

Mental Disabilities Board of Visitors

SITE REVIEW REPORT

Center for Mental Health
Helena, Montana

June 28 - 29, 2007

Gene Haire

Gene Haire, Executive Director

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**Mental Disabilities Board of Visitors
Site Review Report
Golden Triangle Community Mental Health Center
June 28-29, 2006**

OVERVIEW

Mental Health Facility reviewed :

Golden Triangle Community Mental Health Center (CMH - Helena)
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 CMH - Helena services.
- 2) To assess the degree to which the services provided by CMH - Helena are humane, consistent with professional standards, and incorporate BOV standards for mental health services.
- 3) To recognize excellent services.
- 4) To make recommendations to CMH - Helena for improvement of services.
- 5) To report to the Governor regarding the status of services provided by CMH - Helena .

BOV review team :

Staff:

Gene Haire, Executive Director
LuWaana Johnson

Board:

Sandy Mihelish
Suzanne Hopkins

Consultants:

Tom Bartlett
Stan Fleming, LCPC
Jackie Hagen, PharmD

Review process :

Interviews with CMH - Helena 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

Brief Overview of Services (from CMH - Helena 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 – Helena

- 2 Adult Case Management Supervisor (Clinical Team Leaders)
- 3 Case Managers
- 2 Case Managers who provide services to both adults and children
- 2 Adult Therapeutic Aides (work part of the time in the Day Treatment program)

Adult Case Management	Comments / Analysis
Overall impression of Adult Case Management services:	<u>Strengths:</u> ▪ Dedicated case managers working hard in the trenches; several long term case managers. ▪ CMH – Helena has moved to a quasi "team case management" approach in which services to consumers are allocated to case managers and other staff in team meetings based on individual need and staff expertise. <u>Concerns:</u> ▪ Low wages for job requirements. <u>Suggestions:</u> ▪ Case managers reported to BOV that it would be very helpful for new case managers to have pre-service training in Medicare/Medicaid, SSI and other entitlement systems.

Adult Foster Care

Brief Overview of Services (from CMH - Helena 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

- 11 licensed Adult Foster Care Homes operated either by individuals or couples.

Adult Foster Care	Comments / Analysis
Overall impression of Adult Foster Care services?	<u>Strengths:</u> ▪ CMH-Helena trains all providers and respite providers. ▪ Clinical Team Leaders meet with the providers twice a month, one of the times in the home. ▪ The Community-Based Psychosocial Rehabilitation aides meet with the providers weekly and go over a checklist with them. ▪ The providers were given the group home level system and they developed their own level system for the Adult homes.

Adult Day Treatment (Montana House)

Brief Overview of Services (from CMH - Helena 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

- 1 Montana House Therapist/Supervisor
- 5 Psychiatric Rehabilitation Specialists
- 2 Psychiatric Rehabilitation Specialists who also provide Therapeutic Aide services outside of Montana House

Adult Day Treatment	Comments / Analysis
Overall impression of CMH – Helena Adult Day Treatment (Montana House) services?	VERY GOOD <u>Strengths:</u> ▪ Montana House is divided into five work units, through which consumers can proceed at their own pace. ▪ All of the consumers observed by BOV team were participating in the program, seemed positively engaged, and interested in what they were doing. The atmosphere was positive. ▪ Staff appear competent, good to the consumers, helpful, and pleasant. ▪ Most of the consumers are working toward a behaviorally-specific goal. If a goal is reached and the consumer leaves Montana House, the program tracks her/him for after “graduation”. ▪ Each work unit has a consumer advocate who has graduated the program but who may not feel ready to return to the community; therefore, they help to run the meetings and are advocates for fellow consumers. ▪ The Montana House supervisor is very highly thought of as leader of the Montana House by consumers and staff.

Crisis Response Team

Brief Overview of Services (from CMH - Helena program description)

“Crisis Response Team evaluates individuals who are experiencing psychiatric crises and link them with the most appropriate level of care available (outpatient, crisis stabilization, or inpatient care). Evaluations are performed at the county jails, Saint Peter’s Hospital Emergency Room, or residences (with assistance of trained law enforcement officers.”

Staffing

- 1 Crisis Response Team Supervisor
- 3 Crisis Response Team Specialists (all licensed, master’s level or above therapists)

Crisis Response Team	Comments / Analysis
Overall impression of Crisis Response Team services?	<u>Strengths:</u> ▪ The fact that there is a relatively new Crisis Response Team in Helena is a very positive development. <u>Recommendations:</u> (see Crisis Response and Intervention Services, p. 40)

Outpatient Therapy

Brief Overview of Services (from CMH - Helena program description)

“Individual and group therapy services are provided to those clients who do not require the intensity of therapeutic treatment provided by other services. Therapy is provided to clients experiencing a wide variety of problems utilizing many treatment techniques.”

Staffing

- 1 Director of Services
- 1 Child and Family Team Leader
- 6 Outpatient Therapists

Outpatient Therapy	Comments / Analysis
Overall impression of Outpatient Therapy services?	<u>Strengths:</u> ▪ CMH-Helena is making the shift to concentrate on recovery-oriented outpatient services.

Program of Assertive Community Treatment (PACT)¹

Brief Overview of Services (from CMH - Helena program description)

"Helena and Great Falls offer the Program of Assertive Community Treatment to help[people with severe and chronic mental illness live successfully in the community. The teams offer a multidisciplinary approach, providing support directly to clients in the community. This may include assistance with employment, self-care, medications, or other individualized treatment services."

