to discuss the above principles (see Appendix I) with the Clinical Directors. Staff will be expected to research one of the clubhouse models and give a presentation on the one of their choice to the remaining staff at one of their regularly scheduled weekly staff meetings. This will happen once a month and staff will rotate who is responsible for the presentation.

Application of the above mentioned principles (a.) along with the knowledge gained from the presentations will be put into practice while working with the members as partners. The place for this to begin is to help the member understand that he/she has choices and staff is here to help them follow the path that their choices take them. It is the responsibility of the staff lead to ensure that these principles are adhered to at the CRC.

c) Clearly define the expectations for the CRC Supervisor position with regard to working directly with clients and to providing leadership in moving services assertively toward recovery. Since this is such a key staff position, the expectations for this position's role and expertise must be high.

The CRC supervisor will be responsible for promoting the concept of the Recovery movement within all realms of the program. They will be expected to work in partnership with members as well as staff to help initiate the principles of recovery to all who participate in the program. It will also be there responsibility to work integratively with the Supportive Employment Program and Intensive Case Management to make the programs all inclusive.

CMH is in a restructuring period and at present the position of the CRC Supervisor is vacant. Deb Hudson will assume a lead staff position until restructuring has occurred or the position is filled. She has attended the Village Model in Long Beach, CA and also has attended meetings with staff and members on some of the principles of recovery embraced by the Village and also Recovery Innovations of Arizona (RIAZ).

d) Working with clients as partners, revisit the list of recovery-oriented activities and structures generated by the three-month process and revise according to defined recovery principles.

The idea of working with clients as partners and the activities and structures generated by the three month process will be addressed during the strategic planning session with either Ned Cooney, LCSW or the planner from Benefis Hospital in May 2011, dependent on when said facilitator can meet. It is the responsibility of the CSPD to establish a time and place for this session to occur and invite several different members of the community to attend (members included).

8. a) With the involvement of clinical and administrative staff from throughout the region and in consultation with experts in electronic medical record keeping systems, evaluate the ability of the current computer system to support the work of CMH staff. If the current system is found to be inadequate, develop a written plan to upgrade the system within a reasonable time frame to one that will support the work of CMH staff and services to clients.

The CMH focus group mentioned in recommendation 5 consisting of administrative and clinical volunteers addressed this issue by asking Lavender and Wyatt along with Data Northwest consultant, Scott Johnson to do a systems analysis. These analyses were completed and the findings were presented to the CMH focus group that meets once a week. Within this analysis period an inventory of all existing hardware was completed. It was found that the CMH hardware was almost 100% outdated and was the place determined to begin with the correction of this issue. Bids were given to CMH by CDW-G and Information Technology Core in December of 2010 on the cost of 100 computers. It was determined that CMH could not purchase that many computers at one time and 25 computers per quarter were to be purchased. To date financial constraints have not made this possible. The computer focus

group will continue to meet weekly as need arises to further improve the CMH electronic medical record keeping systems.

b) Put in place immediately temporary computer system solutions that will allow CMH staff to perform essential functions.

Medstrokes dictation services, Dragon Speak software, and support staff entering and reconciling schedules and data into the Ecet program has been implemented as an option to any employee having issues with performing the essential functions of their position. It is the responsibility of the employee to contact their supervisor if said option is needed to assist them in allowing them to perform the essential functions of their position and the supervisor will be responsible for getting them set up with the desired option they choose to use to do their work.

9. **Establish policies and procedures that explicitly describe an integrated, multidisciplinary approach to service organization and provision; implement the described processes in the daily operation of program services; train staff in working this way.**

   CMH is in the process of recruiting an agent to help with restructuring of the entire non-profit organization. These aspects will be taken into consideration and implemented as in accordance to best practice and viability for CMH.

10. **Develop an overarching comprehensive strategic plan with meaningful participation by staff at all levels, clients, family members, and community partners; include "sub-plans" for each CMH satellite office/program.**

    The CSPD for CMH-GF will contact Ned Cooney, LCSW or a strategic planner from Benefis Hospital and set a date in May 2011 to meet and begin to develop a strategic plan for this region. Staff members from a wide variety of disciplines, clientele from the populations served as well as family members involved with NAMI, community partners such as Vocational Rehabilitation, Benefis West Hospital, City County Health Services and the Behavioral Health department of the Indian Health Services will be invited to attend. Similar strategic planning sessions will be held in the CMH satellite offices/programs. When and where to be decided by the Director of said satellite/program.

