

Mental Disabilities Board of Visitors

SITE REVIEW REPORT

**Benefis Healthcare -
Behavioral Health Services**
Great Falls, Montana

April 7 - 8, 2005

Gene Haire, Executive Director

TABLE OF CONTENTS

OVERVIEW.....	3
GENERAL DESCRIPTION.....	4
STAFFING	5
ASSESSMENT OF SERVICES.....	6
Psychiatry	6
Nursing	6
Therapy	6
Medication Management	7
MENTAL DISABILITIES BOARD of VISITORS STANDARDS.....	8
Organizational Structure, Service Development, and Management	8
Staff Competency, Training, Supervision, Relationships with Patients	9
Rights and Safety	10
Patient / Family Member Participation	13
Promotion of Community Understanding of Mental Illness	14
Sensitivity to Social, Cultural, Ethnic, and Racial Issues	14
Integration and Continuity of Services	15
Access / Entry.....	17
Assessment, Treatment Planning, Documentation, and Review	18
Informational Documents.....	20
Treatment and Support.....	22
RECOMMENDATIONS	23
FACILITY RESPONSE.....	24

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OVERVIEW

Mental Health Facility reviewed :

Inpatient component of Behavioral Health Services of Benefis Healthcare (BBHS)¹
Great Falls, Montana

Marlene O'Connell, RN, MSN, LCPC, LAC - Manager

Authority for review :

Montana Code Annotated, 53-21-104

Purpose of review :

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

BOV review team :

Staff:

Gene Haire, Executive Director

Board:

Brodie Moll

Consultants:

Irene Walters, RN
Carla Cobb, PharmD, BCPP
Pat Frawley, LCSW

Catchment area :

State of Montana

Review process :

- Interviews with BBHS staff
- Informal discussions with patients
- Review of treatment records
- Review of written descriptions of treatment programs
- Inspection of physical plant
- Interviews with staff of Golden Triangle Community Mental Health Center and Indian Family Health Center
- Observation of treatment activities

¹ Behavioral Health Services provides inpatient, outpatient, intensive outpatient, and partial hospitalization services. BOV reviewed inpatient services only.

GENERAL DESCRIPTION

Physical Plant

- BBHS is located on Benefis Healthcare's West Campus in Great Falls, occupying the third floor of a three story facility.
 - Acute Unit - four beds
 - Intermediate Care and Minimal Support Care - 16 beds
 - Two well-designed 'quiet rooms' with good observation capability.

Strengths

- *Very attractive, spacious, comfortable unit.*
- *Design of spaces allows for good visibility of all areas by staff, flexibility of space use with doors that may be opened or closed to create larger or smaller, more secure areas as needed.*
- *Good privacy for patients and visitors.*
- *Comfortable areas throughout the unit for patients to relax and socialize outside of their rooms.*
- *Large patient rooms.*
- *Staff offices are in the same area as patient rooms, group rooms, etc. allowing good staff accessibility.*

Treatment Services

- Provides a complete continuum of both addiction and psychiatric treatment.
 - Medical evaluation
 - Acute stabilization
 - Medication therapy
 - Crisis intervention
 - Individual and group therapy
 - Family therapy
 - Case management

Strengths

- *The overarching strength of BBHS services, in addition to the strengths noted throughout this report, is the commitment to and achievement of a truly integrated approach to treating people with co-occurring psychiatric and substance use disorders: the 'Behavioral Health Model'.*
- *BBHS has been a leader working with the Addictive and Mental Disorders Division (AMDD) in the statewide effort to establish integrated, continuous treatment of co-occurring psychiatric and substance use disorders.*

Admission

- Admissions by BBHS psychiatrists as well as any physician with admitting privileges at Benefis Healthcare.
- Most patients assessed and admitted through the hospital emergency room at Benefis' East Campus; some patients admitted directly to the unit.

STAFFING

Unit Management

- Behavioral Health Services Manager - Master's level Registered Nurse who is also dually licensed as a Clinical Professional Counselor and Addiction Counselor
- Inpatient Nursing Services Supervisor - Registered Nurse
- Clinical Care Coordinator - MSW / Licensed Addiction Counselor
- Program Operations Coordinator - Registered Nurse / Licensed Addiction Counselor

Physician Staff

- Medical Director and four additional psychiatrists
- One staff physician who is an [American Society of Addiction Medicine certified](#) specialist.

