Mental Disabilities Board of Visitors

# SITE REVIEW REPORT

Golden Triangle Community
Mental Health Center
*Great Falls & Havre, Montana*

March 2 - 3, 2006

Gene Haire
Gene Haire, Executive Director

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## OVERVIEW

**Mental Health Facility reviewed** :

Golden Triangle Community Mental Health Center (GTCMHC)
Great Falls & Havre, Montana
Mike McLaughlin - Executive Director

Mental Health Center

**Authority for review** :

Montana Code Annotated, 53-21-104

**Purpose of review** :

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

**BOV review team** :

| **Staff**: | **Board:** | **Consultants**: |
|---|---|---|
| Gene Haire, Executive Director | Gay Moddrell | Tom Bartlett |
| Craig Fitch, Attorney | Brodie Moll | Bill Docktor, PharmD, BCPS |
| | Suzanne Hopkins | Jackie Hagen, PharmD |
| | | Pat Frawley, LCSW |

**Review process** :

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

# ASSESSMENT OF SERVICES

## Adult Case Management Services (Great Falls and Havre)

Brief Overview of Services (from GTCMHC program description)

**ADULT CASE MANAGEMENT**
*"A program designed to fit the needs of seriously mentally ill individuals who are reluctant to seek the more traditional therapeutic programs available. Case managers are responsible for:*

*a) helping the consumer make informed choices about opportunities and services, including therapy*
*b) assuring timely access to needed assistance*
*c) providing opportunities and encouragement for self-help activities*
*d) assisting the consumer in the development of realistic, attainable life goals*
*e) coordinating all services to meet these goals. Intensive case management is a supportive community-based services which seeks to maximize an individual's personal abilities and enable growth in some or all aspects of the person's vocational, residential, social, and health related environments"*

**ADULT THERAPEUTIC AIDES**
*"A service for adults with severe disabling mental illness who demonstrate a need for additional supportive living services. Aides provide outreach and follow-up when a seriously ill consumer drops out of treatment, intervention when conditions deteriorate at home, and may assist a consumer with activities of daily living."*

Staffing – Great Falls

- 1 Adult Case Management Supervisor
- 15 Case Managers
- 8 Adult Therapeutic Aides (ATA)

Staffing – Havre

- 1 Case Management Supervisor
- 2 Case Managers

***Strengths***

- *This program is a solid case management system with timely services, manageable case loads, good flexibility, open communication, good supervision, and experienced staff.*
- *There are particularly good working relationships between consumers and case managers.*
- *The program sets good limits for case load numbers and flexibility in hiring staff if needed.*
- *Case managers and ATA's work very well together.*

Questions

- Is there a need for PATH in Havre?
- Is there a need for more communication with the Havre sheriff regarding interactions between GTCMHC staff and the sheriff's office when mental health crises arise?

Concerns

- Case managers seem not to be oriented to the concept of Recovery. Their approach is to engage with consumers in long term / lifelong support – which is understandable and in many cases necessary – but there does not appear to be an underlying message that recovery is possible; therefore, case management services tend to be "maintenance" oriented. (see **Treatment and Support**, page 33)

Suggestions

- Explore the possibility of reimbursing case managers for rural travel.

## Adult Foster Care Services (Great Falls)

Brief Overview of Services (from GTCMHC program description)

*"Adult Foster Care homes are family homes that offer housing and support to disabled mentally ill adults. Various supports are provided to the individuals living in these foster care homes. Some individuals need the emotional support that a foster home provides, others need additional help in learning the basics of community services. Adult foster care services work with other services including case management, psychiatric services, day treatment, etc. to provide a stable living environment for the individual."*

Staffing

- 1 Adult Foster Care Specialist

***Strengths***

- *Adult Foster Care is a very good addition to the array of services in Great Falls.*
- *Services are much more personal than in a group home, and provide a family-like environment.*
- *Adult Foster Care is a good service for those who do not do well in a group, and need more structure and individualization.*

Concerns

- BOV team detected some stereotyping by one provider when referring to people with mental illness who are Native Americans. (see **Sensitivity to Cultural, Ethnic, and Racial Issues**, page 24)

## Youth Case Management Services (Great Falls)

Brief Overview of Services (from GTCMHC program description)

*"A program to help families coordinate agency services for seriously emotionally disturbed children. A comprehensive community based service plan for short and long-term needs of children and adolescents with emotional disturbances is developed. Case managers assist the family in finding the necessary treatment in the least restrictive environment and provide coordination and communication between service agencies, family members and youth with emotional disturbances."*

Staffing

- 1 Youth Case Management Supervisor
- 8 Youth Case Managers
- 4 Youth Therapeutic Aides

***Strengths***

- *Case managers have good working relationships within the community, with other agencies and providers.*
- *Staff have good skills and are well-supervised.*

Concerns

- Average caseload size is about 25.
- More attention is needed throughout the mental health system in addressing the need for improved transitions for children moving into the adult system.

Suggestions

- Supervision in this system is largely in the moment; staff would benefit from more structured supervisory interactions with their leaders.

## Adult Day Treatment

### New Directions Center (NDC) – Great Falls
### Havre

Brief Overview of Services (from GTCMHC program description)

*"Provides a broad spectrum of therapeutic and rehabilitative services to adults in need of long-term care. It is designed to provide a therapeutic program, which teaches living, social and work adjustment skills. Consumers are taught a variety of job skills, personal hygiene and social interaction including recreational activities."*

Staffing – Great Falls

- 1 Community Support Services Director
- 5 Psychiatric Rehabilitation Specialists

Staffing – Havre

- 1 Day Treatment/Rehabilitation Specialist

***Strengths***

**Great Falls:**

- *"Members" of NDC appear to be very satisfied with the services and activities provided by GTCMHC.*
- *GTCMHC has put a great deal of effort and funds over the years into special activities and services for their NDC members.*
- *Staff provide strong support to the people who participate in NDC.*

- *Indian and non-Indian consumers are assisted to attend Pow wows, and other culturally important activities.*
- *The special activities that are generated every week by the Snack Bar revenue open the community and Montana to many members who might otherwise tend to isolate in their apartments.*

**Havre**:

- *This program has evolved from a conventional day treatment program (for which Havre may not have a sufficient consumer base) into a good hybrid of a non-threatening drop-in center and day treatment center.*

Concerns

- The Havre program does not have a specific focus on assisting consumers to get and keep meaningful jobs.

Suggestions

- Consider ways to integrate the excellent Supported Employment program with the strong support system and "unit" structure of NDC.

Recommendations

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

Recommendation from 2002 Site Review

- **Assess NDC daily program structure and staff responsibilities to increase the degree to which employment and job placement and support is integrated into the day treatment program.**

  2006 Update: have not received an update from GTCMHC

- **(Havre Adult Day Treatment – Bearpaw House) Establish a consistent approach to confronting individual consumers who are abusive and intimidating to others that includes limiting access to the day treatment program if such behavior continues.**

  2006 Update: This situation was primarily related to one individual and was resolved shortly after the 2002 site review.

## Emergency Services (Great Falls and Havre)

Brief Overview of Services (from GTCMHC program description)

*"Provision of telephone and in-person assistance to consumers of GTCMHC who call the center crisis*

*line. Trained administrative staff answer the crisis line calls and refer to on-call clinicians."*

Staffing

- Clinicians rotate through on-call duties.

Questions

- Is there a need for a crisis service in Havre that offers more than this telephone and in-person response?

## Family-Based Services / Therapeutic Family Care (Great Falls and Havre)

Brief Overview of Services (from GTCMHC program description)

*"Provides intensive services to a family that is in danger of having a child removed from the home by the Department of Family Services or Youth Court. The goal is to stabilize the family situation and begin the procedure of correcting the problems in the home in order to keep the family together."*

Staffing - Great Falls

- 1 Clinical Supervisor
- 2.5 FBS Therapists
- 2.5 FBS Specialists

Staffing - Havre

- 1 Clinical Supervisor
- 3 Therapists (all part time in Havre - cover other communities)

***Strengths***

- *This is a good evidence-based service focusing on grassroots support for families.*

Concerns

- Staff turnover with the behavioral specialists seems high.
- It is difficult to see objective documentation of child/family progress in charts.

Suggestions

- Consider adopting a universal measurement instrument such as the Child & Adolescent Functional Assessment Scale (CAFAS).

## Comprehensive School Based and Community Treatment CSCT (Great Falls)

Brief Overview of Services (from GTCMHC program description)

*"Therapeutic and support services for students diagnosed as severely emotionally disturbed who are unable to function in a regular classroom settings in six Great Falls public schools."*

Staffing - Great Falls

- 1 School Program Coordinator
- 6 CSCT Therapists
- 6 CSCT Specialists

***Strengths***

- *strong working relationships between mental health and school personnel*
- *impressive mix and levels of expertise among the professional staff*

Suggestions

- Consider developing specific, formal supervision relative to transference and counter transference issues with younger professional staff.