11. **Develop a process of continuous quality improvement to evaluate and improve all activities related to provision of services to clients and families.**

Continuous Quality Improvement

A survey will be administered (by survey monkey) to center staff to identify areas for improvement in each department. (Consumer feedback surveys will be incorporated in goals with regard to service delivery.) This will be completed by April 30, 2011.

Staff in each department will identify their goals for quality improvement. The Clinical Director (or appointee) will have the responsibility of coordinating with the Program Directors specific goals for improvement and how it will be measured to be completed annually in each department. (Finance, Human resources, billing, Computer systems efficiency, data entry, outpatient, group homes, PACT, ACT, AFC, VA, CARE House, Case management, Psych Rehab, Supported Employment, and Day Treatment.) To be completed by April 30, 2011.

Program Directors will complete strategic planning for each program area annually and incorporate goals from Strategic Planning into quality improvement process, identifying what it is they will be improving and method of measuring improvement. Consumers will be involved in process of strategic planning (to be completed by April 30, 2011).

Strategic planning will take place annually with directors and executive management team (completed January 2011).

Clinical director (or appointee) along with medical director will determine what program area for which they will seek accreditation in and the type of accreditation. (by January 2012)

Directors and program supervisors will determine what training is needed for programs. Supervisors will review the minimum standards for programs and document their training plan for their respective programs. Net smart training can be used for bridging some gaps in training and developing further knowledge. Any staff overseeing the self-administration of medications will complete the training (tests and course work) within 3 months of their jobs.

The Mental health First Aide course for day treatment, group home, and psych-rehabilitative specialists will be kept in compliance with the requirements of the state.

12. **Post information about Board of Visitors, Mental Health Ombudsman and Disability Rights Montana in strategic places in all Center for MH areas frequented by clients.**

    It is the duty of the CRC supervisor or their designee to post the above mentioned information in areas where adult services are provided for and frequented by clients. In February 2011, Deb Hudson, staff of the CRC program contacted the above mentioned agencies for information, brochures, posters, etc. This practice will be an ongoing process as the need for such informative material is needed and will be made available to our clientele at CMH-GF or posted in areas that are easily accessible to our clientele. This information is currently available at the time of application for services from the intake eligibility specialist.

13. **Provide clients and their family members at the time of entering services written and verbal information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances.**

    A single admissions and eligibility position has been developed and is presently held by Karen Kohut. She is located in the Largent Building at 915 1st Avenue S. Great Falls, MT. It is part of her duties at the time of admission to inform and give written information to the person enrolling for adult services or their guardian on the procedures for filing and resolving grievances with the assistance from the Mental Disabilities Board of Visitors. This process has begun. Train staff re: Board of Visitors in staffing, send in training completed to clinical director. First training for all area support staff for unified entry into services at all offices will be held on March 24, 2011 and taught by Karen Kohut the eligibility specialist.

14. a) **Revise the CMH Abuse and Neglect policy to remove any indication that discretion may be exercised when an allegation meets the statutory definition of abuse or neglect.**

    b) **Revise the CMH policy so that who the "professional person in charge of**

the mental health facility" relative to §53-21-107, MCA is clear.

c) Provide training for all staff - including supervisors - in the policy and procedure for responding to allegations of abuse and neglect of clients.

The Clinical Directors team composed of Dr. Eva LaRocque, Medical Director, Sydney Blair, LCSW, Interim CEO, Dr. Marlene Mowery, PsyD., Joe Uhl, LCSW, and Shirley Cayko, LCSW have been meeting with regional areas and discussing the policy for CMH on abuse/neglect and has been revised to date in accordance with 53-21-107 MCA. A meeting was held in Chinook with Director Lea Anne Lewis, LCPC on March 3, 2011 and the development of the policy was the main topic of the agenda. The final policy was completed on March 17, 2011.

15. Make arrangements for CRC to host the NAMI Peer-To-Peer training.

Shirley Cayko, CSP Director, contacted Sandy Mihelish, MT NAMI, on March 7, 2011 to follow up on the feasibility of holding the NAMI Peer-To-Peer training at the CRC in GF. The CMH-GF is willing to hold said training dependent on the logistics with NAMI. At this time Ms. Mihelish stated that NAMI was not prepared to hold such training until possibly September of 2011. The CSPD or designee will keep in contact with Ms. Mihelish and continue to monitor the possibility of when and where said training can be held.

16. Develop a Cultural Effectiveness Plan that specifically emphasizes working with American Indian people and that includes defined steps for its integration at every level of organizational planning.