Nursing Staff

- 12 Registered Nurses staffing three shifts
- Two Patient Care Technicians

Counseling Staff

- Six master's level therapists

Strengths

- *The highly credentialed nursing and counseling staff and the expectation that professional staff obtain dual licensing is a strong underpinning of the impressive integration of treatment of psychiatric and substance use disorders.*
- *Staff turnover is very low.*

Support Staff

- Three support staff

ASSESSMENT OF SERVICES

Psychiatry

Strengths

- *Five psychiatrists who admit and follow BBHS patients, including the Medical Director, are employees of Golden Triangle Community Mental Health Center (GTCMHC). The psychiatric cross-staffing of the major outpatient mental health service in Great Falls with BBHS provides an excellent base for integration and coordination of services as patients move into and out of inpatient services.*
- *All physicians work in the paradigm of providing fully integrated treatment for co-occurring psychiatric and substance use disorders wherever both disorders are present in a patient.*
- *Unit physicians routinely participate in daily multidisciplinary staffing.*

Suggestions :

- Consider offering psycho-educational groups on brain biology related to mental illnesses and substance abuse.

Nursing

Strengths

- *Excellent leadership.*
- *Strong, compassionate relationships with patients.*
- *Emphasis on well-integrated treatment for co-occurring psychiatric and substance use disorders permeates the work of nursing staff.*
- *Impressive longevity of nurses.*

Therapy

Strengths

- *Excellent leadership.*
- *High priority on therapy staff person having dual licensing (Licensed Clinical Professional Counselor and Licensed Addiction Counselor). Staff are supported in attaining dual licensing.*
- *Therapists also function as case managers responsible for service coordination and direct linkage to other community mental health and other health services on discharge.*
- *All therapy approaches integrate treatment of co-occurring psychiatric and substance use disorders.*

Strengths (continued)

- *Strong commitment to and investment in implementation of Dialectical Behavioral Therapy (DBT).*
- *Saturday groups for families and patients*
- *Therapists often continue to treat patients following discharge from BBHS inpatient services.*
- *Therapists scheduled for evening and weekend hours.*
- *Unit provides a continuum of treatment from intense inpatient services to outpatient case management services.*

Suggestions :

- See suggestion under [Treatment and Support](#)

Medication Management

Strengths

- *Nursing staff is knowledgeable regarding medications.*
- *The [Pyxis](#)² medication dispensing system provides for safe and accurate medication distribution.*
- *All controlled substance are in the Pyxis system.*
- *Benefis Healthcare provides open access to all psychiatric medications with no formulary restrictions.*
- *Weekly medication education group is conducted by staff pharmacist.*
- *Routine medication education is done by the nurses at medication administration times.*
- *Nurses have good access to and interaction with the psychiatrists.*
- *The electronic unusual occurrence report (EUOR) is a good tool for non-punitive reporting of medication-related incidents.*
- *Counselors facilitate patients' medication access upon discharge.*
- *An appropriate procedure is used for administering emergency medications.*
- *If a patient does not have access to obtaining a prescription, BBHS will get the patient a 2 or 3 day supply or longer based on patient need. BBHS collaborates with its psychiatrists to obtain samples, use unit medications for 1 or 2 day supply, or purchase medications from our local pharmacies for a longer supply.*

Suggestions :

- Consider having more pharmacist involvement on the unit. It could be helpful for a pharmacist to:
 - participate in staffing,
 - identify and resolve potential medication-related problems,
 - conduct more frequent medication education groups, and assist with medication access after discharge, etc.

² Medication dispensing system that automates the distribution, tracking, management and security of medications.

- * Medications Administered Against Patients' Wishes – Patients are given the choice to refuse medications. Physicians have the prerogative to order medications against patients' wishes only when behavior poses a threat to the safety of themselves or other people. Such administration of medication is done in conjunction with seclusion or restraint. See Strengths under [Rights and Safety](#).

MENTAL DISABILITIES BOARD of VISITORS STANDARDS

Organizational Structure, Service Development, and Management

Criteria	Comments
Are the lines of authority and accountability in both the BBHS organizational chart and in practice:	
➤ simple and clear for all staff?	YES
➤ lead to a single point of accountability for BBHS across all sites, programs, professional disciplines and age groups?	YES
Does BBHS have a structure that identifies it as a discrete entity within the larger system of mental health services?	YES
Does structure of BBHS:	
➤ promote continuity of care for patients across all sites and programs?	YES
➤ reflect a multidisciplinary approach to planning, implementing, and evaluating care?	YES
Are staff:	
➤ aware of their roles and responsibilities?	YES
➤ held accountable for their work with patients and family members/carers?	YES
Are designated staff of BBHS accountable and responsible for the evaluation of all aspects of the service?	YES
Does BBHS involve the following in the evaluation of its services:	
➤ patients?	YES
➤ family members / carers?	YES
➤ BBHS staff?	YES
➤ other service providers?	NO

Does BBHS routinely measure health and functional outcomes for individual patients using a combination of accepted quantitative and qualitative methods?	YES Routine follow-up as part of chemical dependency services but not with primary psych patients – BBHS acknowledges this is something it need to do.
Is BBHS able to demonstrate continuous quality improvement regarding health and functional outcomes for individual consumers?	See above comment.