## Outpatient Therapy (Great Falls and Havre)

Brief Overview of Services (from GTCMHC program description)

*"Individual and group therapy for a variety of psychiatric disorders provided to consumers experiencing a wide variety of problems utilizing many treatment techniques, such as medication, various forms of psychotherapy, behavior modification and biofeedback, and psychological testing.*

*Specialized children's services within a school setting are also provided.*

*GTCMHC provides a variety of consultation and education services to schools, youth court, family services and other community agencies."*

Staffing – Great Falls

- 1 Director of Family and Adult Services/Outpatient Therapist
- 1 Psychologist / School Program Coordinator / Outpatient Therapist
- 1 Outpatient Therapist / School Therapist
- 1 Outpatient Therapist (also the Children's Case Management Supervisor)
- 1 Outpatient Therapist / Public Assistance Therapist
- 2 Outpatient Therapists

Staffing - Havre

- 1 Hill County Director Of Service / Director of Rural Services
- 1 Outpatient Therapist (in Chinook on Wednesday)
- 1 Outpatient Therapist (in Havre on Wednesday)
- 1 Psychologist / Blaine County Director of Services (in Havre on Tuesday and Wednesday)

***NOT REVIEWED***

## Outpatient Therapy – Community Support Program (Great Falls)

Brief Overview of Services (from GTCMHC program description)

*"Individual and group therapy for a variety of psychiatric disorders provided to consumers*

*experiencing a wide variety of problems utilizing many treatment techniques, such as medication, various forms of psychotherapy, behavior modification and biofeedback, and psychological testing."*

Staffing

- 1 Community Support Program Director
- 1 Therapist / Team Leader
- 6 Therapists

***NOT REVIEWED***

## Project for Assistance in Transition from Homelessness (PATH) (Great Falls)

Brief Overview of Services (from GTCMHC program description)

*"Federal grant program that funds the support service delivery to individuals with serious mental illnesses, as well as individuals with co-occurring substance use disorders, who are homeless or at risk of becoming homeless."*

Staffing

- 1 full time PATH Specialist
- 1 half time PATH Specialist

***Strengths***

- *PATH Specialists do extensive outreach into the community.*

Concerns

- There appears to be a need for staff training in the area of cultural sensitivity working with Indian people. (see **Sensitivity to Cultural, Ethnic, and Racial Issues**, page 24)

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

Brief Overview of Services (from GTCMHC program description)

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

*"Self-contained multidisciplinary services team that:*

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

Staffing

- 1 PACT Manager (also functions as a PACT therapist)
- 1 Psychiatrist (three days a week for three to four hours per day)
- 1 Therapist
- 2 Registered Nurses
- 5 Community Resource Specialists (one is a Licensed Addiction Counselor)
- 1 Secretary

***Strengths***

- *This is a well-run evidence-based service.*
- *All PACT staff appear to have very good relationship with their consumers*
- *The team works well together; very positive staff attitude; consumers are very happy with the service.*
- *Intensive attention to consumers with significant needs provided by a discrete team; seamless treatment plans; a true "wrap-around", holistic service.*

**Medications**

- *The nurse at the PACT described a very good system for managing medication. Medications are provided from the pharmacy in a cassette with medication for each day of the week at any of four times during the day. The medication labels are put on the cassette so that the medication contained therein are identified. Medication changes are put into the computer and faxed to the pharmacy. The cassette is taken to the pharmacy where any changes are made. The nurses do not repackage the medications. The cassette is taken to the consumer who then administers his own medication.*

Questions

- Are PACT services designed to address the needs and attitudes of younger consumers?
- Mike – does the PACT team have Substance Abuse Specialist, Employment Specialist, Peer Specialist?

Concerns

- The PACT nurse identified the MSHP limit on medication costs as a serious issue for his consumers.
- Dental care, vision, obstetric, and gynecological care is difficult to get for the consumers; city-county health department provides some assistance.

## Psychiatry / Nursing / Medications (Great Falls and Havre)

Brief Overview of Services (from GTCMHC program description)

*"Psychiatric evaluation, medication prescription, and medication administration and management. Medication monitoring for seriously ill adults. Psychiatric nurses provide medications prescribed by a physician at the day treatment facility and in group homes. Nurses set up medications for about*

*100 New Directions consumers and three group homes."*

Staffing - Great Falls

- 3 full-time Psychiatrists
- 1 BSN
- 3 Licensed Practical Nurses

Staffing - Havre

- 1 Registered Nurse

Concerns

- The manual system used at NDC is subject to error:
  - Medications are placed in small envelopes or medication calendar boxes without other packaging (i.e. bare tablets and capsules) for each consumer and labeled for the day of the week and the time of the day. Medication names and dosages are not identified on the envelopes. Consumers do not see the prescriptions at all. Consumers do not see the medications until they receive envelopes on a daily, twice weekly or once weekly basis.
  - Tablets and capsules receive little protection from physical damage or moisture in envelopes.
  - The system seems to leaves the consumer out of the picture entirely. A medication system should be part of a planned program, included in the treatment plan, and developed with the consumers knowledge and participation consistent with the goal of recovery.
  - Controlled substances and PRN medications are obtained by the consumer from the pharmacy, usually a one week's supply at a time. If consumers need to have their routine medications handled by the center, it is not consistent to give them autonomy and no supervision with these medications?
  - A system in which nurses repackage medication is not in compliance with pharmacy law.
- There is up to a 4 month wait for new consumers to see a psychiatrist.
- When reviewing charts, it is difficult to determine what medications consumers are actually taking. The documentation leaves open the possibility that multiple prescribers could change medications without telling each other. Communication and documentation needs to be improved.

Suggestions

- As the new computer system is brought online, utilize it to keep current medication lists for each consumer, and to "set up" medications.

Recommendations from 2002 Site Review

1. Reorganize and re-structure the medication management system to ensure patient safety and to comply with all medication practice standards and laws.
2. Document all prescription and non-prescription medication dispensed to consumers by GTCMHC nurses.
3. Develop a system that accounts for all controlled substances, to ensure safety and to prevent drug diversion.
4. Inspect all sample and stock medication on a regular basis to check for expired medications. Dispose of all expired medications in the manner outlined in center policy.
5. Determine the legality of dispensing unused portions of medications to persons other than those for whom the prescriptions are written.
6. Discontinue the practice of dispensing unused portions of medications to persons other than those for whom the prescriptions are written, pending a legal determination.
   (a) If this practice (in 6, 7 above) is determined not to be legal, permanently discontinue it.

(b) If this practice (in 6, 7 above) is determined to be legal, develop policies and procedures to govern it.

**BOV conducted an unannounced visit on April 7, 2005 to follow-up on recommendations made during the 2002 visit (above).**

2005 Status:

1. The medication dispensing system has been reorganized. Patient medications are kept in plastic bags in plastic containers.
2. Medications dispensed are not being documented.
3. Controlled substances are no longer stocked or dispensed by the facility.
4. Expired medications are no longer stocked.

5/6. Unused portions of patients' discontinued medications are no longer stocked or dispensed.

Recommendations

2) Develop a definitive system to identify, track, and coordinate medications prescribed outside the center with medications prescribed by center psychiatrists.
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.
4) Provide medications to consumers in such a way that they are labeled properly with consumer name, medication names, dosages, and directions for use.
5) Use medication calendar boxes, cassettes, blister packs, or another distribution system for all consumers.
6) Develop a procedure for detecting and reporting medication errors.
7) Develop a procedure for conducting and documenting AIMS scale tests.
8) Develop a procedure whereby GTCMHC staff is responsible for disposing of outdated medication samples and unused medications that are discarded in the sharps container.
9) Develop and begin using immediately an medication administration record to document all medications administered and/or distributed by GTCMHC nurses.

## Residential Services (Great Falls)

Brief Overview of Services (from GTCMHC program description)

Community based residential program where consumers are provided room and board in a therapeutic environment. Consumer participation in residential and other services offered by the Center prepares them for more independent living at a later time.

Staffing

- 1 Transitional Living Coordinator

**Gateway (8 beds)** 5 Group Home workers

**Langel (8 beds)** 2 Group Home workers

**Passages (8 beds)** 5 Group Home workers

***Strengths***

- *This is a solid, well-established residential program.*
- *Residential Services staff coordinate very well with MSH and Benefis Healthcare.*

Recommendation from 2002 Site Review

- **Establish a communication system that ensures comprehensive daily exchange of information between group home staff and case managers regarding the full range of consumers' activities.**

  2006 Update: have not received an update from GTCMHC

## Supported Employment Services (Great Falls)

Brief Overview of Services (from GTCMHC program description)

*"A process where a job coach goes into the community and finds a job placement in competitive employment and then matches an individual to the job. The job coach works with the consumer at the job site until the consumer is able to perform the job alone. Regular support is provided to the consumer by the job coach after training and placement has occurred."*

Staffing

- 1 Job Placement Supervisor
- 2 Job Coaches

***Strengths***

- *solid, evidence-based service*
- *good commitment from GTCMHC to keep and expand Supported Employment services over the years*
- *good relationship with the local Vocational Rehabilitation office*
- *over 100 people in the GTCMHC Supported Employment program at various stages*

Questions

- Does the need / demand for employment assistance warrant another job coach? (each job coach has a case load of at least 27 and the manager has a case load of 50)

Concerns

- There appears to be a need for more integration between Supported Employment services and other GTCMHC services that Supported Employment consumers are involved with – in particular, with NDC.

Suggestions

- Consider ways to develop regularly scheduled communication and coordination between Supported Employment and other GTCMHC services that Supported Employment consumers are involved with; consider ways to incorporate this coordination into treatment planning.

# MENTAL DISABILITIES BOARD of VISITORS STANDARDS

## Organizational Structure and Planning

| Criteria | Comments |
|---|---|
| **Organizational Structure** | |
| Are the lines of authority and accountability in both the GTCMHC organizational chart and in practice: | **-YES-**<br>Staff at Golden Triangle were well aware of the chain of command and organizational chart. I think that everyone is clear as to who their supervisor is and who is ultimately responsible for the organization. |
| ➢ simple and clear for all staff? | **-YES-** |
| ➢ lead to a single point of accountability for GTCMHC across all sites, programs, professional disciplines and age groups? | **-YES-** |
| Does GTCMHC have a structure that identifies it as a discrete entity within the larger system of mental health services? | **-YES-**<br>As evidenced by GTCMHC's active participation and collaboration with other local and regional systems. |
| Does structure of GTCMHC: | |
| ➢ promote continuity of care for consumers across all sites and programs?<br><br>➢ reflect / support a multidisciplinary approach to planning, implementing, and evaluating care? | Mission and vision statements, capable leadership, and emphasis on frequent and abundant communication promote continuity of care.<br><br>BOV's review of treatment records did not reflect a multidisciplinary approach to planning, implementing, and evaluating treatment and treatment plans. On one record reviewed in detail, the intake summary was sketchy, treatment plan appeared to be developed by one person and was not signed by consumer. Delays in service to the consumer resulted from lost or misplaced referrals; and the consumer waited 8 months to see the Center's psychiatrist. |
| **Planning** | |
| Does GTCMHC produce and regularly review a strategic plan that is made available to the defined community? | A strategic plan has been recently developed. It appears that this plan has not yet been shared with the community. |
| Is the GTCMHC strategic plan developed and reviewed through a process of consultation with staff, consumers, family members/carers, other appropriate service providers and the defined community? | Beyond the management team no one BOV interviewed was familiar with a strategic plan or planning process.<br><br>This may be a function of the plan having just been developed. |
| Does the GTCMHC strategic plan include: | |
| ➢ consumer and community needs analysis? | It appears that GTCMHC does regularly communicate with consumers and community partners relative to needs, but this is not indicated in the strategic plan. |

| | |
|---|---|
| ➢ strategy for increasing the use of evidence-based practices (EBP)? [2] [3] | GTCMHC does provide several services that are established EBP (Supported Employment, PACT, School-Based, Family/Community/Home-Based ). Goals relative to developing additional EBP (Peer Specialist services, Recovery oriented services, and integrated services for people with "co-occurring" disorders) are included in the strategic plan.<br><br>Strategies for increasing EBP are not delineated in the strategic plan.<br><br>Other EBP (see footnote below) are not addressed in the strategic plan. |
| ➢ strategy for the measurement of health and functional outcomes for individual consumers? | **-NO-** |
| ➢ strategy for maximizing consumer and family member / carer participation in the planning, provision, and evaluation of the mental health service? | **-NO-** |
| ➢ strategy for improving the skills of staff | Goals relative to developing improved staff training are contained in the strategic plan, but strategies are not described. |
| Does GTCMHC have operational plans based on the strategic plan, which establish time frames and responsibilities for implementation of objectives? | **-NO-** |