Steps for a Cultural Effectiveness Plan specifically emphasizing CMH-GF work with American Indians will be listed on the agenda at the organizational wide supervisors training on May 12, 2011. It will be the responsibility of the Clinical Director for CMH to see that this takes place and the beginning of a plan that is defined is developed. Until the Clinical Directors position is filled it will be the responsibility of the Interim CEO. The Cultural Effectiveness Plan will be visited bi-annually at the Supervisor's training to keep it current

17. Define expectations for staff knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the mental health treatment of American Indian people.

CMH is working integratively with Thomas Stiff Arm from the Sacred Web Recovery Coalition, for the improvement of staff knowledge with regards to the above mentioned issues relevant to the mental health treatment of American Indian people.

An American Indian support group has been initiated by a member with the help of Karen Baumann, LCPC and Pauline Little Owl, ICM to add accessibility to native spiritual leaders and spiritual practices. This group meets weekly at New Direction Center and is open to any person of American Indian descent. Betty Cooper has also attended said group and will be contacted intermittently to continue to offer

guidance in these areas as well as in conjunction with other American Indian advisors. Shirley Cayko met with Cheryl Basta from the Indian Family Services in Great Falls on February 9, 2011 to discuss how our services can become more integrated and a follow up visit was held March 16, 2011 at New Directions Center.

18. Incorporate expectations for staff knowledge about cultural, ethnic, social, historical, and spiritual issues into all CMH position descriptions and performance appraisals.

Doris Hernandez, Human Resource Director, will facilitate a job description workshop to develop more current and precise descriptions of duty at the March 11, 2011 organizational wide supervisors training to incorporate expectations for staff knowledge about cultural, ethnic, social, historical, and spiritual issues into all CMH job descriptions and evaluations of performance.

19. Develop and provide training conducted by recognized experts that enables staff to meet expectations for knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the provision of mental health treatment to all NBM patients, with a specific emphasis on American Indians.
Cultural, ethnic, social, historical, and spiritual issues relevant to the provisions of mental health treatment to all NBM patients, with a specific emphasis on American Indians will be considered when setting up trainings with recognized experts for all staff trainings. This will be the duty of the Clinical Director and their responsibility to see that such training and development protocol is established. The next center wide staff training will be held September 14, 2011.

20. Develop relationships with American Indian clinicians; ask for help in developing treatment plans that take into account individually-identified cultural issues.

Marlene Mowery, PsyD., Director in charge of all outpatient clinicians, will investigate the avenues to collaborate and work with American Indian clinicians in the area of CMH-GF. She will have completed this by May 18, 2011. This will give her the opportunity to attend the Great Falls Counseling Association meeting.

21. Develop a formal, ongoing working relationship with the Indian Family Health Clinic.

Shirley Cayko, CSP Director, has met with Cheryl Basta, Behavioral Health, Indian Family Health Services in Great Falls and plans on continuing with an ongoing relationship so that the two entities can work integratively. Cheryl Basta visited New Direction Center on March 16, 2011 and meet with the Nursing and Supported Employment Supervisors as well as the Lead Staff for the Community Recovery Center.

22. a) Define optimum knowledge and competency expectations for each staff

position providing services to clients including supervisors and peer support specialists.

b) Based on optimum knowledge and competency expectations, develop written training curricula for new staff focused on achieving these knowledge and competency levels. This training should include basic information about all major mental illnesses.

c) Develop and implement a training protocol for new staff that follows a written curriculum based on defined optimum knowledge and competence expectations.

A committee headed by the Clinical Director will work on defining knowledge and competency expectations for each staff position providing services to clients, competency expectations, and develop training curricula for new staff focused on achieving these knowledge and competency levels including basic information about all major mental illnesses. This committee with also develop and implement a training protocol for new staff that follows the curriculum based on a defined optimum of knowledge and competence expectation. This process has been delayed until the clinical director's position is filled.

23. Arrange for all CMH-GF staff to take the NAMI Provider Education course.

Shirley Cayko, CSP Director, contacted Sandy Mihelish, MT NAMI, on March 7, 2011 to follow up on the feasibility of holding the NAMI Provider Education course for all CMH-GF. The CMH-GF is willing to hold said training dependent on the logistics with NAMI. Ms. Mihelish stated that NAMI would be willing to work with CMH-GF to work on the above mentioned education course. Ms. Mihelish stated that this would probably not be possible to start until after September 2011 as presenters (5) would be unavailable during the summer months. Ms. Mihelish and the CSPD or designee will stay in contact to determine and set up the logistics for this education course.

24. Identify staff whose interactions with clients are condescending and/or not consistent with the principles of recovery and/or indicate poor professional boundaries; establish clear expectations for these behaviors to change, provide training and supervision to maximize the opportunities for these staff to change.