Strengths
<ul style="list-style-type: none"> ▪ <i>Through her leadership, Marlene O’Connell, the manager of BBHS, has nurtured a culture of high commitment not only to excellent patient care, but also to staff self care. She conveys and models this attitude to her staff, and they- in turn – model this to the patients.</i> ▪ <i>Nursing Supervisor, Vi Mogensen; Clinical Care Coordinator, Aleece Reynolds; and Program Operations Coordinator, Shelly Andrus are all deeply committed, enthusiastic leaders.</i>

Areas of concern :

- BBHS patient satisfaction rating numbers are very low. BBHS is acutely aware of this and is analyzing the survey tools and implementation of the satisfaction survey to determine if the numbers are low due to some anomaly in the survey itself, or if the numbers accurately indicate unsatisfactory experiences of patients.

Suggestions :

- Consider formalizing staff analysis of treatment quality.

Recommendations :

1. Develop a simple method to assess satisfaction of families / carers and community provider colleagues.
2. Develop a tool to measure patient health and functional outcomes.

Staff Competency, Training, Supervision, Relationships with Patients

Criteria	Comments
Does BBHS define minimum knowledge and competency expectations for each staff position providing services to patients?	YES
Does BBHS have a written training material for new staff focused on achieving minimum knowledge and competency levels?	YES
Does BBHS train new staff in job-specific knowledge and skills OR requires new staff to demonstrate defined minimum knowledge and competency prior to	YES

working with patients?	
Does BBHS proactively provides staff opportunities for ongoing training?	YES
Does BBHS periodically assess staff and identify and addresses knowledge and competence deficiencies?	YES
Does BBHS provide active formal and informal supervision to staff?	YES
Do BBHS staff members demonstrate respect for patients by incorporating the following qualities into the relationship with consumers: positive demeanor, empathy, calmness, validation of the desires of patients?	YES
Are supervisors trained to and held accountable for appropriately monitoring and overseeing the way consumers are treated by line staff?	YES

Strengths
<ul style="list-style-type: none"> ▪ <i>All staff appear to be exceptionally competent, well-credentialed, and very enthusiastic about their work, their team, and their leaders.</i> ▪ <i>Supervisors meet individually with staff twice per month to provide supervision and to review of job performance issues.</i> ▪ <i>Staff consistently engage patients in didactic interactions.</i> ▪ <i>There is a mutually respectful relationship between patients and staff.</i> ▪ <i>BBHS policies on Ethical Standards, Fraternization Between Staff and Patients, and Benefis Healthcare's Code of Ethics and Organizational Ethics are exceptionally well articulated.</i> ▪ <i>Benefis Healthcare contributes financially to ongoing staff professional development.</i> ▪ <i>In informal discussion with the BOV team, patients' comments on their treatment was consistently positive. They reported that: (1) staff are professional and helpful, (2) they are treated non-judgmentally, (3) they feel safe and secure in the treatment environment, (4) their privacy is protected, (5) staff work hard to partner with patients in treatment planning and delivery, and (6) there is a high priority on involving families in treatment.</i>

Rights and Safety

Rights

Criteria	Comments
Does BBHS define the rights and responsibilities of patients and family members/carers?	YES
Does BBHS actively promote consumer access to independent advocacy services and prominently display posters and/or brochures that promote independent advocacy services including the Mental Disabilities Board of	While internal support for patients is excellent, BBHS is working to improve in this area.

Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program?	
Does BBHS have an easily accessed, responsive, and fair complaint / grievance procedure for consumers and their family members/carers to follow?	-YES-
Does BBHS <u>provide to patients and their family members/carers</u> at the time of entering services in a way that is understandable to them:	
➤ a written and verbal explanation of their rights and responsibilities?	patients: -YES- family members/carers: Unit orientation materials are easily accessible in patient care visiting areas and reception areas so that family as well as patients have access to them, but are not proactively provided to family members.
➤ information about outside advocacy services available?	-NO-
➤ information about the complaint / grievance procedure	patients: -YES- family members/carers: see comment in first bullet
➤ information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances	-NO-
Does BBHS <u>display in prominent areas</u> of the mental health service's facilities:	
➤ a written description of consumers' rights and responsibilities	-YES-
➤ information about advocacy services available (the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program)	-NO-
➤ the complaint / grievance procedure?	-NO- Information on Benefis complaint/grievance procedure is available but not so with Montana Advocacy Program, Board of Visitors, etc.
Are staff trained in and familiar with:	
➤ rights and responsibilities?	-YES-
➤ advocacy services available?	-NO-
➤ complaint / grievance procedure?	-YES-

Safety

Criteria	Comments
Does BBHS protect patients from abuse, neglect, and exploitation by its staff and agents?	YES
Has BBHS fully implemented the abuse / neglect reporting requirements of 53-21-107, MCA?	NO Even though there have been no allegations of abuse / neglect against BBHS staff in the past year, BBHS does not have a policy that complies with this statute.
Are staff trained to understand and to appropriately and safely respond to aggressive and other difficult behaviors?	YES
Does BBHS utilize an emergency alarm system for staff and patients to notify staff when immediate assistance is needed?	YES

Strengths
<ul style="list-style-type: none"> ▪ <i>Two excellent Patient Rights brochures: <ul style="list-style-type: none"> ➢ one for overall Benefis Healthcare that explains general patient rights and responsibilities; ➢ one for patients of BBHS that, in addition to explaining the rights of patients with mental illnesses, explains the Emergency Detention and Civil Involuntary Commitment processes. </i> ▪ <i>Notebooks with rights information and in-house complaint procedure are available throughout the unit.</i> ▪ <i>The fact that their responsibilities as well as their rights are explained to patients emphasizes BBHS's approach to treatment as a partnership.</i> ▪ <i>Staff are trained in the use of Crisis Prevention Institute (CPI) http://www.crisisprevention.com/ methods of intervening with upset and/or aggressive patients.</i> ▪ <i>BBHS has drastically reduced its use of restraint and seclusion in the past several years – has used no physical restraints and seclusion only once in the past year. Staff attribute this reduction to better linking of patients to a counselor/case manager and the effort to ensure that that primary therapeutic relationship is established.</i> ▪ <i>No allegations of abuse / neglect of patients by BBHS staff in the past year.</i> ▪ <i>Seclusion rooms each have an innovative 'door within a door' that ensures that staff can access these rooms if doors are blocked from the inside.</i>

Areas of concern :

- Patients interviewed by BOV were not clear about how to make a complaint.
- Patients interviewed by BOV were not aware of staff skills for responding to out of control or aggressive patients.

Suggestions :

- Review process for informing patients about hospital complaint procedure.
- Consider informing patients on admission about the knowledge and skills staff have in helping patients who feel out of control or who become aggressive.

Recommendations :

3. Develop a policy that is in compliance with 53-21-107, MCA.
4. Develop information about independent advocacy and assistance available through the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program; provide to patients and families/carers; and display on unit.

Patient / Family Member Participation

Criteria	Comments
Does BBHS encourage and provide opportunities for patients to participate actively in their treatment and recovery?	YES
Does BBHS promote, encourage, and provide opportunities for patients to involve others in their care?	YES
Does BBHS identify in writing patients' family members/carers and describe the parameters for communication with them regarding patients' treatment and for their involvement in treatment and support?	YES ?
Does the mental health service	
<ul style="list-style-type: none"> ➤ promote, encourage, and provide opportunities for patient and family member/carer participation in the evaluation of BBHS (ex: evaluation of 'customer service', effectiveness of communication with consumers and family members/carers, achievement of outcomes)? 	patients YES families/carers- NO while family can complete patient care satisfaction forms this is not a formalized process
<ul style="list-style-type: none"> ➤ have written descriptions of these activities? 	YES

Strengths
<ul style="list-style-type: none"> ▪ <i>Family / carer connections and patients' wishes for their involvement are assessed on admission in the bio-psychosocial interview.</i> ▪ <i>Telephone conferencing is an often used tool to allow for family / carer involvement.</i> ▪ <i>Counselors are scheduled to 10pm on weekdays and on Saturdays for better access by families / carers.</i> ▪ <i>BBHS has established a connection with the Montana Chapter of the National Alliance for the Mentally Ill (NAMI-MT) through its involvement in the Central Service Area Authority.</i> ▪ <i>BBHS offers psychoeducation and therapy groups for families of patients on weekends. Patients report that they and their families are encouraged to participate.</i>

Recommendations :

5. Arrange for NAMI-MT to conduct its “Provider Training” for staff. This training is designed to give mental health providers a better understanding of family’s experiences and needs when a family member is ill.