## Rights, Responsibility, Safety, and Privacy

| Criteria | Comments |
|---|---|
| **Rights and Responsibility** | |
| Does GTCMHC define the rights and responsibilities of consumers and family members/carers? | **-YES-** |
| Does GTCMHC actively promote consumer/family member/carer access to independent advocacy services and prominently display posters and/or brochures that promote independent advocacy services including the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program? | GTCMHC involves advocacy services if it feels it is necessary in an individual situation. BOV did not observe this information posted in service locations.<br><br>**NOTE**: *BOV has provided GTCMHC with laminated posters with Board of Visitors contact information, and will soon have printed Board of Visitors brochures to provide to GTCMHC and other mental health facilities.* |
| Does GTCMHC have an easily accessed, responsive, and fair complaint / grievance procedure for | **-YES-**<br>Every staff member interviewed by BOV had a good working |

[2] Adults: Illness Management and Recovery, Medication Management, Assertive Community Treatment / Case Management, Family Psycho-education, Supported Employment, Co-occurring Disorders.
[3] Children: Family Education and Support Services, Family-Based Prevention and Intervention Programs, In-Home Crisis Services, Home and Community-Based Services, Intensive Case Management, and School-Based Mental Health Services.

| | |
|---|---|
| consumers and their family members/carers to follow? | knowledge of the complaint and grievance process.<br><br>It was less clear whether consumers are aware specifically what the grievance process entails and how to access it. However, consumers clearly have good relationships with staff members and feel positive about staff responsiveness, including responsiveness to complaints. |
| Does GTCMHC <u>provide to consumers and their family members/carers</u> at the time of entering services in a way that is understandable to them:<br>➢ a written and verbal explanation of their rights and responsibilities?<br>➢ information about outside advocacy services available?<br>➢ information about the complaint / grievance procedure<br>➢ information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances? | The "members" that BOV spoke with said they had been given both written and verbal explanation of their rights and responsibilities. Most of them were very much aware of NAMI, having attended NAMI-MT Mental Illness Conferences; some consumers are active in NAMI's "In Our Own Voice" program.<br><br>NDC has the Notice of Privacy Procedures and other information of patient rights framed on a wall near the entrance to the activities center, but as one member admitted "no one reads them". When I asked if they knew who to contact if there was a problem they said yes.<br><br>No one BOV talked to had information about assistance available from the Board of Visitors. |
| Does GTCMHC <u>display in prominent areas</u> of GTCMHC's facilities:<br>➢ a written description of consumers' rights and responsibilities<br>➢ information about advocacy services available (the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program)<br>➢ the complaint / grievance procedure? | Rights information is prominently displayed at NDC. This information is either less prominently displayed or not displayed in other consumer areas.<br><br>No one BOV spoke to was aware of the availability of information on advocacy services.<br><br>BOV did not see information posted about complaint/grievance procedures. |
| Are staff trained in and familiar with:<br>➢ rights and responsibilities?<br>➢ advocacy services available?<br>➢ complaint / grievance procedure? | Although staff were familiar with rights and complaint procedure, BOV did not receive information from GTCMHC that indicated specific, organized training that staff receive in any of these areas. |
| **Safety** | |
| Does GTCMHC protect consumers from abuse, neglect, and exploitation by its staff and agents? | **-YES-**<br>No allegations against staff for the period requested by BOV (one year prior to site review). |
| Has GTCMHC fully implemented the abuse / neglect reporting requirements of 53-21-107, MCA? | Mike - this policy was not in the clinical manual provided to BOV. |
| Are GTCMHC staff trained to understand and to appropriately and safely respond to aggressive and other difficult behaviors? | **-YES-**<br>GTCMHC trains its staff in the use of Mandt® [4].<br>Mike - is this accurate? |
| Do GTCMHC staff members working alone have the opportunity to access other staff members at all times in their work settings? | Mike - ? |

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

| | |
|---|---|
| Does GTCMHC utilize an emergency alarm or other communication system for staff and consumers to notify other staff, law enforcement, or other helpers when immediate assistance is needed? | Mike - ? |
| Do consumers have the opportunity to access staff of their own gender? | **-YES-** |
| Does GTCMHC have a procedure for analyzing problematic events and for supporting staff and consumers during and after such events? | **-YES-** |
| | |
| **Consent and Privacy** | |
| Does GTCMHC provide to consumers and their family members/carers verbal and written information about consent to treatment and informed consent generally? | **-YES-** |
| Do GTCMHC staff maintain consumers' wishes regarding confidentiality while encouraging inclusion of support system members? | **-YES-** |
| Does GTCMHC provide consumers with the opportunity to communicate with others in private unless contraindicated for safety or clinical reasons? | **-YES-** |
| Locations used for the delivery of mental health care ensure sight and sound privacy. | **-YES-** |

## Informational Documents

| Criteria | Comments |
|---|---|
| Does GTCMHC proactively provide the following in writing to consumers and family members/carers at the time of entering services in a way that is understandable to them: | |
| ➢ information about consumer rights and responsibilities including complaint / grievance procedure? | consumers: **-YES-**<br>family members/carers: BOV did not see evidence of this.<br>responsibilities: BOV did not see evidence of this. |
| ➢ information about independent advocacy services available? | BOV did not see evidence of this. |
| ➢ information about the complaint / grievance procedure? | consumers: **-YES-**<br>family members/carers: BOV did not see evidence of this. |
| ➢ information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances? | BOV did not see evidence of this. |
| ➢ descriptions of program services? | consumers: GTCMHC has program descriptions, but does not routinely provide them to consumers. |

| | |
|---|---|
| | family members/carers: BOV did not see evidence of this. |
| ➢ mission statement ? | consumers: GTCMHC has a written mission statement, but does not routinely provide it to consumers.<br>family members/carers: BOV did not see evidence of this. |
| ➢ information about all mental health/substance abuse treatment service options available in the community? | BOV did not see evidence of this.<br><br>Mike - is this accurate? |
| ➢ information about psychiatric / substance use disorders and their treatment? | **-NO-** |
| ➢ information about medications used to treat psychiatric disorders? | **-NO-**<br>(see **Treatment and Support - Medications**, page 37) |
| ➢ information about opportunities for consumer / family member / carer participation in evaluation of the service ? | consumers: GTCMHC gathers input via the Mental Health Statistics Improvement Program (MHSIP[5]) consumer survey from consumers as required by AMDD.<br>family members: Mike – ? – are there any other opportunities, like advisory boards, staff hiring committees, etc?? |
| ➢ staff names, job titles, and credentials? | BOV did not see evidence of this being provided to consumers and family members/carers. |
| ➢ organization chart ? | GTCMHC has a written organization chart, but does not routinely provide them to consumers and family members/carers. |
| ➢ staff code of conduct ? | GTCMHC has a staff code of conduct, but it is not given to consumers / family members / carers. |
| Does GTCMHC provide the following documents to consumers and family members / carers and others on request : | |
| ➢ current strategic/ quality improvement plan? | Mike – ? |
| ➢ current service evaluation report(s) including outcome data? | Mike – ? |
| ➢ description of minimum competency and knowledge for each staff position providing service to consumers? | Mike – ? |
| ➢ description of minimum competency and knowledge for each staff position supervising direct care staff? | Mike – ? |
| Does GTCMHC maintain and use the following documents to facilitate internal quality improvement and to support positive consumer outcomes: | |
| ➢ records documenting relevant competency and knowledge of individual staff including: (1) training received, (2) training needs, (3) deficits identified, (4) training provided to | Mike – ? |

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

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| correct deficits? | |

## Consumer / Family Member Participation

| Criteria | Comments |
|---|---|
| Does GTCMHC recognize the importance of, encourage, and provide opportunities for consumers to direct and participate actively in their treatment and recovery? | **-YES-**<br><br>Consumers generally report that they have opportunities to direct and participate in their treatment.<br><br>BOV did not see written evidence of this. |
| Does GTCMHC identify in the service record consumers' family members/carers and describe the parameters for communication with them regarding consumers' treatment and for their involvement in treatment and support? | It appears that GTCMHC does not proactively identify or seek out family members/carers for the purpose of determining whether they and/or the consumer are interested in their involvement in the consumer's treatment - but communicates with family members/carers when contacted directly by them, or when a particular issue arises in the course of providing services to a consumer that requires communication with family members/carers (ex: if a consumer plans to live with a family member, if a family member is the guardian for a consumer). |
| Does GTCMHC: | |
| ➢ promote, encourage, and provide opportunities for consumer and family member/carer participation in the operation of the mental health service (ex: participation on advisory groups, as spokespeople at public meetings, in staff recruitment and interviewing, in peer and staff education and training, in family and consumer peer support)? | Consumers at NDC have opportunities to participate in program operation.<br><br>GTCMHC has developed a wonderful relationship with many individuals and organizations in the community of Great Falls, including consumers and family members, in center development projects. It is less clear whether GTCMHC incorporates consumers or family members/carers who are current service recipients in activities such as advisory groups, public meetings, staff recruitment and interviewing, peer and staff education and training, or family and consumer peer support.<br>Mike? |
| ➢ have written descriptions of these activities? | BOV did not see evidence of this. |
| ➢ promote, encourage, and provide opportunities for consumer and family member/carer participation in the **evaluation** of GTCMHC (ex: evaluation of 'customer service', effectiveness of communication with consumers and family members/carers, achievement of outcomes)? | GTCMHC solicits feedback from consumers (not family members/carers) via the MHSIP "Consumer Survey". It does not appear that this instrument forms the basis for an ongoing proactive dialog between GTCMHC and consumers and family members/carers about the quality or effectiveness of services.<br>Mike? |
| ➢ have written descriptions of these activities? | With the exception of the MHSIP survey, BOV did not see evidence of this.<br>Mike? |