Staffing

- 1 PACT Therapist/Team Leader
- 1 Psychiatrist (16 hours/week)
- 2 Therapists
- 2 Registered Nurses
- 5 Community Resource Specialists
- 1 Secretary

PACT	Comments / Analysis
What is your overall impression of CMH – Helena PACT?	VERY GOOD <u>Strengths:</u> ▪ Great team, great communication. ▪ Most consumers utilizing PACT services are stable and have very little crisis in their lives. If they need help or encouragement the consumer first calls their worker by pager, or if it is off hours, they may call the crisis hot line. ▪ The PACT team has two vocational specialists and one substance abuse counselor. ▪ The PACT team leader is a great strength of the Helena PACT program. ▪ The PACT program has a staff of caring, dedicated people. <u>Concerns:</u> ▪ The PACT program is located in a substandard facility.* * CMH-Helena is in the planning stages for moving to a new facility for the PACT and crisis stabilization programs.
Are there any major PACT standards that are <u>not</u> in place?	Yes <u>Strengths:</u> ▪ The Addictive and Mental Disorders Division (AMDD) has established state expectations for PACT Teams. The Helena PACT program is following those standards.

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

	<u>Concerns:</u> ▪ The CMH-Helena PACT team does not employ a peer specialist as the national PACT model specifies.* * AMDD is planning to add the requirement for a peer specialist on all Montana PACT teams beginning in March 2008. <u>Suggestion:</u> ▪ Consider either establishing a separate PACT team advisory committee or adding PACT advisory activities to a broader advisory group. <u>Recommendation:</u> 1. AMDD should adopt all of the established national PACT standards and procedures, including the requirement that all of the designated staff team roles be in place.
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Psychiatry Medication Management / Medication Monitoring

Brief Overview of Services (from CMH - Helena program description)

"Psychiatrists and Nurse Practitioners provide diagnostic assessment, prescription of psychotropic medications, and ongoing management of these medications for clients with psychiatric and co-occurring substance use disorders."

Staffing - Helena

- 2 Psychiatrists (one 20 hours/week, one with PACT 16 hours/week)
- 1 Advance Practice Registered Nurse
- 1 BSN Registered Nurse
- 3 Licensed Practical Nurses

Psychiatry / Medication Management / Medication Monitoring	Comments / Analysis
Overall impression of Psychiatry / Medication Management / Medication Monitoring?	<u>Strengths:</u> ▪ Good prescribing practices. Prescribers are very good at avoiding over-medicating consumers. A number of consumers have decreased the number of medications they are taking since starting services with CMH-Helena. ▪ The senior LPN has been in her position for over ten years and is invaluable in her ability to obtain low-cost (or free) medication for consumers. She is very knowledgeable about which pharmacies to call, utilizes MHSP, Great Falls Funding, county Funding, Medicaid, samples from drug company representatives, coupons, and Medicare Part D; although the emergence of Medicare Part D has greatly hindered some of the previous sources she had for low-cost medication. ▪ The senior LPN screens calls to the doctors, in many cases she can help the consumer, saving time for the doctors. She reviews charts, educates consumers, makes up medication refills, and keeps track of all medication changes by utilizing the On-Call data program.
	<u>Concerns:</u> ▪ Consumer files are not complete in the computerized charting system. One must go to the paper chart to be confident that all progress notes and other documentation are being reviewed for medication decisions. <u>Suggestions:</u> ▪ Rather than going through a dictation service that takes days to return a "paper" copy, have all dictations put directly into the computer system. This would provide quicker and easier access by all providers.

Adult Group Home (Hannaford House)

Brief Overview of Services (from CMH - Helena 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 House Supervisor
- 5 Group Home Workers

Adult Group Home (Hannaford House)	Comments / Analysis
Overall impression of the Adult Group Home (Hannaford House) services?	VERY GOOD <u>Strengths:</u> ▪ The two lead therapists give residents Recovery Model training, which is consumer-driven training based on autonomy, independence, and helping consumers find a life worth living. ▪ The house was very clean, neat, and well organized.

Crisis Stabilization Facility (Care House)

Brief Overview of Services (from CMH - Helena program description)

“Care House staff provide support and supervision of individuals who are admitted to this six bed short term residential facility where the focus of care is on improved medications managements, identification of relapse patterns, coping skill development, and linkage with community support systems.”

Staffing

- 1 Program Supervisor
- 3 Licensed Practical Nurses
- 5 Crisis Stabilization Workers

Crisis Stabilization (Care House)	Comments / Analysis
Overall impression of the Crisis Stabilization Facility (Care House) services?	VERY GOOD <u>Strengths:</u> ▪ Consumers report feeling that they are in a home rather than an institution, that the staff are helpful, and that they feel safe. ▪ Very comfortable, homey, clean atmosphere. ▪ A high percentage (80%) of consumers' families is involved with treatment. ▪ If the family requests training, CMS will provide it. ▪ Case managers help with family contact and visitation. <u>Concerns:</u> ▪ The house is an old, renovated Victorian home with bedrooms that require residents to share rooms ▪ The facility is not designed for good observation of consumers or good communication among staff. There are no “secure” beds. ▪ Steep stairs may present problems to some consumers.
Do the staff in Care House appear to be alert to consumers' needs, aware of consumers' treatment plans, and actively engaged in interacting in positive and helpful ways with consumers'?	Yes <u>Strengths:</u> ▪ Staff appear readily available to consumers. ▪ Residents reported to BOV that they are very happy with the service they are getting.
Does the atmosphere in Care House indicate professionalism, active support, and expertise about mental illnesses and their treatment?	Yes
Does the atmosphere in Care House indicate professionalism, active support, and expertise about mental illnesses and their treatment?	Yes

Are staff and supervisors in Care House out of the nursing station and on the unit most of the time?	Yes
Does it appear that consumers' and staff in Care House have mutually respectful relationships?	Yes <u>Strengths:</u> ▪ BOV reviewed several satisfaction surveys filled out by consumers that clearly indicate this.