It is the duty of the Supervisor in charge of the program to identify staff that are condescending and/or have presented poor professional boundaries. Staff will be advised of such behavior and the staff member exhibiting such behavior will be given a written explanation and plan of correction immediately after such behavior is detected. A part of the plan of correction set forth will include education on professional boundaries and ethics as presented in the NASW Code of Ethics. It will be the responsibility of the Supervisor in charge of said staff to explore avenues of education and/or training and have staff begin to participate in such a program upon identification of the problem.

25. Revise the performance expectations of professional and supervisory staff so that a required part of their work is to be consistently present in all treatment

environments interacting with direct care staff and clients teaching, modeling, and reinforcing healthy, constructive, respectful interactions, i.e., modeling recovery principles.

The performance expectations of professional and supervisory staff will be revised so that a required part of their work is to be consistently present in all treatment environments interacting with direct care staff and clients teaching, modeling, and reinforcing healthy, constructive, respectful interactions, i.e., modeling recovery principles. This will be an added expectation in the revision of job descriptions of professional and supervisory staff held at the organizational wide supervisor's meeting on March 12, 2011. It will be the Human Resources Director's responsibility to alert current employees of changes in expectations and also inform new employees at the time of orientation of the expectations with regards to professionalism and in accordance with the Center's adopted Recovery philosophy.

26. a) Assess the knowledge and competence Skil'skin has in working with people with mental illnesses. If necessary, work with Skil'skin to address deficits.

It is the responsibility of the supervisor of the Supported Employment Program (Kate Gagner) to assess the knowledge and competence of Skil'skin in the area of working with people with mental illness.
Competitive employers shall receive information and education through Supported Employment that identifies benefits of working with individuals with a mental illness and enables them to be successful in their employment. Employers will also have access to best practices for successfully integrating these individuals into their work force as provided by the Supported Employment Program. In the case of larger organizations that hire numerous employees through our program, we will either provide training specifically through Supported Employment or arrange training with other mental health providers to the hiring personnel from those entities, ie,: Skil'skin.

b) Fully-integrate Supported Employment into CRC services.

Currently, SE is developing a healthy working relationship with the CRC through weekly meetings, participant feedback and brainstorming sessions with other staff. We are developing a series of training that is in intended as a transition from staff instruction to peer instruction. Included in these will be a Job Club, which is slated to begin the first week of March. This will be a monthly meeting for folks who are working, want to work or even to see if employment is something they would like to consider. Peers may choose to participate in skills building sessions, such as preparation for GED testing and interviewing techniques. Staff involvement will be minimal. Meetings will take place at NDC in the cafeteria.
Options to be offered on a monthly basis as well will be Benefits Planning with access to a WIPPA and Field Training to various employers as determined by participant interest and research.
Access to Job Search Assistance will be based on referral and individual interest. Those who wish to work through a VR program will be informed on steps to making that move. Others may choose to simply begin a job search. In either instance, once

an initial meeting has taken place to establish work goals, limits and concerns, each person will have access to a Supported Employment Specialist for any assistance they may need to get the process started. If there is conflict between client and clinician expectations, these will be addressed and resolved as a first step.

c) Research and provide training to staff about acknowledged optimal approaches to working with people with serious mental illnesses with employment. Start by studying the SAMHSA Evidence-Based Practices Toolkit document Building Your Program - Supported Employment.

Currently, the program is perusing SAMSHA's Evidence Based Toolkit. This is not new information; however, it is very timely, given our transitions. Supported Employment Supervisor will be responsible for researching and continuing to train both SE and CRC staff about SAMHSA Evidence-Based Practices Toolkit document Building Your Program—Supported Employment. Both programs are moving toward total integration within the next year. Staff from CRC/Supported Employment will be trained and available to assist employed members in succeeding in employment. There will be joint meetings and instruction with regard to job supports for individuals with a mental illness. At present, the entire Toolkit is being researched by Kate Gangner, SE Supervisor so that within the next two months we can begin utilizing the steps laid out in the tool kit.

27. Develop a consistent process, no matter who the prescriber or nurse is, for medication ordering and data entry in all settings.

The Medical Director, Nursing Supervisor, and Clinical Director will continue to meet bi-weekly to develop policy and procedures outlining the protocol for medication ordering and data entry in all settings.

28. Address the computer deficiencies that increase risk for medication errors. (See Recommendation 8 in CMH-Helena site review report).

CMH has explored investing in an electronic prescribing program that interfaces with our current EMR (InfoScriber) versus converting to a different electronic medical record system (EMR) that would include a prescribing program. The idea is to have a single list of current medications/orders to minimize potential for errors. Our progress in pursuit of these options has been delayed due to financial constraints. This is an ongoing area of exploration for the previously mentioned Computer Focus Group.