## Promotion of Community Understanding of Mental Illness

| Criteria | Comments |
|---|---|
| Does GTCMHC work collaboratively with the defined community to initiate and participate in a range of activities designed to promote acceptance of people with mental illnesses by reducing stigma in the community? | **-YES-** |
| Does GTCMHC provide understandable information to mainstream workers and the defined community about mental disorders and mental health problems? | **-YES-**<br>This is a particular strength of GTCMHC. |

***Strengths***

- *GTCMHC has developed tremendous relationships with the Great Falls community - much of which appears to be related to resource and support development for the new Largent facility, and support activities with community organizations and individuals. These activities have dramatically raised the public's awareness of mental illness.*

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

| Criteria | Comments |
|---|---|
| **Promotion of Mental Health** | |
| Does GTCMHC work collaboratively with state, county, and local health promotion units and other organizations to conduct and manage activities that promote mental health? | **-YES-**<br>The GTCMHC has a very good working relationship with Benefis Healthcare Behavioral Health psychiatric unit. This is a unique working relationship - with GTCMHC doctors forming the psychiatric team of Benefis. |
| Does GTCMHC provide to consumers and their family members/carers information about mental health support groups and mental health-related community forums and educational opportunities? | Mike - ? |
| | |
| **Promotion of Physical Health** | |
| For all new or returning consumers, does GTCMHC perform a thorough physical/medical examination or ensure that a thorough physical/medical examination has been performed within one year of the consumer entering / re-entering the service? | While some of the charts reviewed included documentation of a physical exam from a previous medical doctor/hospital visit, BOV did not see evidence of a consistent approach to ensuring that all consumers have had a recent physical as a baseline for medical health status.<br><br>Consumers are referred to City County Health. |

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| Does GTCMHC link all consumers to primary health services and ensure that consumers have access to needed health care? | **-YES-**<br>Consumers are referred to City County Health. |
| Does GTCMHC proactively rule out medical conditions that may be responsible for presenting psychiatric symptoms? | The psychiatric evaluation appears to do this, although documentation does not indicate that medical conditions are explicitly ruled out as causative for psychiatric symptoms. |
| For all new or returning consumers, does GTCMHC make arrangements for a thorough dental examination or ensure that a thorough dental examination has been performed within one year of the consumer entering/re-entering the service? | BOV did not see evidence of this in the charts or through interviews. |
| Does GTCMHC ensure that consumers have access to ongoing, primary dental care? | Unless a consumer requires treatment for an acute dental condition, they are not assisted in establishing ongoing, primary dental care. |
| | |
| **Prevention of Exacerbation of Mental Illness** | |
| Does GTCMHC actively and assertively identify and appropriately reach out to vulnerable individuals in the defined community, including 'unattached' individuals with mental illnesses, mentally ill older adults, and minor children of mentally ill consumers who are parents? | **-YES-**<br>Through PATH and case management. |
| | |

## Sensitivity to Cultural, Ethnic, and Racial Issues

| Criteria | Comments |
|---|---|
| Does GTCMHC ensure that its staff are knowledgeable about unique cultural, ethnic, and spiritual issues relevant to all people in the defined community, with a specific emphasis on American Indian people? | **-NO-**<br>GTCMHC - Great Falls adult programs have a significant percentage of Indian consumers. |

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| | While GTCMHC does organize consumer outings to Pow Wows, there is no formal training in this area.<br><br>BOV noted two examples of GTCMHC staff displaying insensitivity to Indian people. |
| Does GTCMHC ensure that its staff are knowledgeable about the unique social and historical factors relevant to the mental health of and provision of treatment of mental illness relevant to all people in the defined community, with a specific emphasis on American Indian people? | **-NO-** |
| In the planning, development, and implementation of its services, does GTCMHC consider the unique needs of, promote specific staff training for, and involve representatives of relevant cultural / ethnic / religious / racial groups, with a specific emphasis on American Indian people? | **-NO-** |
| Does GTCMHC investigate under-utilization of mental health services by, the role of family and community in, and specialized treatment methods and communication necessary for people in all cultural / ethnic / racial groups, with a specific emphasis on American Indian people? | **-NO-** |
| Does GTCMHC deliver treatment and support in a manner that is sensitive to the unique cultural, ethnic, and racial issues and spiritual beliefs, values, and practices of all consumers and their family members/carers, with a specific emphasis on American Indian people? | **-NO-**<br>While GTCMHC staff are generally kind and compassionate people, there is not a formal effort to address these issues. |
| Does GTCMHC employ staff or develops links with other service providers/organizations with relevant experience and expertise in the provision of treatment and support to people from all cultural/ethnic/religious/racial groups represented in the defined community, with a specific emphasis on American Indian people? | **-NO-** |
| With regard to its own staff, does GTCMHC 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? | **-NO-** |

## Sensitivity to Disability-Related Issues

| Criteria | Comments |
|---|---|
| Does GTCMHC ensure that its staff are knowledgeable about issues relevant to people with visual or hearing impairment, people with other disabilities | GTCMHC staff appear to be sensitive to these issues, but there is no formal |

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| including developmental disabilities, and people who are illiterate in the defined community? | process for addressing the mental health needs of people with these other disabilities, or barriers that may exist in GTCMHC services.<br><br>BOV observed a bathroom in the Largent building that had a handicap access sign on the door, but one had to negotiate a short stairway up to the inaccessible door, and none of the facilities inside the bathroom meets accessibility standards. Mike - I won't include this in the report - just wanted to make sure I didn't forget to mention it to you. Gene |
| In the planning, development, and implementation of its services does GTCMHC consider the needs of, promotes specific staff training for, and involves representatives of people with visual or hearing impairment, people with other disabilities including developmental disabilities, and people who are illiterate and their family members/carers? | see above |
| Does GTCMHC investigate under-utilization of mental health services by, role of family and community in, and specialized treatment methods and communication issues for people in with visual or hearing impairment, people with other disabilities including developmental disabilities, and people who are illiterate and their family members/carers? | see above |
| Does GTCMHC deliver treatment and support in a manner that is sensitive to the special needs of people with visual or hearing impairment, people with other disabilities including developmental disabilities, and people who are illiterate and their family members/carers? | see above |
| Does GTCMHC employ staff or develops links with other service providers / organizations with relevant experience and expertise in the provision of treatment and support to people with visual or hearing impairment, people with other disabilities including developmental disabilities, and people who are illiterate and their family members/carers? | see above |
| With regard to its own staff, does GTCMHC monitor and address issues associated with prejudice and misunderstanding related to people with visual or hearing impairment, people with other disabilities including developmental disabilities, and people who are illiterate? | see above |

## Integration and Continuity of Services

| Criteria | Comments |
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| **Within the Organization** | |
| Does GTCMHC ensure service integration and continuity of care across its services, sites, and consumers' life spans? | **-YES-**<br>The consumer has one integrated file. |
| Does GTCMHC convene regular meetings among staff of each of its programs and sites in order to promote integration and continuity? | **-YES-** |
| | |
| **Within the Community** | |
| Does GTCMHC actively participate in an integrated **human services system** serving the defined community, and nurture inter-community links and collaboration? | **-YES-** |
| Are GTCMHC staff knowledgeable about the range of other community agencies available to consumers and family members/carers? | **-YES-** |
| Does GTCMHC support its staff, consumers, and family members/carers in their involvement with other community agencies wherever necessary and appropriate? | **-YES-** |
| | |
| **Within the Health System** | |
| Is GTCMHC part of the general health care system and does it promote and support comprehensive health care for consumers (including access to specialist medical resources) and nurture inter-agency links and collaboration? | **-YES-** |
| Are GTCMHC staff knowledgeable about the range of other health resources available to consumers and provide information on and assistance in accessing other relevant services? | **-YES-** |
| Does GTCMHC ensure continuity of care for consumers referred outside the mental health service for a particular therapy? | **-YES-** |
| Does GTCMHC ensure continuity of care for consumers following their discharge? | Mike - ? |

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

| Criteria | Comments |
|---|---|
| **Competency and Training** | |
| Does GTCMHC define minimum knowledge and competency expectations for each staff position providing services to consumers? | **-YES-** |
| Does GTCMHC have written training curricula for new staff focused on achieving minimum knowledge and competency levels defined for each position providing services to consumers? | BOV did not see evidence of this. |
| Does GTCMHC train new staff in job-specific knowledge and skills OR requires new staff to demonstrate defined minimum knowledge and competency prior to working with consumers? | GTCMHC appears to rely primarily on 'on-the-job' training and shadowing of experienced staff by new staff. |
| Does GTCMHC proactively provide staff opportunities for ongoing training including NAMI Provider Training, NAMI-MT Mental Illness Conference, Mental Health Association trainings, Department of Public Health and Human Services trainings, professional conferences, etc? | **-YES-**<br>GTCMHC encourages staff to participate in training opportunities, and gives employees a small annual training allowance. |
| Does GTCMHC periodically assess staff and identify and addresses knowledge and competence deficiencies? | Staff performance appraisals appear to be a low priority. Appraisals were not described as a process where knowledge and competence deficiencies are addressed. |
| | |
| **Supervision** | |
| Does GTCMHC provide active formal and informal supervision to staff? | Ongoing, Informal supervision is in place. BOV did not see evidence of scheduled, formal supervision sessions focused on assessing knowledge and competencies. |
| Are GTCMHC supervisors trained and held accountable for appropriately monitoring and overseeing the way consumers are treated by line staff, and for ensuring that treatment and support is provided effectively to consumers by line staff according to their responsibilities as defined in treatment plans? | **-YES-**<br>Although the relationship between staff activities with consumers, supervision, and specific treatment plan objectives and interventions appears loose and minimally reflected in service documentation. |
| Are GTCMHC supervisors trained and held accountable for appropriately monitoring and overseeing the treatment and support provided to consumers by line staff? | **-YES-** |
| | |
| **Relationships with Consumers** | |
| Do GTCMHC staff members demonstrate respect for consumers by | **-YES-** |