MENTAL DISABILITIES BOARD of VISITORS STANDARDS

Organizational Structure and Planning

Criteria	Comments
Organizational Structure	
Are the lines of authority and accountability in both the CMH - Helena organizational chart and in practice:	
➤ simple and clear for all staff? ➤ lead to a single point of accountability for CMH - Helena across all sites, programs, professional disciplines and age groups? ➤	YES
Does CMH - Helena have a structure that identifies it as a discrete entity within the larger system of mental health services?	YES
Does structure of CMH - Helena:	
➤ promote continuity of care for consumers across all sites and programs?	YES
➤ reflect / support a multidisciplinary approach to planning, implementing, and evaluating care?	YES
Are designated staff of CMH-Helena accountable and responsible for the evaluation of all aspects of the service?	NO <u>Concerns:</u> ▪ There doesn't seem to be a clear evaluation process of the services and their effectiveness <u>Recommendation:</u> 2. Develop an ongoing quality improvement process; begin to gather information about the effectiveness of the services provided by CMH - Helena, and . Designate an individual staff person responsible in each service area.
Does CMH-Helena involve the following in the evaluation of its services: ➤ consumers? ➤ family members / carers? ➤ CMH-Helena staff? ➤ other service providers?	<u>Strengths:</u> ▪ Care House and Montana House works with consumers to get feedback regarding service satisfaction. <u>Concerns:</u> ▪ Service satisfaction is not the same as evaluation of effectiveness (see Suggestion above). ▪ There is no formal mechanism for involving family members in evaluation of services. (see Consumer / Family Member Participation, p. 22)

Planning	
Does CMH - Helena produce and regularly review a strategic plan that is made available to the defined community?	YES * Strengths: - CMH - Helena has a strategic plan document and appears committed to the strategic planning process. Concerns: - The strategic plan appears generic - applicable to the entire Center for Mental Health regional organization - nothing specific to Helena operations. - The strategic plan does not specify actions, responsibilities, or time frames to accomplish the goals. Recommendation: 3. Incorporate the following into the strategic plan: measurable action steps, names of people responsible for each action step, target dates for accomplishment of each action step. * The strategic plan provided to BOV was for the period ending July 1, 2007, with an addendum "for year ending July 1, 2010" that was very general. CMH-Helena reported to BOV that it had completed a draft of a new strategic plan.
Is the CMH - Helena strategic plan developed and reviewed through a process of consultation with staff, consumers, family members/carers, other appropriate service providers and the defined community?	NO Concerns: It appears that the strategic plan is largely, if not wholly an administrative project. Recommendation: 4. Redesign the strategic planning process so that CMH-Helena staff at all levels, consumers, family members/carers, and service providers in the defined community have input.
Does the CMH - Helena strategic plan include:	
➤ consumer and community needs analysis?	NO
➤ strategy for increasing the use of evidence-based practices (EBP)?	NO
➤ 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	NO
Does CMH - Helena 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 CMH - Helena define the rights and responsibilities of consumers and family members/carers?	YES
Does CMH - Helena actively promote consumer/family member/carer access to independent advocacy services including the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program?	NO <u>Strengths:</u> <u>Concerns:</u> There is no active process or specific information provided to consumers or family members.
Does CMH - Helena have an easily accessed, responsive, and fair complaint / grievance procedure for consumers and their family members/carers to follow?	YES <u>Strengths:</u> - All CMH - Helena staff BOV spoke to were knowledgeable about the grievance procedure, could explain it, and knew where to get the forms. - A grievance form is included in the orientation package provided to each new consumer, along with the Center Mission Statement, Rights of Montanans with Mental Illness, and Employee Conduct. - There is a complaint box in the waiting room. <u>Concerns:</u> - In talking with consumers, it was not clear whether they understand how to file a grievance. - Several consumers indicated they feel awkward asking a staff person to fill out a complaint about another staff member. <u>Suggestions:</u> - Reassess the information given to consumers about the grievance procedure to ensure that consumers are given thorough information about grievances. - Reassess the process for filing a grievance so that consumers do not have to go through a staff person to file one.

Does CMH - Helena <u>provide to consumers 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? ➤ information about outside advocacy services available? ➤ information about the complaint / grievance procedure ➤ information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances?	rights - YES information about outside advocacy services available - NO information about the complaint / grievance procedure - YES information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances - NO <u>Recommendation:</u> 5. Redesign the intake process and information provided to consumers and family members so that information about access to independent advocacy services is proactively provided to consumers and family members at the time of entry into services.
Does CMH - Helena <u>display in prominent areas</u> of CMH - Helena's facilities: ➤ a written description of consumers' rights and responsibilities ➤ information about advocacy services available (the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program) ➤ the complaint / grievance procedure?	rights - YES information about outside advocacy services available - NO information about the complaint / grievance procedure - YES <u>Strengths:</u> ▪ The BOV brochure is available in the waiting area. ▪ There is a "Rights and Privileges" poster in the lobby in Montana House and Hannaford House. <u>Recommendation:</u> 6. Display information about outside advocacy services in prominent areas of CMH - Helena's facilities.
Are staff trained in and familiar with: ➤ rights and responsibilities? ➤ advocacy services available? ➤ complaint / grievance procedure?	Staff interviewed appear generally familiar with these areas, but there is no formal orientation or training.
Safety	
Does CMH - Helena protect consumers from abuse, neglect, and exploitation by its staff and agents?	YES <u>Strengths:</u> ▪ There are policies in place protecting consumers from neglect and abuse. Dignity, respect, and safety for everyone are clearly top priorities for all CMH - Helena staff.

