

Mental Disabilities Board of Visitors

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Standards established by the Mental Disabilities
Board of Visitors for reviewing and evaluating
the services provided by licensed mental Health
Facilities in Montana

Site Inspection Standards for
Reviewing Mental Health
Facilities

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Standards for Site Inspections of Mental Health Services

Organizational Planning and Quality Improvement

Planning

Criteria

- 1.1 The mental health facility (facility) produces and regularly reviews a strategic plan.
- 1.2 The strategic planning process uses information gathered from surveying individuals served to create a plan that responds to service needs.
- 1.3 The facility has an operational plan based on the strategic plan that establishes time frames and responsibilities for implementing objectives.

Quality Improvement

Criteria

- 1.4 The facility uses a process of continuous quality improvement to evaluate and improve its activities related to servicing individuals, family members and guardians.
- 1.5 Designated staff is accountable and responsible for the continuous quality improvement process.
- 1.6 The facility is able to demonstrate a process of continuous quality improvement that directly affects health and functional outcomes for individuals.

Rights, Responsibilities and Safety

Rights and Responsibilities

Criteria

- 2.1 The facility defines individual rights and responsibilities and provides this information both verbally and in writing to individuals and family members/guardians.
- 2.2 The facility actively promotes an individual's access to independent advocacy services by:
 - providing verbal and written information to individuals, family members/guardians
 - prominently displaying in all of its facilities posters and brochures that promote the independent advocacy services available, including the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and Disability Rights Montana.
- 2.3 The facility has a grievance procedure established in policy/procedure that is fair, responsive, and easy for individuals and their family members to follow.
- 2.4 At the time of entering services individuals and family members/guardians receive written and verbal information about assistance available from the Mental Disabilities Board of Visitors in the process for filing and resolving grievances.

Safety

Criteria

- 2.5 The facility protects individuals from abuse and neglect by its staff or agents.
- 2.6 The facility has policies and procedures which fully implement the requirements of Section 53-21-107 MCA, for detecting, reporting, investigating, determining the validity of, and resolving allegations of abuse and neglect of individuals.
- 2.7 The facility thoroughly analyzes the events and actions that preceded the alleged abuse and neglect, including actions or non-actions of its staff or agents, when investigating allegations of abuse, neglect, or exploitation of individuals.
- 2.8 After an allegation of abuse and neglect of an individual by its staff or agents is substantiated, the facility debriefs all related circumstances – including all staff and supervisory actions or non-actions that could have contributed to the abuse and neglect, to decrease future recurrence.
- 2.9 The facility responds to the therapeutic needs of the individual who was the subject of the allegation of abuse/neglect through trauma informed support and care.
- 2.10 Staff receives ongoing training to skillfully and safely respond to, and understand aggressive and other difficult behaviors by individuals.
- 2.11 Individuals have access to staff of their own gender.
- 2.12 The facility has a policy/procedure for the use of special treatment procedures that involve behavior control, mechanical restraints, locked and unlocked seclusion or isolation, time out, etc. and establishes that the procedures are:
 - clinically justified
 - properly monitored
 - implemented only when other less restrictive measures have failed
 - implemented only to the least extent necessary to protect the safety and health of the affected individual or others in the immediate environment.
- 2.13 The facility debriefs events involving special treatment procedures, emergency medications, and aggression by individuals against other individuals or staff, and individual self-harm; retrospectively analyzes how such events could have been prevented, and supports staff and individuals during and after such events.

Individual, Family Members/Guardian Participation

Criteria

- 3.1 The facility identifies in the individual chart the parameters for communication with family members/guardians regarding individual treatment, and for the way they may be involved in treatment and support for their family member.
- 3.2 Assessments, treatment planning sessions, and treatment reviews proactively include the participation of individuals, and with their consent, family members/guardians.

- 3.3 When a diagnosis is made, the facility informs individuals, and with their consent, family members/guardians about the individual's diagnosis, options for treatment, medication options and possible prognoses.
- 3.4 The facility furnishes individuals and with consent, family members/guardians a copy of the treatment plan.
- 3.5 The facility promotes, encourages, and provides opportunities for individual and family members/guardians participation in the operation of services. Examples are:
- participating in providing information about services to support the facility's continuous quality improvement
 - advisory groups
 - participation in public meetings
 - peer and staff education and training
 - family and individual peer support.
- The facility describes these activities in policies and procedures
- 3.6 The facility promotes, encourages, and provides opportunities for individuals and family members/guardians to participate in the evaluation of its services. Examples are:
- individuals and family members/guardians provide feedback about customer service,
 - individuals and family members/guardians provide feedback about the effectiveness of communication with them, and
 - individuals are involved in measuring their own health and functional outcomes
- The facility describes these activities in policies and procedures.