Promotion of Community Understanding of Mental Illness

Criteria	Comments
Does BBHS 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

Strengths
<ul style="list-style-type: none"> ▪ <i>BBHS is involved in a number of community activities:</i> <ul style="list-style-type: none"> ○ <i>annual health fair – table and brochures on mental illness and BBHS services</i> ○ <i>two BBHS counselors in the Great Falls High Schools providing substance abuse intervention and education</i> ○ <i>participates with the City / County Health Department in “Teen Screen”, conducting suicide screening</i> ○ <i>participates with GTCMHC in Drug Treatment Court</i> ○ <i>conducts community depression screening</i> ○ <i>educational presentations on mental illness for MSU – Great Falls, University of Great Falls, North Middle School (a student who is a former BBHS patient is involved in this activity)</i> ○ <i>BBHS has involved consumers in presentations depending on availability and willingness of consumers to do so</i>

Sensitivity to Social, Cultural, Ethnic, and Racial Issues

Criteria	Comments
Does BBHS deliver treatment and support in a manner that is sensitive to the non-majority social / cultural / ethnic / spiritual beliefs, values, and practices of patients and their family members/carers?	YES Indian Family Health Center staff report that BBHS staff are “good people” and acknowledge that Benefis Healthcare has hired an Indian health professional to look at “Indian issues”.
Does BBHS ensure that its staff are knowledgeable about the social / cultural / ethnic / spiritual beliefs, values, and practices of non-majority people in the defined community and understand social and historical factors relevant to provision of mental health treatment to individuals in these groups?	* BBHS staff are sensitive to these issues, but there is no formal ongoing process for ensuring a defined level of knowledge about the primary non-majority (Native American) issues. One of BBHS’s annual education competencies for this year is understanding Native American cultures,

	next year will be Hutterite culture. This training is conducted and documented by the Education Department here at the Hospital.
In the planning, development, and implementation of its services does BBHS involve representatives of relevant non-majority social / cultural / ethnic / racial groups?	-YES- Benefis Healthcare has hired an Indian health professional to advise the hospital regarding native cultural issues.
Does BBHS investigate under-utilization of its services by, role of family and community in, and specialized treatment methods and communication issues for people in non-majority social / cultural / ethnic / racial groups, and people with visual or hearing impairment, people with other disabilities, and people who are illiterate?	-NO- Indian Family Health Center staff report that they experience difficulty accessing inpatient services for their clients. Question whether Indian clients are “really heard” in the assessment process.
Does BBHS develop links with other service providers / organizations with relevant experience in the provision of treatment and support to the non-majority social / cultural / ethnic / racial groups represented in the defined community?	* BBHS refers patients to the Indian Family Health Center, but the Center staff report a minimal and undeveloped ongoing relationship. Center staff are unsure about specifics of services at BBHS. Center Director is very interested in improving this working relationship.
With regard to its own staff, does BBHS monitor and resolve issues associated with social / cultural / ethnic / racial prejudice and misunderstanding?	* BOV believes that BBHS would address these issues if they arose. Part of the question is whether BBHS is communicating effectively enough with the Indian community to know whether Indian patients feel that there is misunderstanding.

Strengths

BBHS treats Indian people and other non-majority patients with respect and has some of the components of a mutually respectful, culturally sensitive, and effective working relationship with the Indian community. This addition of an Indian health professional on Benefis staff to do liaison work is a step forward.

Recommendations :

- 6. Contact Tom Champagne, Director of the Indian Family Health Center and work more proactively with him to identify barriers and to develop a more informed, reciprocal relationship.