Has CMH - Helena fully implemented the abuse / neglect reporting requirements of 53-21-107, MCA?	NO <u>Strengths:</u> - The CMH policy is generally good, and the form for the "Abuse Investigation Final Summary" required by 53-21-107(7), MCA 2007 is excellent (with one exception noted below). <u>Concerns:</u> - The part of the CMH policy titled "Procedure for dealing with allegations of abuse and neglect" states that "Some of these complaints may be more appropriately conceived as a client grievance and more appropriately and effectively handled through the Center's grievance procedure" and goes on to say that "If the client prefers to address the allegation [of abuse or neglect] informally with the supervisor..." BOV believes that this part of the policy does not adequately frame the requirements when any allegation meets the statutory definition of abuse or neglect. The statute does not allow a provider to exercise discretion when these definitions are met by the circumstances - it must proceed with an investigation and come to a conclusion about whether abuse or neglect did indeed take place, and then to take appropriate corrective action. - The "Abuse Investigation Final Summary" form should be titled "Abuse and Neglect Investigation Final Summary" <u>Recommendation:</u> - Revise the CMH abuse/neglect policy to remove any indication that discretion may be exercised when an allegation meets the statutory definition of abuse or neglect. - Revise the "Abuse Investigation Final Summary" form so that it is titled "Abuse and Neglect Investigation Final Summary".
Are CMH - Helena staff trained to understand and to appropriately and safely respond to aggressive and other difficult behaviors?	YES <u>Strengths:</u> All CMH - Helena staff are required to complete MANDT training and to work with a mentor for one month to receive on-the-job training.
Do CMH - Helena staff members working alone have the opportunity to access other staff members at all times in their work settings?	YES
Does CMH - Helena 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?	Staff in Care House and Hannaford House carry cordless phones with which they can dial "911" if emergency help is needed. <u>Suggestions:</u> Consider developing a more sophisticated method for staff working by themselves to get emergency help when needed.

Do consumers have the opportunity to access staff of their own gender?	YES
Does CMH - Helena have a procedure for analyzing problematic events and for supporting staff and consumers during and after such events?	YES NO CMH – Helena current leaders do conduct debriefings when needed. There is no formalized policy/procedure. <u>Suggestions:</u> ▪ Create definition for events that would require formal debriefings. ▪ Establish formal policy and procedure for debriefing problematic events to ensure consistency.
Consent and Privacy	
Does CMH - Helena provide to consumers and their family members/carers verbal and written information about consent to treatment and informed consent generally?	YES
Do CMH - Helena staff maintain consumers' wishes regarding confidentiality while encouraging inclusion of support system members?	YES
Does CMH - Helena 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 CMH - Helena have and 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:	HAVE	PROVIDE
➤ information about consumer rights and responsibilities including complaint / grievance procedure?	yes	no
➤ information about independent advocacy services available?	yes	no
➤ information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances?	no	no
➤ descriptions of program services?	yes	no

➤ mission statement ?	yes	no
➤ information about all mental health/substance abuse treatment service options available in the community?	no	no
➤ information about psychiatric / substance use disorders and their treatment?	no	no
➤ information about medications used to treat psychiatric disorders?	no	no
➤ information about opportunities for consumer / family member / carer participation in evaluation of the service ?	no	no
➤ staff names, job titles, and credentials?	yes	no
➤ organization chart ?	yes	no
➤ staff code of conduct ?	yes	no
	Recommendation: 9. Develop and start to proactively provide a packet to consumers and family members that includes the following: a) information about consumer rights and responsibilities including complaint / grievance procedure; b) information about independent advocacy services; c) information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances; d) descriptions of program services; e) the mental health center's mission statement; f) information about all mental health/substance abuse treatment service options available in the community; g) information about psychiatric / substance use disorders and their treatment; h) information about medications used to treat psychiatric disorders; i) information about opportunities for consumer / family member / carer participation in evaluation of the service; j) staff names, job titles, and credentials; k) organization chart; l) staff code of conduct.	

Consumer / Family Member Participation

Criteria	Comments
Does CMH - Helena recognize the importance of, encourage, and provide opportunities for consumers to direct and participate actively in their treatment and recovery?	YES Strengths: - Consumers are involved in all aspects of planning. - All CMH - Helena staff project a very positive attitude in making recovery a meaningful part of their relationships with consumers.
Does CMH - Helena 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?	NO Strengths: Staff report that approximately one-third of consumers' families are involved in their family member's treatment. Suggestions: Develop a proactive approach to working with consumers to identify and include 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.
Does CMH - Helena:	
➤ 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)?	YES Strengths: CMH-Helena is working to encourage and facilitate consumer and family member in internal advisory groups as well as Local Advisory Council and Service Area Authority.
➤ have written descriptions of these activities?	NO Suggestions: Develop written descriptions of opportunities for consumer and family member/carer participation in the operation of CMH-Helena and other community mental health groups, and provide these to interested consumers and family members.
➤ promote, encourage, and provide opportunities for consumer and family member/carer participation in the evaluation of CMH - Helena (ex: evaluation of 'customer service', effectiveness of communication with consumers and family members/carers, achievement of outcomes)?	See comments under Planning, p. 15) Recommendation: 10. Develop a role for consumers and family members in the ongoing quality improvement process.