Cultural Effectiveness

Criteria

- 4.1 The facility has developed a Cultural Effectiveness Plan (CEP) using established Substance Abuse prevention guidelines. (<http://www.samhsa.gov/prevention>)
- 4.2 Staff is knowledgeable about cultural, ethnic, social, historical, military service, and spiritual issues relevant to the mental health treatment of the people served.
- 4.3 The CEP was developed with the assistance of recognized experts who understand that trauma includes physical, sexual and institutional abuse, neglect, intergenerational trauma, and disasters that induce powerlessness, fear, recurrent hopelessness, and a constant state of alert.
- 4.4 Individual treatment plans are developed by, or in consultation with, a culturally competent clinician.
- 4.5 Individual treatment plans:
- describe and identify cultural, ethnic, social, historical, military service or spiritual issues
 - support individual strengths
 - promote resilience; and
 - focus on empowerment as opposed to management and control.

- 4.6 The facility develops links with other service providers and organizations that have relevant experience and expertise in the provision of mental health treatment and support to people from all cultural, ethnic, religious, and racial groups in the community with a specific emphasis on military service members and American Indian people.
- 4.7 The facility has a plan for recruitment, retention, and promotion of staff from cultural/racial/ethnic backgrounds representative of the community served with a specific emphasis on military service members and American Indian people.
- 4.8 With regard to its own staff, the facility monitors and addresses issues associated with cultural, ethnic, religious, racial prejudice and misunderstanding, with a specific emphasis on prejudice toward and misunderstanding of military service members and American Indian people.
- 4.9 The facility analyzes the cultural, ethnic, religious, racial demographics of the service area with a specific emphasis on military service members and American Indian people.

Staff Competence, Training, Supervision, and Relationships with Individuals

Competence and Training

Criteria

- 5.1.1 The facility defines optimum knowledge and competence expectations, specific to working with individuals with mental illness or emotional disturbance for each staff position providing services.
- 5.1.2 The facility has a written training curriculum for new staff focused on achieving optimum knowledge and competence expectations specific to working with individuals with mental illness or emotional disturbance for each position providing services.
- 5.1.3 The facility trains new staff in job-specific knowledge and competence prior to working with individuals served. Alternatively, the facility requires new staff to demonstrate defined optimum knowledge and competence specific to working with individuals with mental illness or emotional disturbance prior to providing services.
- 5.1.4 Direct care staff receive ongoing training, including but not limited to, NAMI-MT Provider Training, Montana Conference on Mental Illness, Mental Health Association Trainings, Department of Public Health and Human Services Trainings, and other professional conferences.
- 5.1.5 The facility assesses staff performance to identify and address knowledge and competence deficiencies.
- 5.1.6 Staff members on all levels receive regularly scheduled in-service training.

Supervision

Criteria

- 5.2.1 Supervisors are accountable for monitoring the way staff address and treat individuals and ensure that individuals receive effective treatment as described in treatment plans.

Relationships with Individuals

Criteria

- 5.3.1 Staff demonstrates respect for individuals during daily interactions by incorporating the following qualities:
- active engagement
 - positive demeanor
 - empathy
 - calmness
 - validation of positive goals and desires

Active Engagement with Individuals

Criteria

- 5.4.1 Staff members demonstrate proactive, assertive, supportive engagement with individuals in every applicable treatment environment.
- 5.4.2 Professional staff is consistently present in all treatment environments interacting with direct care staff and individuals.
- 5.4.3 Professional staff consistently teach, model and reinforce healthy, constructive and respectful interactions between staff and individuals.
- 5.4.4 Supervisors ensure that direct care staff interacts with individuals in a positive, recovery-oriented manner and that an individual's treatment is integrated into all interactions.