Integration and Continuity of Services

Within the Organization

Criteria	Comments
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Does BBHS ensure service integration and continuity of care across its services and sites?	-YES- Well integrated internally (with its own outpatient, partial hospitalization, intensive outpatient services) and with the Benefis 'main hospital.
Does BBHS convene regular meetings between staff of each of its programs and sites in order to promote integration and continuity?	-YES-

Within the Community

Criteria	Comments
Does BBHS actively participate in an integrated human services system serving the defined community, and nurture inter-community links and collaboration?	-YES-
Are BBHS staff knowledgeable about the range of other community agencies available to patients and family members/carers?	-YES-
Does BBHS support its staff, patients, and family members/carers in their involvement with other community agencies wherever necessary and appropriate?	-YES-

Within the Health System

Criteria	Comments
Is BBHS part of the general health care system and does it promote comprehensive health care for patients (including access to specialist medical resources) and nurture inter-agency links and collaboration?	-YES-
Are BBHS staff knowledgeable about the range of other health resources available to patients and provide information on and assistance in accessing other relevant services?	-YES-
Does BBHS support the staff, patients, and family members/carers in their involvement with other health service providers?	-YES-
Does BBHS ensure continuity of care for patients following their discharge?	-YES-

Strengths
<ul style="list-style-type: none"> ▪ <i>The close alliance with GTCMHC and the cross staffing of psychiatrists contributes to an excellent continuity as consumers move from community settings into the hospital and back to the community.</i> ▪ <i>Therapists/Case Managers follow patients closely post discharge gradually reducing involvement as transfer to community provider takes place.</i> ▪ <i>Patients being discharged from the inpatient unit tend to move to the top of the waiting list for GTCMHC services and counseling staff can get</i>

- *appointments for patient care typically within a week of discharge. BBHS counselors in local schools, the Great Falls pre-release center, and the out patient office in Helena.*
- *Good communication with other Montana hospital inpatient psychiatric units for reciprocal “overflow” admissions / referrals.*
- *In addition to being well-connected with services outside of its organization, BBHS has an excellent array of in-house mental health/substance abuse services in addition to inpatient: outpatient, partial hospitalization - all of which are cross-staffed by BBHS professionals.*
- *BBHS makes “preventive call backs” to individuals who are assessed for mental health and/or substance abuse concerns in the Benefis emergency room but not admitted to the inpatient unit.*
- *A range of community services is briefly described in the patient information manual; BBHS seems to be well connected to other mental health, substance abuse, and general health treatment organizations in Great Falls (see [Sensitivity to Social, Cultural, Ethnic, and Racial Issues](#)).*
- *Very few people who are admitted to BBHS end up going to Montana State Hospital.*

Areas of concern :

- Significant waiting list at the Montana Chemical Dependency Center in Butte delays timely treatment at that level for a number of people who present to BBHS. (BBHS continues to work with patients in outpatient or even inpatient services until an available opening occurs.)
- The lack of focus on integrated, continuous treatment of co-occurring psychiatric and substance use disorders at Montana State Hospital.

Suggestions :

- Consider engaging with AMDD to address the waiting list problem for MCDC services. Perhaps people who are in inpatient services should have priority for inpatient substance abuse treatment.

Access / Entry

Criteria	Comments
Does BBHS ensure equality in the access to and delivery of treatment and support regardless of age, gender, sexual orientation, social / cultural / ethnic / / racial background, previous psychiatric diagnosis, past forensic status, and physical or other disability?	-YES-
Are BBHS services convenient to the community and linked to primary medical	-YES-

care providers?	
Does BBHS inform the defined community of its availability, range of services and the method for establishing contact?	-YES-
For new patients, is there timely access to psychiatric assessment and service plan development and implementation within a time period that does not, by its delay, exacerbate illness or prolong distress?	-YES-
Does BBHS 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 referred to but not admitted to BBHS?	-YES-
Does the process of entry into BBHS minimize the need for duplication in assessment, service planning, and service delivery?	-YES-
Does BBHS ensure that patients and their family members/carers are able to, from the time of their first contact with the mental health service, identify and contact a single mental health professional responsible for coordinating their care?	-YES-

<p>Strengths</p> <ul style="list-style-type: none"> ▪ Admissions are by BBHS physicians as well as any physician with admitting privileges at Benefis Healthcare ▪ Patients admitted by family physicians (10% - 15% of all admissions) are routinely treated by consult by unit psychiatrists. ▪ Average length of stay is 5 – 6 days, but BBHS has the ability to keep patients for 12 – 14 days which allows for community-based stabilization when necessary, thus avoiding many state hospital admissions.

Areas of concern :

- BBHS does not offer inpatient treatment for children. Children in Great Falls needing inpatient psychiatric treatment are sent to Shodair Children’s Hospital in Helena or Saint Patrick’s Hospital Mental Health Unit in Missoula.