➤ have written descriptions of these activities?	NO Suggestions: Develop written descriptions of opportunities for consumer and family member/carer participation in the evaluation of CMH-Helena services and provide these to interested consumers and family members.
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Promotion of Community Understanding of Mental Illness

Criteria	Comments
Does CMH - Helena 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 CMH - Helena provide understandable information to mainstream workers and the defined community about mental disorders and mental health problems?	YES

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

Criteria	Comments
Promotion of Mental Health	
Does CMH - Helena work collaboratively with state, county, and local health promotion units and other organizations to conduct and manage activities that promote mental health?	YES Strengths: - There is the beginning of a collaboration with the Cooperative Health Center. If there is a waiting list at CMH - Helena some people are treated at the Cooperative Health Center until they can be seen at CMH - Helena. - Through the meetings of the Local Advisory Committee, CMH - Helena coordinates information with other community entities.
Does CMH - Helena provide to consumers and their family members/carers information about mental health support groups and mental health-related community forums and educational opportunities?	Strengths: - Several brochures were available in the lobby. Concerns: - This information is not proactively provided to consumers and family members. (see Informational Documents , p. 20)

Does CMH-Helena proactively and assertively identify and appropriately reach out to vulnerable individuals in the defined community, including 'unattached' individuals with mental illnesses, mentally ill older adults, children of mentally ill parents, and parents of mentally ill consumers?	NO
Promotion of Physical Health	
For all new or returning consumers, does CMH - Helena 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?	CMH-Helena physicians do not perform physical examinations, but do refer to primary care providers when indicated. Adult Foster Care providers are required to ensure that consumers receiving this service have regular physicals as well as vision and dental care.
Does CMH - Helena link all consumers to primary health services and ensure that consumers have access to needed health care?	CMH-Helena staff refer consumers to primary care providers when indicated. CMH-Helena does not routinely work to establish primary health care for all consumers. <u>Suggestions:</u> Develop a formal process of identifying consumers who do not have primary care providers and of proactively facilitating establishment of primary health care services.
Does CMH - Helena proactively rule out medical conditions that may be responsible for presenting psychiatric symptoms?	YES
For all new or returning consumers, does CMH - Helena 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? Does CMH - Helena ensure that consumers have access to ongoing, primary dental care?	CMH-Helena staff refer consumers to dentists when indicated. CMH-Helena does not routinely work to establish dental care for all consumers. <u>Suggestions:</u> Develop a formal process of identifying consumers who do not have ongoing dental care and of proactively facilitating establishment of ongoing dental care.

Sensitivity to Cultural, Ethnic, and Racial Issues

Criteria	Comments
Does CMH - Helena 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?	YES <u>Strengths:</u> Treatment teams address consumers' individual needs for recovery related to cultural issues.
In the planning, development, and implementation of its services, does CMH - Helena 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?	YES
Does CMH - Helena 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 CMH - Helena 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?	YES
Does CMH - Helena 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?	YES <u>Strengths:</u> CMH - Helena is well thought of by the Helena Indian Alliance. <u>Recommendation:</u> 11. Develop a more active, dynamic working relationship with the Helena Indian Alliance.
With regard to its own staff, does CMH - Helena monitor and address issues associated with cultural/ethnic/religious/racial prejudice and misunderstanding, with a specific emphasis on prejudice toward and misunderstanding of American Indian people?	YES

Integration and Continuity of Services

Criteria	Comments
Within the Organization	
Does CMH - Helena ensure service integration and continuity of care across its services, sites, and consumers' life spans?	YES Strengths: CMH-Helena's structural reorganization has greatly improved integration, continuity, and coordination across all of its service components.
Does CMH - Helena convene regular meetings among staff of each of its programs and sites in order to promote integration and continuity?	YES
Within the Community	
Does CMH - Helena actively participate in an integrated human services system serving the defined community, and nurture inter-community links and collaboration?	YES Strengths: CMH-Helena has provided training to the United Way and YWCA, and is establishing a positive working relationship with the Cooperative Health Center and the Friendship Center
Are CMH - Helena staff knowledgeable about the range of other community agencies available to consumers and family members/carers?	YES
Does CMH - Helena 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 CMH - Helena 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 (see above)
Are CMH - Helena 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 CMH - Helena ensure continuity of care for consumers referred outside the mental health service for a particular therapy?	YES
Does CMH - Helena ensure continuity of care for consumers following their discharge?	YES