Treatment and Support

General

Criteria

- 6.1.1 A written treatment plan is in place and implemented for individuals receiving services at the facility.
- 6.1.2 A written discharge plan is in place for every individual who is receiving services from the facility.
- 6.1.3 The facility performs a thorough physical/medical examination or ensures that a thorough physical medical examination has been performed within one year of the individual entering or re-entering the service.
- 6.1.4 The facility links all individuals to primary health services and ensures that individuals have access to needed health care.
- 6.1.5 The facility proactively rules out medical conditions that may be responsible for presenting psychiatric symptoms.
- 6.1.6 The facility ensures that individuals have access to needed dental care.

Trauma Informed Care

Criteria

- 6.2.1 The facility provides treatment and support that incorporates trauma informed care using the guidelines established by SAMSHA. (<http://www.samhsa.gov/ebp-web-guide>)
- 6.2.2 The facility's leadership assesses the organization, treatment and services to assure that staff have a basic understanding of the effects of trauma on the lives of individuals seeking services. (<http://homeless.samhsa.gov/>, a resource on homelessness and best practices for providers regarding trauma, substance abuse, shelter, and employment.)
- 6.2.3 Treatment plans include trauma-specific interventions to specifically address the consequences of trauma.
- 6.2.4 Staff receives ongoing training on universal trauma precautions.
- 6.2.5 The facility ensures support for the physical and emotional safety of staff members and individuals. When a potentially traumatic incident occurs, the leadership/management thoroughly reviews the event and individually assesses participants/victims/witnesses for potential trauma.

Evidence-Based Services

Criteria

- 6.3.1 Individuals served receive treatment and support that incorporates the following SAMHSA-identified evidence-based practices:
 - Illness Management and Recovery
 - Assertive Community Treatment
 - Family Psycho-education
 - Supported Employment
 - Integrated Treatment for Co-occurring psychiatric and substance use disorders.
- 6.3.2 The facility provides treatment and support to individuals in a manner that is consistent with the SAMHSA principles for recovery. (<http://www.samhsa.gov/ebp-web-guide>)

Housing

Criteria

- 6.4.1 Individuals have access to safe, affordable, quality housing in locations that are convenient to community services and amenities.
- 6.4.2 Individuals receive support and advocacy in communicating and problem solving with landlords.
- 6.4.3 The facility works closely with landlords to ensure that individuals do not lose their housing during periods of hospitalization or other temporary out-of-community treatment or during other illness-related circumstances.
- 6.4.4 Individuals receive access to, and assistance with, options for home ownership.

Education

Criteria

- 6.5.1 The facility strives to provide Individuals access to evidence-based educational opportunities.
- 6.5.2 The facility provides opportunities for individuals to give suggestions on classes offered or improvements to educational programs.

Employment

Criteria

- 6.6.1 The facility does not require individuals to perform labor that involves the operation and maintenance of its facility or any organizations which the facility contracts. Individuals may voluntarily engage in the labor if it's compensated in accordance with the minimum wage laws of the Fair Labor Standards Act of 1938, 29 U.S.C. 206, as amended (*53-21-167, MCA. Patient Labor*).
- 6.6.2 The facility may require individuals to perform therapeutic tasks that do not involve the operation and maintenance of the facility. The task must be identified in the treatment plan, approved as a therapeutic activity by a professional person responsible for supervising the individual's treatment, and supervised by a staff member to oversee the therapeutic aspects of the activity. (*53-21-167, MCA*)
- 6.6.3 Individuals served may voluntarily engage in therapeutic labor for which the facility would otherwise pay an employee to perform if the specific labor is part of the treatment plan and approved as a therapeutic activity; is supervised by a staff member to oversee the therapeutic aspects; and is compensated in accordance with the minimum wage laws of the Fair Labor Standards Act of 1938, 29 U.S.C. 206 as amended. (*Section 53-21-167, MCA*)
- 6.6.4 The facility may require individuals to perform tasks of a personal housekeeping nature. (*Section 53-21-167, MCA*)
- 6.6.5 Deductions or payments for care and other charges may not deprive individuals of a reasonable amount of compensation received for personal and incidental purchases and expenses. (*Section 53-21-167*)

Co-Occurring Psychiatric and Substance Use Disorders

Criteria

- 6.7 The facility has implemented protocols established by Addictive and Mental Disorders Division (AMDD) of the Montana Department of Public Health and Human Services (DPHHS) for treatment for individuals who have co-occurring psychiatric and substance use disorders.

Crisis Response and Intervention Services

Criteria

- 6.8.1 The facility lists and advertises its crisis telephone number in a manner designed to achieve maximum visibility and ease of location to individuals who are in crisis and their family members.