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| incorporating the following qualities into the relationship with consumers: positive demeanor, empathy, calmness, validation of the experiences, feelings, and desires of consumers? | All employees BOV met with seemed enthusiastic about their work, and upbeat and sensitive to the consumers' wants or needs. |

## Assessment, Treatment Planning, Documentation, and Review

| Criteria | Comments |
|---|---|
| **General** | |
| Does the GTCMHC use a multidisciplinary approach in its treatment planning and review process? | Treatment teams are multidisciplinary in makeup, but documentation did not reflect a unified approach to treatment.<br><br>In reviewing the charts, BOV did not see any documentation of team discussions of consumer treatment plans. Treatment teams meet weekly, but discuss specific problem areas the consumer is experiencing at that time. |
| Does GTCMHC have a procedure for appropriately following up with people who decline to participate in an assessment, treatment planning session, or a treatment review? | Mike - ? |
| With consumers' consent, do GTCMHC assessments, treatment planning sessions, and treatment reviews proactively include the participation of and provision of information by family members/carers, other service providers, and others with relevant information? | BOV did not see evidence of this. |
| | |
| **Assessment** | |
| Are GTCMHC assessments conducted in accordance with the unique cultural, ethnic, spiritual, and language needs relevant to all people in the defined community, with a specific emphasis on American Indian people? | BOV did not see evidence of this. |
| When a diagnosis is made, does GTCMHC provide to consumers and, with the consumer's consent, family members/carers with information on the diagnosis, options for treatment and prognosis? | This appears to be done informally on an as needed basis at NDC; appears to be a more regular part of the PACT services.<br><br>The psychiatrist stated this was an integral part of her interactions with the consumer on an ongoing basis.<br><br>This information is addressed in the treatment plans, however consumer involvement in plan development was not clear, and discussions of this information are not well documented in the charts. |
| Do GTCMHC assessments: | |
| ➢ identify consumer preferences, strengths, | Either absent, addressed only one or two of these areas; generally |

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| and needs regarding safety, food, housing, education, employment, and leisure? | not well documented. When specific issues were identified they were included.<br><br>These topics are occasionally documented in the progress notes of by therapists and psychiatrists during the course of service. |
| ➢ include thorough medical evaluations that determine the nature of consumers' current medical and dental needs, and rule out or identify medical disorders – as contributing to or causing psychiatric symptoms? | Not documented in the chart. Medical and dental appointments were made when needed.<br><br>Most charts had complete history and physical from previous hospital/MD visit. Psychiatrist reported ruling out medical illness when diagnosing the consumer and creating a treatment plan, but this is not documented. |
| ➢ include current nutritional status? | **-NO-**<br>Either not present of not well documented in the chart. BOV saw general statements of nutritional status made in progress notes of some charts and labs were often included in the history and physicals from previous psychiatric treatment. |
| ➢ include current level of physical fitness? | **-NO-**<br>A general statement of visible physical fitness was sometimes made in progress notes by therapists. |
| ➢ include assessment of abuse/neglect? | **-YES-**<br>If abuse/neglect was an issue for the consumer, it was also well described in the progress notes by therapists/psychiatrists. |
| ➢ identify factors that place the consumer at high risk for suicide, violence, victimization, medical disorders such as HIV, gambling, or substance abuse? | Suicide, violence, and victimization are included in the psychiatrist and therapists initial workups, but medical disorders are not specifically addressed. |
| ➢ include detailed family history, including family history of mental illness and/or substance abuse? | **-YES-** |
| ➢ include detailed description of current family relationships including consumers' children and their caretaking and custody status? | **-YES-** |
| ➢ identify family supports available, with specific names, contact, and permission information? | Included in some psychiatrist and therapist initial workup in a general way, however there does not appear to be a routine effort to assess family involvement and to specify names, contact, and permission information. |
| ➢ identify specific ethnic background, including unique cultural, ethnic, spiritual, and language needs relevant to consumers and their families, with a specific emphasis on American Indian people (including consumer identified nation/tribe and relevant tribal contact information)? | One chart reviewed identified the consumer as Native American (Chippewa Cree), but there was no evidence of exploration of issues that may have been relevant to his cultural connections - or relevant tribal contacts. |
| ➢ identify all psychiatric and/or substance abuse treatment and specific plans for obtaining pertinent treatment documentation and for communicating with relevant clinicians and other professionals or paraprofessionals who have provided such | **-NO-** |

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| treatment in the past or who are currently providing services, including psychiatric medication prescribers? | |
| ➢ include detailed information that either confirms or rules out the presence of co-occurring psychiatric and substance use disorders? | **-NO-**<br>No formal screening instrument is used. The presence or absence of substance use is addressed in the initial psychiatric workup, but with no indication of the concept of co-occurring psychiatric and substance use disorders.<br><br>All GTCMHC staff interviewed estimated that 50-75% of consumers have a co-occurring disorders. |
| ➢ include functional assessment of consumers' daily living skills with detailed description of consumers' strengths and deficits? | GAF is routine but daily functioning is not well documented.<br><br>Charts reviewed did not include a comprehensive functional assessment.<br><br>In one chart, despite this consumer's many documented functional deficits, he still received a rather high score on the GAF scale. |
| ➢ addresses consumers' feelings of hope about the future and their ability to lead a productive life? | **-NO-** |
| ➢ identify sources of motivation, resources, strengths, interests, capabilities, major problems, and deficits? | Some charts addressed the subjects of interest and motivation. However, most documentation notes consumers' problems and deficits.<br><br>The PACT program seems to do a better job of finding out consumer interests and motivations. |
| ➢ identify coping strategies and supports that have been successful in the past and can be successful in the future? | **-NO-**<br>The psychiatrist stated that she always addresses this in her initial session with a consumer, but by then a treatment plan has already been established by a therapist as it takes a long time before the consumer can get in to see the psychiatrist. |
| ➢ address consumers' choices regarding services including history of satisfaction and dissatisfaction with services, including medications?<br>➢ | **-NO-**<br>Some psychiatrist notes comment on the consumer's satisfaction/dissatisfaction with particular medications. |
| ➢ address consumers' understanding of their illness, their medications and other treatments, and potential medication side effects? | Almost exclusively with regard to medications, not with regard to general understanding of illness or other treatment modalities. |
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| **Treatment Planning** | |
| Does GTCMHC work with consumers, and with consumers' consent, family members/carers, and others to develop initial treatment plans? | Not indicated in the treatment plans. |

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| Do service plans focus on interventions that facilitate recovery and resources that support the recovery process? | Plans are not consistently oriented around the concepts of recovery, although one of GTCMHC goals is to move in this direction. |
| Does GTCMHC work with consumers, family members/carers, and others to develop crisis/relapse prevention and management plans that identify early warning signs of crisis/relapse and describe appropriate action for consumers and family members/carers to take? | BOV did not see evidence of this. |
| Are GTCMHC consumers, and with consumers' consent, family members/carers proactively given a copy of the treatment plan? | Not documented. The treatment plans in the charts were not signed by the consumer in any of the three charts reviewed at the outpatient office. The fourth chart reviewed did not include a treatment plan. The record reviewed at NDC also did not have the treatment plan signed by the consumer. The psychiatrist stated that the therapist gives a copy of the treatment plan to the consumer, but BOV saw no documentation that consumers receive copies of plans. |
| | |
| **Documentation** | |
| Does GTCMHC use an electronic, computerized health record system with online capability for recordkeeping and documentation of all mental health services provided to all of its consumers? | GTCMHC is in the process of implementing an electronic record-keeping system. |
| Is the computerized health record system is capable of coordinating information with other health care providers? | GTCMHC is in the process of implementing an electronic record-keeping system. |
| Treatment and support are provided by GTCMHC recorded in an individual clinical record that is accessible throughout the components of the mental health service? | **-YES-** |
| Is GTCMHC documentation a comprehensive, sequential record of consumers' conditions, of treatment and support provided, of consumers' progress relative to specific treatment objectives, and of ongoing adjustments made in the provision of treatment and support that maximize consumers' potential for progress? | BOV did not see evidence of this. |
| Is there clear congruence among GTCMHC assessments, service plans, discharge plans, service plan revisions, and treatment documentation? | BOV did not see evidence of this. |
| Is there clear documentation of a proactive approach to involving consumers and family members/carers in a meaningful way in the service planning and revision? | BOV did not see evidence of this. |
| For children, is there clear documentation of a proactive approach to involving consumers' parents / carers / guardians, in the service planning and revision? | **-YES-** |

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| Does GTCMHC document the following to track consumer outcomes: | |
| ➢ attainment of treatment objectives?<br>➢ changes in mental health and general health status for consumers?<br>➢ changes in consumers' quality of life?<br>➢ consumer satisfaction with services? | The treatment plan review does not assess consumer response to treatment. Objectives are not stated in measurable terms. Updated treatment plans are generally exact restatements of the previous plan.<br><br>Changes in mental health and general health status are not addressed.<br><br>Changes in consumers' quality of life are not addressed.<br><br>Consumer satisfaction with services is not addressed. |
| | |
| **Review** | |
| Do GTCMHC treatment progress reviews support conclusions with documentation? | **-NO-** |
| Do GTCMHC treatment progress reviews actively solicit and include the input of consumers, family members / carers, all facility practitioners involved in the consumer's services, and outside service providers? | **-NO-** |
| Are GTCMHC treatment progress reviews conducted with the treatment team members and the consumer present? | **-NO-**<br>BOV could not find documentation of progress reviews. |
| Do GTCMHC treatment progress reviews proactively support continuing treatment and support adjustments that will ensure progress, not just "maintenance"? | **-NO-** |
| When continuation of ongoing treatment strategies are appropriate, do GTCMHC treatment progress reviews clearly addresses this fact and document the rationale? | **-NO-** |