Staff Competence, Training, Supervision, Relationships with Consumers

Criteria	Comments
Competence and Training	
Does CMH - Helena define minimum knowledge and competency expectations for each staff position providing services to consumers?	NO Concerns: ▪ This was a recommendation of the 2004 BOV Site Review, and has not yet been accomplished. ▪ CMH-Helena describes only rudimentary job expectations in position descriptions. Recommendation: 12. Define minimum knowledge and competency expectations for each staff position providing services to consumers.
Does CMH - Helena have written training curricula for new staff focused on achieving minimum knowledge and competency levels defined for each position providing services to consumers?	NO Strengths: ▪ <u>Adult Foster Care</u> : CMH - Helena trains all providers and respite providers. A Foster Care Level Notebook explaining the level system for each foster home is provided to each of the thirteen foster homes. ▪ <u>Montana House</u>: conducts very good periodic ongoing training in a number of topics for staff. ▪ One of the treatment teams in the center selects one topic per week for continuing education. ▪ CMH-Regional office has established a Director of Training; a staff training position is in the planning stage for Helena. Recommendation: 13. Based on minimum knowledge and competency expectations, develop written training curricula for new staff focused on achieving minimum knowledge and competency levels. This training should include basic information about all major mental illnesses. 14. Develop position for and hire a staff training specialist for Helena.
Does CMH - Helena 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?	NO Concerns: ▪ Staff are provided with basic job-specific training, but this is not comprehensive. ▪ Staff state that they are not adequately introduced to the problems they will face in their work prior to beginning their work.

Does CMH - Helena 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 Concerns: ▪ However, funds budgeted per employee per year (\$100) appear inadequate.
Does CMH - Helena periodically assess staff and identify and addresses knowledge and competence deficiencies?	YES
Supervision	
Does CMH - Helena provide active formal and informal supervision to staff?	informal - YES formal - NO
Are CMH - Helena 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
Are CMH - Helena 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 CMH - Helena staff members demonstrate respect for consumers by incorporating the following qualities into the relationship with consumers: positive demeanor, empathy, calmness, validation of the experiences, feelings, and desires of consumers?	YES Strengths: ▪ Staff appear to have very positive relationships with consumers. ▪ Consumers BOV spoke with affirmed this. ▪ CMH - Helena is becoming more consumer-oriented and more welcoming; developing a "right to fail" attitude which is important for people with mental illness.

Assessment, Treatment Planning, Documentation, and Review

Criteria	Comments
General	
Does the CMH - Helena use a multidisciplinary approach in its treatment planning and review process?	YES
Does CMH - Helena have a procedure for appropriately following up with people who decline to participate in an assessment, treatment planning session, or a treatment review?	YES
With consumers' consent, do CMH - Helena 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?	YES
Treatment Planning	
Does CMH - Helena work with consumers, and with consumers' consent, family members/carers, and others to develop initial treatment plans?	YES Suggestions: Consider ways to be more proactive in involving family members in treatment planning.
Do service plans focus on interventions that facilitate recovery and resources that support the recovery process?	YES
Does CMH - Helena 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?	YES Strengths: - Specifically with Dialectical Behavioral Therapy and with the "KITE"² approach developed by NAMI. - CMH-Helena is working toward incorporating WRAP³ training for consumers.
Are CMH - Helena consumers, and with consumers' consent, family members/carers proactively given a copy of the treatment plan?	YES

² KITE = **K**nowing the warning signs, **I**dentify warning signs, **T**ake action, **E**ncourage engagement with treatment plan. <http://www.nami.org/>

³ Wellness Recovery Action Plan <http://www.mentalhealthrecovery.com/>

Documentation	
Is CMH - Helena 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?	YES
Is there clear congruence among CMH - Helena assessments, service plans, discharge plans, service plan revisions, and treatment documentation?	YES
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?	consumers - YES family members - NO Suggestions: Consider ways to be more proactive in involving family members in treatment planning.
Does CMH - Helena document the following to track consumer outcomes:	
➤ attainment of treatment objectives? ➤ changes in mental health and general health status for consumers? ➤ changes in consumers' quality of life? ➤ consumer satisfaction with services?	attainment of treatment objectives - YES changes in mental health and general health status for consumers - YES changes in consumers' quality of life - NO consumer satisfaction with services - NO
Review	
Do CMH - Helena treatment progress reviews support conclusions with documentation?	YES
Do CMH - Helena 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?	consumers, CMH-Helena practitioners - YES family members and others - NO Strengths: Consider ways to be more proactive in involving family members in treatment review.
Are CMH - Helena treatment progress reviews conducted with the treatment team members and the consumer present?	YES
Do CMH - Helena treatment progress reviews proactively support continuing treatment and support adjustments that will ensure progress, not just "maintenance"?	YES
When continuation of ongoing treatment strategies are appropriate, do CMH - Helena treatment progress reviews clearly address this fact and document the rationale?	YES

Treatment and Support

Criteria	Comments
General	
Does CMH - Helena incorporate the following evidence-based services ⁴ ?	
➤ <u>Illness Management & Recovery</u>	NO
➤ <u>Assertive Community Treatment</u>	YES
➤ <u>Family Psychoeducation</u>	NO
➤ <u>Supported Employment</u>	YES
➤ <u>Integrated Treatment for Co-Occurring Disorders</u>	CMH - Helena is participating in co-occurring disorders treatment system change project sponsored by AMDD and is moving in the direction of developing an integrated approach to treating people with co-occurring psychiatric and substance use disorders.
Is treatment and support provided by CMH - Helena recovery-oriented?	YES
Case Management	
Does CMH - Helena provide comprehensive, individualized case management and support to consumers with severe mental illness?	YES
Are the interests of the consumers the primary concern of the CMH case managers?	YES Concerns: BOV has some concern about the practice of case managers also functioning as payee for some consumers. This practice has potential for creating conflicting roles.
Are CMH-Helena case managers supported in assertively advocating for consumers on their caseloads – even in disagreements with CMH-Helena?	Yes
Do the CMH-Helena case managers ensure that consumers are involved in all phases of planning and other aspects of services?	Yes
When a consumer desires family involvement, does the CMH-Helena case manager do everything possible to facilitate family involvement?	Yes

⁴ 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/> .