- 6.8.2 The facility responds directly to all crisis line telephone calls. After responding to each caller's immediate needs the facility refers callers who are not currently receiving services through the facility to necessary services.
- 6.8.3 The facility follows up on crisis line callers who have been referred to other services to ensure that the outside provider received the referral.

Medication

Criteria

- 6.9.1 The medication prescription protocol is evidence-based and reflects internationally accepted medical standards.
- 6.9.2 Medication is prescribed, stored, transported, administered, and reviewed by authorized persons in a manner consistent with laws, regulations, and professional guidelines.
- 6.9.3 Individuals are provided with understandable written and verbal information about the potential benefits, adverse effects, and costs related to the use of the prescribed medication.
- 6.9.4 "Medication when required" (PRN) is used only as part of a documented continuum of strategies for safely alleviating an individual's distress and/or risk.
- 6.9.5 The facility ensures individuals have access to the safest, most effective, and most appropriate medications and other technology.
- 6.9.6 The facility acknowledges and facilitates an individual's right to seek opinions and/or treatments from other qualified prescribers and promotes continuity of care by working effectively with other prescribers.
- 6.9.7 The facility actively promotes adherence to medication through negotiation and education.
- 6.9.8 Wherever possible, the facility does not withdraw support or deny access to other treatment and support programs on the basis of an individual's decision not to take medication.
- 6.9.9 Individuals new to services have timely access to a psychiatrist or mid-level practitioner for initial psychiatric assessment and medication prescription within a time period that does not, by its delay, exacerbate illness or prolong absence of necessary medication treatment.
- 6.9.10 Individuals currently receiving services have regularly scheduled appointments with a psychiatrist or mid-level practitioner to assess the effectiveness of prescribed medications, adjust prescriptions, and address questions and concerns.
- 6.9.11 Individuals have immediate access to a psychiatrist or mid-level practitioner when legitimate concerns or problems with prescription medications arise.
- 6.9.12 Medication allergies, side effects, adverse reactions and abnormal movement disorders are well documented, monitored, and promptly treated.
- 6.9.13 Individuals taking antipsychotic medications are monitored according to the consensus guidelines of the American Diabetes Association (ADA) and American Psychiatric Association (APA).

http://professional.diabetes.org/Adv_SearchResult.aspx?kwd=psychortpic%20medications&sr=global&ResType=ALL&typ=0&adv=True

<http://www.psych.org/practice/clinical-practice-guidelines>

- 6.9.14 A policy/procedure is in place for documenting and reporting medication errors.
- 6.9.15 A quality improvement process is in place for decreasing medication errors over time.
- 6.9.16 The rationale for prescribing and changing prescriptions for medications is documented in an individual's clinical record.
- 6.9.17 A policy/procedure for the use of medication samples is in place and is being followed.
- 6.9.18 Unused portions of medications and expired medications are disposed of appropriately using the protocols described in SMARxT DISPOSAL™ and/or the Food and Drug Administration with the Office of National Drug Control Policy Guidelines. <http://www.smarxtdisposal.net/>
- <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm>
- 6.9.19 A policy/procedure for using and documenting the involuntary use of medication is in place and includes documentation of the rationale, efficacy and side effects for the use of the medication.
- 6.9.20 Procedures are in place for obtaining medications for uninsured or underinsured individuals.
- 6.9.21 When an individual who is transitioning to another service provider is taking psychotropic medications, the facility proactively facilitates the seamless continuation of access to those medications by ensuring that the individual has:
- an appointment with the physician who will be assuming responsibility for the individual's psychotropic medication management
 - enough medications in hand to carry them through to the next doctor appointment, and
 - funding to purchase medications prior to the transition.

Access and Entry

Criteria

- 7.1 Mental health services are convenient to the community and are linked to primary medical care providers.
- 7.2 The facility informs the community of its availability, range of services, and process for establishing contact.
- 7.3 Upon admission, individuals receive timely access to psychiatric assessment and treatment plan development within a time period that does not exacerbate illness or prolong distress.
- 7.4 An appropriately qualified and experienced staff person is available at all times - including after regular business hours - to assist individuals when they enter the facility.

- 7.5 Individuals or family members/guardians are able to contact a single mental health professional responsible for coordinating their care from the time of their first contact with the facility.
- 7.6 The facility has a system for prioritizing referrals according to an individual's risk, urgency, distress, dysfunction, and disability to commence initial assessments and services.