29. Begin immediately to establish a well-defined, ongoing working relationship with IFHC and CHCC, to include the following:

a) designation of a CMH-GF nurse to be the liaison for these relationships;

The CMH-GF nursing supervisor (Jackie Kotar) has been designated to be the liaison for developing an ongoing relationship with IFHC and CHCC and identify a contact person/liaison in each of these organizations.

b) <u>in collaboration with</u> IFHC and CHCC, establishment of written protocols for coordination, communication and problem-solving;

The CMH-GF nursing supervisor will build on the relationship already established and will meet quarterly with IFHC and CHCC to work collaboratively on writing protocols for coordination, communication, and problem-solving.

c) establishment of CMH-GF primary responsibility to nurture and maintain these working relationships.

The CMH-GF nursing supervisor designated in part a) will be responsible for nurturing and maintaining these working relationships. It will be the nursing supervisors' responsibility to make sure these relationships continue to grow.

30. Establish a single point of entry for access to CMH-GF services.

CMH-GF moved the clinical team of therapists to the Largent Building where Karen Kohut, Eligibility Intake specialist does all of the initial interviewing for people wanting services with CMH-GF. She meets with them and does the admissions paperwork and establishes the point of contact with her when questions arise. She also establishes the applicant payment source and discusses the options the applicant has in order to obtain services with CMH-GF. She then in turn notifies the support staff at the Largent building who in conjunction with Dr. Marlene Mowery assign a clinician to do the Initial clinical intake and also help drive the support services needed by the applicant.

End Notes

[1] http://www.mentalhealthrecovery.com/
[2] http://www.memphispolice.org/crisis%20intervention.htm
[3] http://boardofvisitors.mt.gov/docs/CMH-H_SR_Report_3-18_19-10_FINAL.pdf
[4] http://www.mandtsystem.com/
[5] Adult Traditional Biopsychosocial Assessment :
http://www.ihs.gov/Cio/BH/documents/Biopsychosocial_Templates/Adult_Traditional_%20Biopsychosocial_%20Assessment.pdf
Child/Adolescent Traditional Biopsychosocial Assessment :
http://www.ihs.gov/Cio/BH/documents/Biopsychosocial_Templates/Child_Adol_Traditional_Biopsychosocial_Assessment.pdf
[6] http://www.indianfamilyhealth.org/
[7] Pretty Shield Foundation - 2906 2nd Ave N; Billings, MT 59101-2026; 406-259-4040
[8] http://www.hopamountain.org/
[9] http://www.whitebison.org/
[10] http://www.mtwytlc.com/index.htm
[11] Fort Belknap College http://www.fbcc.edu/ , Blackfeet Community College http://www.bfcc.org/ , and Stone Child College http://www.stonechild.edu/ .
[12] Billings Area Indian Health Service - http://www.ihs.gov/FacilitiesServices/areaOffices/billings/
[13] http://www.recoveryinnovations.org/riaz/index.html
[14] http://www3.aware-inc.org/awareinc/montanahomechoice/main.asp
[15] **Supported employment for people with severe mental illness**. The Lancet , Volume 370 , Issue 9593 , Pages 1108 - 1109 P . Gold , G . Waghorn (September 29, 2007) :
http://www.bhrm.org/guidelines/Supported%20Employment%20for%20People%20with%20Severe%20Mental%20Illness.pdf
"All clients are encouraged to consider employment and are offered supported employment, but the client ultimately determines if and when to participate. **Eligibility is not based on determinations of readiness**, abstinence from alcohol or drug use, low levels of symptoms, lack of criminal history, or other criteria that have been used by professionals for years to exclude people from employment services. Clients who believe they are ready for work are often able to overcome these and other barriers." [emphasis added)
[16] **Supported Employment Outcomes of a Randomized Controlled Trial of ACT and Clubhouse Models** :
http://psychservices.psychiatryonline.org/cgi/content/full/57/10/1406 ; **What Predicts Supported Employment Program Outcomes?***:* http://www.springerlink.com/content/2663n7l732q57702/
[17] http://www.skils-kin.org/content/1-Home/
[18] SKILS'KIN also functions as representative payee for CMH clients' social security benefit checks.
[19] http://store.samhsa.gov/shin/content//SMA08-4365/SMA08-4365-03.pdf
[20] http://www.kenminkoff.com/ccisc.html ; Minkoff, MD, Kenneth. **What Is Integration?**. Journal of Dual Diagnosis, Vol. 2(4) 2006. http://www.kenminkoff.com/articles/dualdx2006-4-whatisintegration.pdf
[21] http://www.smarxtdisposal.net/