Do CMH-Helena case managers work to expand and improve consumers' access to needed services?	Yes
Based on individualized needs assessment, does CMH - Helena provide or facilitate access to assertive community treatment based on the PACT model?	YES
Does CMH - Helena establish maximum caseload sizes?	NO
Does CMH - Helena monitor caseloads to ensure that excessive caseload sizes do not compromise service quality or consumer access to case managers?	YES
Housing - General	
Does CMH - Helena identify housing needs and desires of consumers in the service plan?	YES
Does CMH - Helena ensure that consumers have access to an appropriate range of agencies, programs, and interventions to meet their needs for housing?	YES
Does CMH - Helena 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 CMH - Helena assistance in maintaining housing non-contingent upon compliance with treatment?	YES
Does CMH - Helena provide supported housing in a manner that promotes choice, safety, and maximum possible quality of life for the consumer?	YES
Does CMH - Helena ensure that consumers have access to safe, affordable, decent housing in locations that are convenient to community services and amenities?	YES To the extent that such housing is available in Helena.
Does CMH - Helena operate or provide access for consumers to specialized supported/supervised housing that includes active support and treatment components?	YES
Does CMH - Helena provide support and advocacy to consumers in communicating and problem solving with landlords?	YES
Does CMH - Helena 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 CMH - Helena provides access to and assistance with options for consumer home ownership?	YES - limited Suggestions: ▪ Work with the Home Choice Coalition to expand home ownership opportunities for consumers.
Supported Housing Provided by Agencies other than CMH - Helena	
Does CMH - Helena <u>not</u> refer a consumer to housing where he/she is likely to be exploited and/or abused?	YES
Does CMH - Helena refer a consumer to temporary housing such as homeless shelters only for short-term temporary periods pending a move to permanent housing?	YES
Education	
Does CMH - Helena identify education needs and desires of consumers in the service plan?	YES
Does CMH - Helena support consumers' desires to participate in and facilitates access to opportunities for further or continuing education?	YES
Employment	
Does CMH - Helena 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?	YES
Does CMH - Helena assist consumers to find and keep competitive employment through a supported employment approach?	YES
Does CMH - Helena accommodate consumers' individual choices and decisions about work and support based on consumers' needs, preferences, and experiences?	YES
Does CMH - Helena emphasize support for consumers in obtaining and keeping integrated employment in community setting?	YES
Does CMH - Helena ensure consumers' right to fair pay and working conditions?	YES
Does CMH - Helena 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 CMH - Helena identify needs and desires of consumers relative to family relationships in the service plan?	YES Suggestions: Consider ways to be more proactive in identifying needs and desires of consumers relative to family relationships in the service plan
Does CMH - Helena's treatment and support provide consumers with the opportunity to strengthen their valued relationships?	YES
Does CMH - Helena offers Family Psycho-education to consumers' family members and family members/carers ^{5, 6, 7} ?	NO
Medication	
Is CMH - Helena medication prescription protocol evidence-based and reflect internationally accepted medical standards?	Yes
At CMH - Helena facilities, is medication prescribed, stored, transported, administered, and reviewed by authorized persons in a manner consistent with legislation, regulations and professional guidelines?	Yes Strengths: - Very few medications are distributed at the facility. The medications that are stored (such as samples) are appropriately locked up or refrigerated. Concerns: - Consumers on the medication monitoring plan receive their medications once or twice weekly in med boxes. These boxes have no labels other than the consumer name. Labels with medication descriptions would help the consumer, family member, or other professionals in time of emergency. Recommendation: - Attach a card to medication boxes with medication names, strengths and frequencies. This card should include a description of each medication by color or imprint so it is identifiable among all the other medications in the box.
Are CMH - Helena 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 use of medication?	Yes Strengths: - One prescriber had a book of several consumer medication handouts and a computer program which generates handouts. Concerns: - Family members are not proactively included in medication discussions.

⁵ 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.

⁶ Information on Family Psycho-education at : <http://www.mentalhealthpractices.org/fam.html>

Where the consumer's medication is administered by CMH - Helena, is it administered in a manner that protects the consumer's dignity and privacy?	Yes <u>Strengths:</u> Consumers receive their medication in a closed office, whether it be samples or if they are part of the med monitoring program.
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?	Yes <u>Strengths:</u> Prescribers seem to be very careful about prescribing as needed medications. One prescriber has a one-time only emergency refill policy. If the consumer tries to break that policy, possible medication abuse is discussed with the consumer as to why they may be abusing. The prescribers are also very careful to wean consumers off of medications if necessary rather than make them quit "cold turkey".
Does CMH - Helena ensure access for the consumer to the safest, most effective, and most appropriate medication and/or other technology?	Yes <u>Strengths:</u> - The medication management nurse and other staff spend much of their time doing their best to obtain the medications that have been prescribed to consumers. <u>Concerns:</u> - It is unfortunate mental health center employees have to spend so much time to obtain the appropriate medications due to insurance limitations and drug costs.
Does CMH - Helena 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?	Yes <u>Strengths:</u> - Progress notes often address the views of the consumers regarding medications. <u>Concerns:</u> - Of the charts BOV reviewed, none involved family member views on medications.