Continuity of Services through Transitions

Criteria

- 8.1 The facility ensures smooth transitions for children/adolescents who have aged into adult services.
- 8.2 Before an individual exits services, the facility reviews the individual's treatment and supports outcomes then makes arrangements for follow-up with them and their family members/guardians.
- 8.3 When an individual exits services, the facility provides information on the range of relevant services and supports available in the community to them and their family members/guardian.
- 8.4 The facility assists with the transition process when an individual moves to another service provider.
- 8.5 The facility ensures that an individual referred to other services has established contact with the providers after leaving the facility.
- 8.6 If an individual *was* receiving community mental health services prior to an inpatient or residential treatment admission, the facility assumes primary responsibility for continuity of care between inpatient or residential treatment and community-based treatment.
- 8.7 If an individual *was not* receiving community mental health services prior to inpatient or residential treatment admission, the inpatient / residential treatment service assumes primary responsibility for continuity of care between inpatient or residential treatment and community-based treatment.
- 8.8 Leading up to and at the time of discharge from inpatient or residential treatment, both the community service *and* the inpatient service or residential treatment service communicate and coordinate in such a way as to ensure continuity of care; this coordination may include family members/guardians.

Sources:

- American Association of Community Psychiatrists
<http://communitypsychiatry.org/>
- Substance Abuse and Mental Health Services Administration "SAMHSA" Web Page
<http://www.samhsa.gov/>
- Suicide training and accreditation; signs to recognize and respond to suicide risks, survivor issues, forensic and psychological certification in suicidology; identify and respond to suicide risks.

www.suicidology.org/training-accreditation/

- Mental Health and Juvenile Justice for Collaborative Change
<http://cfc.ncmhjj.com>; 1(866) 962-6455
- 2014 Treatment Advocacy Center, a National nonprofit organization dedicated to eliminating barriers to timely and effective treatment of severely mentally ill persons behind bars, prior to charges. This organization supports and promotes laws, policies, practices for delivery of mental health services.
<http://tacreports.org/storage/documents/treatment-behind-bars/treatment-behind-bars.pdf>
- Basics of Mental Health : Warning signs, myths and fears; Recovery and how to get help for Veterans and Service Members) www.mentalhealth.gov
- What does it mean to be a trauma informed clinician? Homeless resource clarifies best practices for providers on trauma, shelter, substance abuse issues. <http://homeless.samhsa.gov/>
- Montana Code Annotated (MCA) 2013
http://leg.mt.gov/bills/mca_toc/index.htm
- Administrative Rules of Montana
<http://mtrules.org/default.asp>
- Montana Standards for Programs of Assertive Community Treatment (adapted in 2011 from National Program Standards for ACT Teams) by D. Allness & W. Knoedler, 2003.
<http://montana.networkofcare.org/mh/services/subcategory.aspx?tax=RP-6400.8000-050>
- Centers for Medicaid and Medicare - State Operations Manual – Appendix J
http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_j_intermdcare.pdf
- American Psychological Association
<http://www.apa.org/pubs/index.aspx>
- Evidence-Based Pharmacologic Treatment for People with Severe Mental Illness. Mellman, T.A., Miller, A.L., Weissman, E.M., et al. *Psychiatric Services*. 2001.
<http://ps.psychiatryonline.org/article.aspx?articleid=85864>
- Developing standards of care for individuals with co-occurring psychiatric and substance use disorders. Minkoff, K. *Psychiatric Services*. 2001.
<http://ps.psychiatryonline.org/article.aspx?articleID=85847>
- Children's Mental Health Needs, Disparities and School Based Services, Feb. 2012.
<http://www.healthinschools.org/>
- Mental Health Promotion, *WHO Fact Sheet No. 220*. Geneva World Health Organization, 2010.
<http://www.who.int/mediacentre/factsheets/fs220/en/>
- Identifying clinical competencies that support rehabilitation and empowerment in individuals with severe mental illness. *Journal of Behavioral Health Services & Research*. 2000; 27:321-333.

<http://jbhsr.fmhi.usf.edu/toc/27.html#3>

- DPHHS Network of Care for Service Members, Veterans and their Families
<http://montana.networkofcare.org/veterans>
- Service Members, Veterans, and their Families Technical Assistance Center (SMVF TA Center)
<http://www.samhsa.gov/veterans-military-families>