Assessment, Treatment Planning, Documentation, and Review

Assessment

Criteria	Comments
With patients’ consent, does BBHS proactively include the participation of and provision of information by family members/carers, other service providers, and	-YES-

others with relevant information?	
Are assessments conducted in accordance with the unique requirements of people from a non-majority background and people with vision or hearing impairments, people with physical or developmental disabilities?	-YES-
When a diagnosis is made, are patients and family members/carers (with the consumer's consent) provided with information on the diagnosis, options for treatment and prognosis?	-YES-

Strengths

- *A CAGE³ questionnaire is always administered as part of the bio-psychosocial interview so that both psychiatric and substance abuse issues are thoroughly assessed on admission. A "positive" response on the CAGE results in an addiction medicine consult.*

Treatment Planning

Criteria	Comments
Does BBHS work with patients, and with patients' consent, family members/carers, and others to develop initial treatment plans?	-YES-
Do service plans focus on interventions that facilitate recovery and resources that support the recovery process?	-YES-
Does BBHS work with patients, 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 patients and family members/carers to take?	-YES- "Coping Plans" are part of overall treatment plans.
Are patients, and with patients' consent, family members/carers are given a copy of the treatment plan?	* This is done on patient request and given the move to an electronic record, more difficult for patient's to follow. BBHS acknowledges that work needs to be done in this area.

Documentation

Criteria	Comments
Is BBHS documentation a comprehensive, sequential record of patients' conditions, of treatment and support provided, of patients' progress relative to specific treatment objectives, and of ongoing adjustments made in the	-YES-

³ "CAGE" is an acronym formed by taking the first letter of key words from each of the following questions: (1) Have you ever felt you should **cut** down on your drinking? (2) Have people **annoyed** you by criticizing your drinking? (3) Have you ever felt bad or **guilty** about your drinking? (4) Have you ever had a drink first thing in the morning (as an "eye opener") to steady your nerves or get rid of a hangover?

provision of treatment and support that maximize patients' potential for progress?	
Is there clear congruence among assessments, service plans, discharge plans, service plan revisions, and treatment documentation?	-YES- BBHS is working to improve this with the electronic system.
There is clear documentation of a proactive approach to involving the patient in the service planning and revision?	-YES-

Strengths
<ul style="list-style-type: none"> ▪ <i>Benefis Healthcare and BBHS use a relatively new computerized electronic record keeping system.</i> ▪ <i>The Program Coordinator is the "point person" for electronic charting development, is involved on the hospital-wide project, has done some customizing specific to behavioral health, and oversees staff use of and skill improvement in charting using the new system.</i> ▪ <i>Documentation is clear and well-organized.</i> ▪ <i>Goals are clearly tied to assessments, objectives clearly tied to goals, and targeted outcomes are expressed in measurable terms.</i> ▪ <i>With a little guidance, charts are easily navigable.</i> ▪ <i>Some of the best clinical records BOV has seen.</i>

Review

Criteria	Comments
Do progress reviews support conclusions with documentation?	-YES- Because patients are in BBHS for a short period of time, review takes place daily in staff meetings. Appropriate written adjustments are entered into the chart.

Informational Documents

Criteria	Comments
Does BBHS proactively provide written information about the following to patients and family members/carers:	

➤ consumer rights and responsibilities including complaint / grievance procedure	patients: -YES- family members/carers: patient orientation materials are available to family members as well as patients ...staff may consider being more proactive in educating family members regarding the availability of information
➤ and assistance available from BOV	-NO-
➤ program descriptions?	patients: -YES- family members/carers: see above
➤ mission statement ?	patients: -YES- family members/carers: see above
➤ mental health/substance abuse treatment service options available in the community?	patients: -YES- family members/carers: see above
➤ psychiatric / substance use disorders their treatment ?	patients: -YES- family members/carers: see above
➤ medications used to treat psychiatric disorders?	patients: ✳ Patient information folder includes very general information about “psychotherapeutic medications”, but not about specific medications. Staff is able to print from our computerized systems information for patients or family members information specific to various psychotherapeutic medications family members/carers: see above
➤ opportunities for consumer / family member / carer participation in evaluation of the service ?	patients: -YES- family members/carers: see above information could be included to a greater extent in the orientation manual
➤ staff names and credentials?	patients: -NO- family members/carers: -NO-
➤ organization chart ?	patients: -YES- family members/carers: see above
➤ staff code of conduct ?	patients: -NO- family members/carers: -NO-

Strengths

- *BBHS has developed a good package for information for patients.*

Suggestions :

- Consider adding information about staff credentials and the staff code of conduct to the

patient information folder.