## Treatment and Support

| Criteria | Comments |
|---|---|
| **General** | |

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| Is treatment and support provided by GTCMHC evidence-based [6]? | |
| ➢ **Illness Management & Recovery** | Structured groups conducted at NDC as well as case management and therapy activities address a number of the components in the SAMHSA EBP guidelines in this area.<br><br>GTCMHC has not implemented the **Illness Management & Recovery** program as outlined by SAMHSA's Center for Mental Health Services. |
| ➢ **Medication Management Approaches in Psychiatry** | GTCMHC uses the traditional approach to psychiatric medication prescription and management. (see **Psychiatry / Nursing / Medications**, page 12 and **Treatment and Support - Medications**, page 37)<br><br>GTCMHC has not implemented the complete **Medication Management Approaches in Psychiatry** program as outlined by SAMHSA's Center for Mental Health Services. |
| ➢ **Assertive Community Treatment** | GTCMHC provides services to a selected number of adult consumers using the PACT model. Fidelity to the model is monitored by AMDD. (see **PACT**, page 11)<br><br>GTCMHC follows the tenets of **Assertive Community Treatment** as outlined by SAMHSA's Center for Mental Health Services. |
| ➢ **Family Psychoeducation** | GTCMHC does not offer psychoeducation to family members of consumers. |
| ➢ **Supported Employment** | For the most part, GTCMHC follows the tenets of **Supported Employment** as outlined by SAMHSA's Center for Mental Health Services. (See **Supported Employment**, page 14) |
| ➢ **Integrated Treatment for Co-Occurring Disorders** | GTCMHC is participating in co-occurring disorders treatment training provided by AMDD and is moving in the direction of developing an integrated approach to treating people with co-occurring psychiatric and substance use disorders.<br><br>GTCMHC has not yet implemented **Integrated Treatment for Co-Occurring Disorders** (*Integrated Dual Disorders Treatment*) as outlined by SAMHSA's Center for Mental Health Services. |
| Is treatment and support provided by GTCMHC recovery-oriented? | GTCMHC is working to establish a consumer-operated service based on the WRAP[7] model.<br><br>GTCMHC has begun to prioritize structuring its services around recovery-oriented concepts. |
| Does GTCMHC provide education for consumers, | Consumers: Structured psycho-educational groups are |

[6] For the purposes of its Standards for Site Reviews of Mental Health Facilities, BOV references criteria based on evidence-based practice guidelines developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS). Detailed information is on the following website: http://www.mentalhealthpractices.org/ .

[7] http://www.mentalhealthrecovery.com/

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

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| consumers to specialized supported/supervised housing that includes active support and treatment components? | |
| Does GTCMHC provide support and advocacy to consumers in communicating and problem solving with landlords? | **-YES-** |
| Does GTCMHC work closely with landlords to ensure that consumers do not lose their housing during periods of hospitalization or other temporary out of community treatment? | **-YES-** |
| Does GTCMHC provides access to and assistance with options for consumer home ownership? | Mike - ? |
| | |
| **Supported Housing Provided by GTCMHC** | |
| Does GTCMHC fully integrate the housing program into other treatment and support programs? | **-YES-** |
| Does GTCMHC deliver a range of treatment and support services to the consumers living in the housing according to individual need? | **-YES-** |
| Does GTCMHC offer to consumers living in its housing maximum opportunities to participate in decision making with regard to the degree of supervision in the facility, decor, visitors, potential residents and house rules? | **-YES-** |
| Is GTCMHC-provided housing in the proximity of consumers' social and cultural supports, and community activities? | **-YES-** |
| Does GTCMHC ensure that housing maximizes opportunities for the consumer to exercise control over their personal space? | **-YES-** |
| Does GTCMHC -provided housing accommodate the needs of consumers with physical disabilities (complies with the Americans With Disabilities Act)? | **-YES-** |
| | |
| **Supported Housing Provided by Agencies other than GTCMHC** | |
| Does GTCMHC not refer a consumer to housing where he/she is likely to be exploited and/or abused? | **-YES-** |
| Does GTCMHC refer a consumer to temporary housing such as homeless shelters only for short-term temporary periods pending a move to permanent housing? | **-YES-** |
| | |

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| **Education** | |
| Does GTCMHC identify education needs and desires of consumers in the service plan? | BOV did not see evidence of this.<br><br>Highest level of education completed is noted in some charts. |
| Does GTCMHC support consumers' desires to participate in and facilitates access to opportunities for further or continuing education? | When articulated by consumer – yes. BOV did not see evidence of this being proactively approached to either identify these desires or rule them out. |
| | |
| **Employment** | |
| Does GTCMHC identify employment needs and desires of consumers in the service plan, and assist consumers in defining life roles with respect to work and meaningful activities? | BOV did not find consumers' employment needs/desires consistently addressed in service plans.<br><br>Case managers, NDC staff work with consumers to assist them in becoming involved with meaningful activities; NDC staff target employment as an ongoing activity with some consumers who participate in the NDC.<br><br>PACT team does not have an Employment Specialist as recommended by the PACT model. Mike?? |
| Does GTCMHC assist consumers to find and keep competitive employment through a supported employment approach? | **-YES-** |
| Does GTCMHC accommodate consumers' individual choices and decisions about work and support based on consumers' needs, preferences, and experiences? | **-YES-** |
| Does GTCMHC emphasize support for consumers in obtaining and keeping integrated employment in community settings[8]? | **-YES-** |
| Does GTCMHC ensure consumers' right to fair pay and working conditions? | **-YES-** |
| Does GTCMHC work closely with employers to ensure that consumers do not lose their jobs during periods of hospitalization or other temporary out of community treatment? | **-YES-** |
| | |
| **Family and Relationships** | |
| Does GTCMHC identify needs and desires of consumers relative to family relationships in the service plan? | BOV did not see evidence of this in the charts, however staff supports family member participation when the consumer is willing and family is available. |
| Does GTCMHC's treatment and support provide consumers with the opportunity to strengthen their valued relationships? | **-YES-** |

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

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| Does GTCMHC ensure that consumers and their families have access to a range of family-centered approaches to treatment and support? | BOV did not see evidence of this. |
| Does GTCMHC offers Family Psycho-education to consumers' family members and family members/carers [9, 10]? | BOV did not see evidence of this. |
| | |
| **Social and Leisure** | |
| Does GTCMHC identify social and leisure needs and desires of consumers in the service plan? | BOV did not see evidence of this. |
| Does GTCMHC ensure that consumers have access to an appropriate range of agencies, programs and/or interventions to meet their needs for social contact and leisure activities? | **-YES-**<br>Case managers and NDC staff work with consumers to assist them in becoming involved with social and leisure activities. |
| Does GTCMHC provide or ensure that consumers have access to drop-in facilities for leisure and recreation as well as opportunities to participate in leisure and recreation activities individually and/or in groups? | NDC functions as a drop-in facility during open hours and has in-house social/leisure activities for consumers. |
| Does GTCMHC facilitate consumers' access to and participation in community-based leisure and recreation activities? | NDC and Case Managers, through connections in the community, provide bridges for consumers to participate in community-based social/leisure activities. |
| | |
| **Medication** | |
| Is GTCMHC medication prescription protocol evidence-based and reflect internationally accepted medical standards [11, 12] ? | Prescription and management of psychotherapeutic medication by psychiatrists are consistent with diagnoses and/or symptoms in workups and progress notes. |
| At GTCMHC facilities, is medication prescribed, stored, transported, administered, and reviewed by authorized persons in a manner consistent with legislation, regulations and professional guidelines? | **-NO-**<br>(see **Psychiatry / Nursing / Medications,** page 12) |
| Are GTCMHC consumers and their family members/carers provided with understandable written and verbal information on the potential benefits, adverse effects, costs and choices with regard to the | This is not done consistently at New Directions. The pharmacy does not always provide the patient education information and when they do the nurses do not give it to the consumer. The nurses stated that most medication education is provided by the |

[9] Dixon, L., McFarlane, W.R., Lefley, H., Lucksted, A., Cohen, M., Falloon, I., et al. (2001). Evidence-based practices for services to families of people with psychiatric disabilities. Psychiatric Services, 52(7), 903-910.
[10] Information on Family Psycho-education at : http://www.mentalhealthpractices.org/fam.html
[11] Texas Medication Algorithm Project at : http://www.dshs.state.tx.us/mhprograms/TMAPover.shtm
[12] Information on Medication Management at : http://www.mentalhealthpractices.org/med.html

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| use of medication? | psychiatrist. The psychiatrist we talked with also uses patient handouts for most medications in the outpatient office setting.<br><br>PACT gives patients handouts from the pharmacy and the psychiatrist covers these topics when prescribing the medications. |
| Where the consumer's medication is administered by GTCMHC, is it administered in a manner that protects the consumer's dignity and privacy? | The consumer comes into the nurses office for medication. Privacy is generally adequate, but there may be other nurses working in the office. Nurses reported that there are remodeling plans at NDC to provide the nurses with more room and a separate room for medication distribution and administration. |
| Is "medication when required" (PRN) is only used as a part of a documented continuum of strategies for safely alleviating the consumer's distress and/or risk? | GTCMHC programs do not distribute PRN medications. If the consumer requires a PRN they are responsible for filling it at the pharmacy where they are only allotted a once week supply per fill. |
| Does GTCMHC ensure access for the consumer to the safest, most effective, and most appropriate medication and/or other technology? | Consumers who have stable funding (Medicaid/Medicare, MHSP) have access to formulary medications which includes newer generation antipsychotic medication.<br><br>Samples and indigent medication programs are used by the center for consumers without funding or MHSP clients whose cost for medication exceeds state monthly limits. Medication is sometimes prescribed based on the availability of these free medications. Psychiatrists sometimes change medications to something that is available as samples. |
| Does GTCMHC consider and document the views of consumers and, with consumers' informed consent, their family members/carers and other relevant service providers prior to administration of new medication and/or other technologies? | No such documentation was observed. There is sometimes a statement that the consumer agrees to take the medication or that they prefer not to. |
| Does GTCMHC acknowledge and facilitate consumers' right to seek opinions and/or treatments from other qualified prescribers and does GTCMHC promotes continuity of care by working effectively with other prescribers? | Not documented in the chart.<br><br>When reviewing charts, it is difficult to determine what medications consumers are actually taking. The documentation leaves open the possibility that multiple prescribers could change medications without telling each other. Communication and documentation needs to be improved. (see **Psychiatry / Nursing / Medications,** page 12) |
| Where appropriate, does GTCMHC actively promote adherence to medication through negotiation and the provision of understandable information to consumers and, with consumers' informed consent, their family members/carers? | **-YES-** |
| Wherever possible, does GTCMHC not withdraw support or deny access to other treatment and support programs on the basis of consumers' decisions not to take medication? | **-YES-** |
| For new consumers, does GTCMHC ensure timely access to a psychiatrist or mid-level practitioner for initial psychiatric assessment and medication prescription within a time period that does not, by its | **-NO-**<br>There is currently a four to six month waiting list to see a psychiatrist. A consumer is seen sooner if he is admitted to the GTCMHC via the hospital. The GTCMHC psychiatrists do not see |

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| delay, exacerbate illness or prolong absence of necessary medication treatment? | children or adolescents. There is a child and adolescent psychiatrist in Great Falls but he has a one and a half year waiting list. Families travel to Missoula and Billings to see a psychiatrist. Pediatricians and Family Physicians prescribe psychotropic medications for many of the young consumers. |
| For open consumers, does GTCMHC provide regularly scheduled appointments with a psychiatrist or mid-level practitioner to assess the effectiveness of prescribed medications, to adjust prescriptions, and to address consumers' questions/concerns in a manner that neither compromises neither clinical protocol nor consumer – clinician relationship? | The appointment interval tends to be on the long side. The system seems to be to have case managers, nurses, and therapists help to identify when a consumer needs to have a medication review before the scheduled appointment. This is probably a reasonable way to maximize the psychiatrists limited available time. |
| When legitimate concerns or problems arise with prescriptions, do GTCMHC consumers have immediate access to a psychiatrist or mid-level practitioner? | **-YES-**<br>The case managers or therapist call the New Directions nurses to inquire about these issues. Sometimes the consumer is seen by the nurse for an assessment. If the nurse cannot resolve the issue, she calls the psychiatrist. If the nurse feels that the consumer needs to see a psychiatrist, an appointment is made. The psychiatrist in the PACT is available in a more timely fashion. |
| Are medication allergies and adverse medication reactions are well documented, monitored, and promptly treated? | **-YES-** |
| Are medication errors documented? | When a medication error occurs it is reported to the psychiatrist and to the CSP Director, and an 'unusual occurrence report' is filled out. There does not seem to be a well developed procedure to either detect or report errors. |
| Is there a quality improvement process in place for assessing ways to decrease medication errors? | **-NO-** |
| Are appropriate consumers screened for tardive dyskinesia? | All consumers taking antipsychotic medication have AIMS scales performed every six months (or more often if there is a concern) by a nurse. BOV did not see any evidence in the records of these AIMS evaluations. |
| Is the rationale for prescribing and changing prescriptions for medications documented in the clinical record? | **-YES-** |
| Is medication education provided to consumers including "adherence" education? | This appears to be done within the PACT program, but not formally at NDC. |
| Is there a clear procedure for the use of medication samples? | **-YES-** |
| Are unused portions of medications disposed of appropriately after expiration dates? | Unused portions of medications are discarded in a sharps container. However, pharmaceutical company representatives are responsible for identifying and removing outdated samples stored at New Directions. This is likely not a reliable system. The Center staff itself should accept this responsibility. |
| Are individual consumers' medications disposed of properly when prescriptions are changed? | see above |
| Is there a clear procedure for using and documenting emergency medication use, including documentation | not reviewed |

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| of rationale, efficacy, and side effects? | |
| Is there a clear procedure for using and documenting 'involuntary' medication use, including documentation of rationale, efficacy, and side effects? | GTCMHC does not administer medications against consumer choice. |
| Are there procedures in place for obtaining medications for uninsured or underinsured consumers? | **-YES-**<br>NDC and PACT nurses use samples and indigent medication programs. |
| Is assertive medication delivery and monitoring available to consumers based on need for this service? | **-YES-**<br>As part of the PACT program. |
| | |
| **Co-Occurring Psychiatric and Substance Use Disorders**[13] | |
| In assessing each individual, does GTCMHC assume that a co-occurring mental illness and substance use disorder exists, and orients assessments and uses tools and methodologies that proactively confirm either the presence or absence of a co-occurring psychiatric and substance use disorder? | Not in place yet. (see **Treatment and Support - General**, page 33) |
| If co-occurring psychiatric and substance use disorders are determined to be present, does the GTCMHC assessment describe the dynamics of the interplay between the psychiatric and substance disorders? | Not in place yet. |
| If co-occurring psychiatric and substance use disorders are determined to be present, does the GTCMHC service plan describe an integrated treatment approach? | Not in place yet. |
| Does GTCMHC provide integrated, continuous treatment for consumers who have a co-occurring mental illness and substance use disorder according to best practice guidelines adopted by the state? | Not in place yet. |
| If co-occurring psychiatric and substance disorders are determined to be present, does GTCMHC treatment documentation indicate that interventions have integrated psychiatric and substance use disorder therapies; when counselors from discrete psychiatric and substance disorders disciplines are involved, does documentation indicate ongoing communication and coordination of therapies? | Not in place yet. |
| Does GTCMHC identify and eliminate barriers to the provision of integrated treatment for consumers who have a co-occurring mental illness and substance use disorders? | Funding and billing services from two "pots" of money (chemical dependency and mental health) are barriers to integrated treatment that are being reviewed by the Addictive and Mental Disorders Division. |
| Does GTCMHC use one service plan for each consumer with a co-occurring mental illness and | Each consumer has one treatment plan, but none of the treatment plans reviewed included substance use disorder or co-occurring |

[13] AMDD is facilitating change in the mental health system toward the Comprehensive Continuous Integrated System of Care (CCISC) model. Development of services according to these standards is in various stages of implementation by provider organizations.

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| substance use disorder? | disorders treatment. BOV did not specifically select charts of consumers with substance abuse diagnoses, so some reviewed charts may have been for consumers without these diagnoses. |
| Are clinicians managing the treatment and providing therapy to consumers with co-occurring psychiatric and substance use disorders licensed for both mental health and addiction counseling? | Dual licensing is a component of the system change process that AMDD and providers are exploring. |
| If the mental illness and the substance use disorder are being treated by more than one professional, does GTCMHC ensure that communication and treatment integration between these personnel is maximized? | Since GTCMHC does not have a discrete 'substance abuse' treatment component, consumers who have co-occurring disorders are treated by one clinician. This clinician may or may not be dually licensed nor have knowledge or skills necessary for treating substance use disorders. The treatment approach for consumers with co-occurring disorders is in the process of evolving toward a model that is consistent with evidence-based practice. |
| | |
| **Relapse Prevention** | |
| Does GTCMHC assist each enrolled consumer to develop a relapse management plan that identifies early warning signs of relapse and describes appropriate actions for GTCMHC, consumers, and family members/carers to take? | BOV did not see evidence of consistent development of comprehensive relapse plans for all consumers with SDMI. |
| | |
| **Crisis Response and Intervention Services** | |
| Does GTCMHC have clear policies that describe its activities for responding to emergency mental health services within in the defined community? | **-YES-** |
| Does GTCMHC operate a 24 hour/day, 7 day/week crisis telephone line? | **-YES-** |
| Does GTCMHC respond directly to its own consumers who call the crisis telephone line? | **-YES-** |
| Does GTCMHC respond directly to unattached individuals who call the crisis telephone line? | **-YES-** |
| Does GTCMHC refer consumers who call the crisis telephone line and who are engaged in services with another entity to that entity? | **-YES-** |
| Is GTCMHC's crisis telephone number is listed clearly in the local telephone directory? | **-YES-** |

## Access / Entry

| Criteria | Comments |
|---|---|
| **Access** | |
| Does GTCMHC ensure equality in the access to and delivery of treatment and support regardless of age, gender, sexual orientation, social / cultural / ethnic / | **-YES-** |

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| racial background, previous psychiatric diagnosis, past forensic status, and physical or other disability? | |
| Are GTCMHC services convenient to the community and linked to primary medical care providers? | **-YES-** |
| Does GTCMHC inform the defined community of its availability, range of services, and the method for establishing contact? | **-YES-** |
| For new consumers, does GTCMHC ensure timely access to psychiatric assessment and service plan development and implementation within a time period that does not, by its delay, exacerbate illness or prolong distress. | Unless consumers enter GTCMHC services via hospital discharge or via a crisis not requiring hospitalization, there is a wait for most services, especially psychiatrist appointments. |
| | |
| **Entry** | |
| Does GTCMHC have policies and procedures describing its entry process, inclusion and exclusion criteria, and means of promoting and facilitating access to appropriate ongoing care for people not accepted by GTCMHC? | **-YES-** |
| Is an appropriately qualified and experienced GTCMHC staff person (mental health professional or case manager) available at all times - including after regular business hours - to assist consumers to enter into mental health care? | **-YES-**<br>After hours entry is for emergency needs only. |
| Does the process of entry to GTCMHC minimize the need for duplication in assessment, service planning and service delivery? | **-YES-** |
| Does GTCMHC ensure that consumers and their family members/carers are able to, from the time of their first contact with GTCMHC, identify and contact a single mental health professional responsible for coordinating their care? | **-YES-** |
| Does GTCMHC have a system for prioritizing referrals according to risk, urgency, distress, dysfunction, and disability and for commencing initial assessments and services accordingly? | **-YES-** |

## Continuity Through Transitions

| Criteria | Comments |
|---|---|
| Does GTCMHC ensure that consumers' transitions within GTCMHC are facilitated by a designated staff member and a single individual service plan known to all involved? | **-YES-** |
| Do consumers' individual service plans include exit plans that that maximize the potential for ongoing continuity of care during and after all transitions from the GTCMHC to other services? | Mike ? |
| Does GTCMHC review exit plans in collaboration with consumers and their family members/carers as part of each review of the individual service plan? | Mike? |

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| Does GTCMHC review the outcomes of treatment and support as well as ongoing follow-up arrangements for each consumer prior to their exit from the service? | Mike ? |
| Does GTCMHC provides consumers and their family members/carers with understandable information on the range of relevant services and supports available in the community when they exit from the service? | Mike ? |
| When a consumer is transitioning to another service provider, does GTCMHC proactively facilitate in-person involvement by the new service provider in transition planning and the earliest appropriate involvement of the service provider taking over treatment responsibilities? | **-YES-** |
| Does GTCMHC ensure that consumers referred to other service providers have established contact, and that the arrangements made for ongoing follow-up are satisfactory to consumers, their family members/carers, and the other service provider prior to exiting GTCMHC? | Mike - ? |
| When a consumer who is transitioning to another service provider is taking psychotropic medications, does GTCMHC proactively facilitate the seamless continuation of access to those medications by ensuring that: (1) the consumer has an appointment with the physician who will be taking over psychotropic medication management, (2) the consumer has enough medications in hand to carry him/her through to the next doctor appointment, and (3) the consumer's medication funding is established prior to the transition? | Mike - ? |