Recommendation :

- 7. Provide to families the same information provided to patients.

Treatment and Support

Criteria	Comments
Is treatment and support provided by BBHS reflective of evidence-based, best practice, recovery-oriented concepts and models, comprehensive, and implemented by appropriately qualified and experienced mental health professionals and paraprofessionals?	-YES-
Does BBHS provide education for patients, family members/carers, and staff which maximizes the effectiveness of consumer / family member / carer participation in patients' treatment (Training Focus Areas: Illness Management and Recovery, Medication Management, Family Psycho-education, Co-occurring Disorders)?	<p>✳</p> <p>BBHS does a good job of educating patients, families and staff. See Suggestion below.</p>

Treatment of Co-occurring Psychiatric and Substance Use Disorders

Criteria	Comments
In assessing each individual, does BBHS assume that co-occurring psychiatric and substance use disorders exist, and use assessments that confirm either the presence or absence of co-occurring psychiatric and substance use disorders?	-YES-
Does BBHS provide integrated, continuous treatment for patients who have co-occurring psychiatric and substance use disorders according to best practice guidelines adopted by the state?	-YES-
Does BBHS use one service plan and one relapse plan for each patient with co-occurring psychiatric and substance use disorders?	-YES-
Are clinicians licensed for both mental health and chemical dependency counseling?	-YES- See Staffing and Therapy .

Strengths
<ul style="list-style-type: none"> ▪ <i>BBHS does an excellent job of focusing on established best practices of Medication Management, Family Psychoeducation, and Co-Occurring Disorders.</i> ▪ <i>BBHS staff are involved in the statewide effort to establish DBT as a system-wide treatment methodology involving education and generalization by consumers of DBT coping techniques across treatment settings and in every day living.</i>

Suggestions :

- Consider incorporating additional best practices as described by the [Substance Abuse and Mental Health Services Administration, Center for Mental Health Services](#)⁴.

RECOMMENDATIONS

1. Develop a simple method to assess satisfaction of families / carers and community provider colleagues.
2. Develop a tool to measure patient health and functional outcomes.
3. Develop a policy that is in compliance with 53-21-107, MCA.
4. Develop information about independent advocacy and assistance available through the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program; provide to patients and families/carers; and display on unit.

⁴ United States Department of Health and Human Services. Evidence-Based Practices: Shaping Mental Health Services Toward Recovery. Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, <http://www.mentalhealthpractices.org/index.html> , 2004.

5. Arrange for NAMI-MT to conduct its "Provider Training" for staff. This training is designed to give mental health providers a better understanding of family's experiences and needs when a family member is ill.
6. Contact Tom Champagne, Director of the Indian Family Health Center and work more proactively with him to identify barriers and to develop a more informed, reciprocal relationship.
7. Provide to families the same information provided to patients.

FACILITY RESPONSE

1. Develop a simple method to assess satisfaction of families / carers and community provider colleagues.

BBHS RESPONSE:

The unit will engage in development of a tool that can be administered to family members attending our Saturday programming or completed by family members/caregivers on patient discharge. Community provider groups could be assessed in a fashion similar to that which is currently used to assess physician satisfaction i.e. adaptation of a similar form and bi-annual evaluation. We will also explore methods of assessment and feedback to the unit via internet mechanisms.

Methodology and decisions in this area to be completed by October 2005.

2. Develop a tool to measure patient health and functional outcomes.

BBHS RESPONSE:

Potential tool(s) and methodology to be determined by October 2005.

3. Develop a policy that is in compliance with 53-21-107, MCA.

BBHS RESPONSE:

Policy to be developed and staff inserviced by August 2005.

4. Develop information about independent advocacy and assistance available through the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program; provide to patients and families/carers; and display on unit.

BBHS RESPONSE:

Materials to be developed and available on unit by October 2005

5. Arrange for NAMI-MT to conduct its "Provider Training" for staff. This training is designed to give mental health providers a better understanding of family's experiences and needs when a family member is ill.

BBHS RESPONSE:

Program Coordinator to contact NAMI-MT and arrange for Provider Training. Training to be completed by December 2005.

6. Contact Tom Champagne, Director of the Indian Family Health Center and work more proactively with him to identify barriers and to develop a more informed, reciprocal relationship.

BBHS RESPONSE:

Program manager to contact Tom Champagne to engage in networking by July 2005.

7. Provide to families the same information provided to patients.

BBHS RESPONSE:

While the same information is available to family members, the unit will look at re-formatting and alternative methods of distribution for family members.