## Re-entry Into Service

| Criteria | Comments |
|---|---|
| Does GTCMHC ensure that consumers, their family members/carers and other service providers and agencies involved in follow-up are aware of how to gain re-entry to GTCMHC at a later date? | **-YES-** |
| Prior to exit, does GTCMHC ensure that consumers, their family members/carers and other agencies involved in follow-up, can identify a staff person in GTCMHC who has knowledge of the most recent episode of treatment and/or support? | Mike - ? |
| Does GTCMHC schedule follow-up contact with consumers and post-exit service providers to determine continuity of service, and attempts to re-engage with consumers who do not keep the planned follow-up appointments? | Mike - ? |
| Does GTCMHC assist consumers, family members/carers, and other agencies involved in follow-up to identify the early warning signs that indicate GTCMHC should be contacted? | Mike - ? |

## Transition Into and Out of Inpatient Care

| Criteria | Comments |
|---|---|
| Does GTCMHC offer and assertively explore less restrictive, community-based alternatives to inpatient treatment? | **-YES-** |

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| Where admission to an inpatient psychiatric facility or residential treatment is required, does GTCMHC make every attempt to promote voluntary admission for the consumer? | **-YES-** |
| For it's consumers, does GTCMHC assume primary responsibility for continuity of care between inpatient or residential treatment and community-based treatment?✱ | **-YES-** |
| Does GTCMHC ensure that consumers' case managers or other designated staff persons stay in close contact via telephone and personal visits with consumers while they are in inpatient or residential treatment? | Community Support Program staff visit hospitalized consumers every other month when they attend ADRT meetings at MSH.<br><br>Case managers do not routinely stay in touch with consumers while they are at Montana State Hospital. Mike - ? |
| Does GTCMHC ensure that consumers' case manager, therapist, and psychiatrist participate in hospital intake and assessment, especially regarding medication considerations? ✱ | Mike - ? |
| Leading up to and at the time of discharge, does GTCMHC communicate and coordinate with the inpatient unit in such a way as to ensure continuity of care when consumers are discharged from inpatient treatment? ✱ | **-YES-** |
| Does GTCMHC facilitate discharge planning meeting(s) prior to discharge that involve the consumer and family members / carers? ✱ | Mike - ? |

✱ BOV believes that the professionals providing and supervising treatment on the community level (in particular the psychiatrist, but also including therapists, case managers, PACT teams, etc) are the "primary" treating professionals when a consumer is involved in community-based services. When a consumer needs inpatient treatment, either at a local psychiatric inpatient unit or at Montana State Hospital, BOV believes that the community level professionals are responsible for the continuity of treatment as the consumer moves from the community to inpatient treatment and back to the community. This continuity must include initiation of timely communication and coordination with the treating professionals at the inpatient venue at the time the consumer enters the inpatient unit. While a consumer is in inpatient treatment, BOV believes that the treating professionals at the inpatient venue are responsible for initiating timely communication and coordination with the treating professionals at the community level during the entire course of treatment. However, BOV believes that the ultimate responsibility for continuity of treatment continues to lie with the community professionals during the consumer's inpatient treatment, since they are "primary".

This process, when GTCMHC (as well as with all community provider organizations') consumers move from the community to Montana State Hospital and back to the community, does not function well. As a result of inadequate communication and coordination, continuity of care suffers; lengths of hospitalization are often either unnecessarily long or inadequately brief; medication regimens often do not take into account what has been demonstrated as successful; post-discharge medication compliance is sub-optimal; and the recovery process is compromised.

AMDD has begun to analyze this process. BOV believes that specific communication and coordination protocols need to be developed, and that both community and inpatient providers must be held accountable for following them.

Recommendation

10) 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.

***Concerns, Suggestions, Recommendations related to BOV Standards:***

Concerns

- Treatment plans appear much too vague; documentation is too general and appears not to adequately reflect treatment objectives; reviews appear to result in repeats of existing plans without clear justification.

Suggestions

- Involve GTCMHC staff, consumers, and health and mental health partners, and the larger community in strategic planning.
- Include strategies for implementing measurement of health and functional outcomes for individual consumers into strategic planning.
- Include strategies for maximizing consumer and family member / carer participation in the planning, provision, and evaluation of the mental health service into strategic planning.
- Develop operational plans based on the strategic plan, which establish time frames and responsibilities implementation of objectives.
- Develop policies and procedures that address the need for all consumers entering GTCMHC to have a recent physical as a baseline for medical health status.
- Develop policies and procedures that address the need to explicitly rule out medical conditions as causative for psychiatric symptoms.
- Consider developing a comprehensive package of written program, mental illness, and mental health treatment information to consumers and family members/carers as listed above.

Recommendations

11) Develop specific strategies for increasing Evidence-Based Practices.
12) Develop written training curricula and 'sign off' procedures for each new staff providing services to consumers - focused on achieving and demonstrating minimum knowledge and competency levels as defined for each position.
13) Provide written information to GTCMHC staff, consumers, and family members/carers about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances.
14) Develop procedures and documentation formats that ensure that consumers direct and actively participate in their treatment planning and treatment review.
15) Develop procedures and documentation formats that ensure that GTCMHC 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.
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.
17) Develop a comprehensive 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.

## RECOMMENDATIONS

1) Develop a Supported Employment component in the Havre adult services continuum.
2) Develop a definitive system to identify, track, and coordinate medications prescribed outside the center with medications prescribed by center psychiatrists.
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.
4) Provide medications to consumers in such a way that they are labeled properly with consumer name, medication names, dosages, and directions for use.
5) Use medication calendar boxes, cassettes, blister packs, or another distribution system for all consumers.
6) Develop a procedure for detecting and reporting medication errors.
7) Develop a procedure for conducting and documenting AIMS scale tests.
8) Develop a procedure whereby GTCMHC staff is responsible for disposing of outdated medication samples and unused medications that are discarded in the sharps container.
9) Develop and begin using immediately an medication administration record to document all medications administered and/or distributed by GTCMHC nurses.
10) Develop specific strategies for increasing Evidence-Based Practices.
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.
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.
13) Provide written information to GTCMHC staff, consumers, and family members/carers about

assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances.

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

## FACILITY RESPONSE

The Center for Mental Health wishes to thank the members of the Board of Visitors for the thorough and professional way in which they conducted this site visit. We have found the recommendations of the Board to be helpful and supportive of our own efforts to improve Center services.

We want to respond to the report in three ways. First we will clarify some aspects of the report. Second we want to report on what improvements we have made since the visit was concluded. Lastly, we will describe the plans we have to work on the remaining recommendations of the Board.

**Clarifications:**

The Center management Team did meet in September 2005 to work on a strategic plan. We neglected to provide a copy of this to the Board prior to the site visit. While this plan did not set detailed objectives for long term goals, it did set out specific short term goals which are related to many of the Board recommendations. Staff training and development was the first priority. The improvements in this area are discussed below.

The Center does not have specific caseload size limits and does have a long wait for

people who need to access psychiatric or nurse practitioner services. This is the result of the Center being the provider of last resort for people without means to pay for their services. Prior to the cuts to the Mental Health Services Plan, we were able to accommodate these individuals. We have become increasingly less able to do so. Currently we are limiting the services we provide to people under the Mental Health Services Plan and those without a funding source. This is necessary to maintain the level of services for the State's priority population.

**Improvements being made:**

We have made progress in implementing an electronic medical record (EMR). Currently we have almost every clinician and support staff in all of our sites using the system. We will be adding case management and other direct care staff in the next few months. We believe this system enables us to more effectively manage the quality of our clinical documentation.

This effort has been a priority and has taken time away from our program managers during implementation. We did not conduct paper file reviews over the past several months as a result of this effort. However, at this time supervisors have the capacity to observe all clinical documentation of staff within a secure encrypted HIPPA compliant program from their desktop. We are now able to review clinical documentation in real time.

We have been able to find a pharmacy in Great Falls that provides prepackaged medications for our clients at New Directions. This will address most of the recommendations made in this area. The EMR also includes an online system called On Call Data that is capturing medication information. This system allows all team members to access current medication information. We have also had an unwritten protocol for reporting medication errors, but this protocol has now been written.

The program structure at New Directions has been reorganized. The changes in the program were made with the intent of aligning the units more closely with the supported employment program, as the Board has recommended. Coupled with the Peer Support program described below, we are placing greater emphasis on supporting employment opportunities.

The Center successfully received funding for the Crisis Peer Support Project. This project has significant consumer and family involvement and oversight. As part of the project we have begun to create more of a recovery environment within the Center and in the community. This effort is receiving support of Center staff and management. It is also helping us to reevaluate some of our policies and processes. One example of this is relapse planning. We have learned that it is helpful for people to take responsibility and ownership of their own relapse, or recovery plans, as well as to play a more self-directed role in many aspects of their own recovery.

As part of the strategic plan short-term goals, the Center held a Center wide inservice meeting to seek input from all staff about possible areas of improvement. We have begun quarterly supervisor training to improve the quality of staff supervision. We have also created a new position of Orientation Specialist in Human Resources to assure that new employees receive appropriate orientation, training, and supervision.

While we agree with the Board that we should pursue evidence-based practices (EBP), it should be pointed out that there are currently just six EBP recognized by the Center for Mental Health Services within SAMHSA. These are Assertive Community Treatment, Supported Employment, Integrated treatment for co-occurring mental illnesses and substance use disorders, Illness Management and Recovery skills, Family Psychoeducation , and Standardized Pharmacological treatment. The Center currently provides the first two of these best practices, and is a partner with AMDD and others in the development of a co-occurring system. The Peer Support project is introducing aspect of illness management and recovery, and family Psychoeducation as well. Though Montana does not have a standardized pharmacological treatment program, Center medical staff are participating in the Medicaid prescription review program. Lastly, though not yet recognized as an evidence-based practice, the Center is a partner in Statewide development of Dialectical Behavioral Therapy.

**Planned future improvements:**

Within the context of supervisory training, we are working on a more formalized training plan. For example, we have held two Center wide inservices on cultural competency. However, not all staff can attend such an inservice, and new staff do not receive this training, so we are beginning to address ongoing training needs in a number of areas, including cultural sensitivity, for all staff, on a regular basis.

We are also aware of the need to provide more comprehensive information to the people we serve. We are seeking input and assistance from local advisory councils and the Central Service Area Authority in structuring this information, so it will be useful to the people we serve.

Again, we appreciate the Board for helping us to improve the quality of our programs.