Does CMH - Helena acknowledge and facilitate consumers' right to seek opinions and/or treatments from other qualified prescribers and does CMH - Helena promote continuity of care by working effectively with other prescribers?	Yes <u>Strengths:</u> - CMH-Helena is making a great effort to contact other prescribers to get a complete medication profile for consumers. <u>Concerns:</u> - This is a work in progress, and appears to have been a challenge in some cases. Most of the charts BOV reviewed did not have a complete list of medications to match the diagnoses. Only psychiatric medications were listed. <u>Suggestions:</u> - Charts that list all medications for all diagnoses increase confidence in psychiatric medication regimens. Continue the effort to complete consumer profiles.
Where appropriate, does CMH - Helena 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 <u>Strengths:</u> When prescribers or other team members feel a consumer is not adhering to the medication regimen, they recommend medication monitoring. This may involve the consumer receiving a medication box several times each week allowing a nurse to check for adherence.
Wherever possible, does CMH - Helena not withdraw support or deny access to other treatment and support programs on the basis of consumers' decisions not to take medication?	Yes <u>Strengths:</u> If a consumer refuses to take medications, prescribers discuss with the consumer, and encourage them to reconsider. Consumers are also encouraged to continue with therapy and other resources of CMH-Helena.
For new consumers, does CMH - Helena 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 delay, exacerbate illness or prolong absence of necessary medication treatment?	Yes <u>Strengths:</u> CMH-Helena does a good job triaging consumers into prescriber appointments according to need.
For open consumers, does CMH - Helena 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?	Yes <u>Strengths:</u> Prescribers see consumers once weekly to once every 3 months based on need. Appointment frequency is adjusted according to individual need.

When legitimate concerns or problems arise with prescriptions, do CMH - Helena consumers have immediate access to a psychiatrist or mid-level practitioner?	Yes <u>Strengths:</u> - One of the prescribers BOV spoke to keeps two emergency openings per day. - Prescribers have easy access to each other to get another opinions. <u>Suggestions:</u> - Consider establishing a policy for all prescribers to keep at least one ½ hour emergency opening each day.
Are medication allergies and adverse medication reactions are well documented, monitored, and promptly treated?	Yes <u>Strengths:</u> - Allergies, adverse reactions, and drug interactions are well-documented in the charts. - The on-call data system alerts possible allergies, adverse reactions, and drug interactions.
Are medication errors documented?	Yes <u>Strengths:</u> Medication errors are documented via incident report.
Is there a quality improvement process in place for assessing ways to decrease medication errors?	Yes
Are appropriate consumers screened for tardive dyskinesia?	No <u>Concerns:</u> BOV reviewed a number of charts of consumers prescribed high doses of antipsychotic medications. Not a single chart documented assessments for tardive dyskinesia. <u>Recommendation:</u> 16. Train nurses to do AIMS tests on consumers receiving antipsychotic medications at least every 3 months with prescriber visits. Use a form for documentation and add to the chart.
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?	Yes <u>Strengths:</u> This is discussed with consumers by prescribers and several other team members.

Is there a clear procedure for the use of medication samples?	Yes Strengths: Medication samples are kept in a locked cabinet in a locked office. A log is kept for receiving and dispensing of medications.
Are unused portions of medications disposed of appropriately after expiration dates?	Yes Strengths: Unused or expired medications are accounted for and then put in a sharps container and periodically disposed of appropriately.
Are individual consumers' medications disposed of properly when prescriptions are changed?	Yes
Is there a clear procedure for using and documenting emergency medication use, including documentation of rationale, efficacy, and side effects?	Emergency medication not used in outpatient settings.
Is there a clear procedure for using and documenting 'involuntary' medication use, including documentation of rationale, efficacy, and side effects?	Medication are not administered against the wishes of consumers in outpatient settings.
Are there procedures in place for obtaining medications for uninsured or underinsured consumers?	Yes
Is assertive medication delivery and monitoring available to consumers based on need for this service?	Yes Strengths: The medication monitoring program and the PACT program provide such services.
Co-Occurring Psychiatric and Substance Use Disorders⁷	
In assessing each individual, does CMH - Helena 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?	Strengths: - CMH - Helena is participating in co-occurring disorders treatment system change project sponsored by AMDD and is moving in the direction of developing an integrated approach to treating people with co-occurring psychiatric and substance use disorders. - Four of CMH-Helena staff are designated as "change agents" in the co-occurring disorders treatment system change project.
If co-occurring psychiatric and substance use disorders are determined to be present, does the CMH - Helena assessment describe the dynamics of the interplay between the psychiatric and substance disorders?	see above

⁷ 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.

If co-occurring psychiatric and substance use disorders are determined to be present, does the CMH - Helena service plan describe an integrated treatment approach?	see above
Does CMH - Helena 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?	see above
If co-occurring psychiatric and substance disorders are determined to be present, does CMH - Helena 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?	see above
Does CMH - Helena identify and eliminate barriers to the provision of integrated treatment for consumers who have a co-occurring mental illness and substance use disorders?	see above
Does CMH - Helena use one service plan for each consumer with a co-occurring mental illness and substance use disorder?	see above
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?	see above
If the mental illness and the substance use disorder are being treated by more than one professional, does CMH - Helena ensure that communication and treatment integration between these personnel is maximized?	see above
Relapse Prevention	
Does CMH - Helena assist each enrolled consumer to develop a relapse management plan that identifies early warning signs of relapse and describes appropriate actions for CMH - Helena, consumers, and family members/carers to take?	YES see footnote ²

Crisis Response and Intervention Services	
Does CMH - Helena operate a 24 hour/day, 7 day/week crisis telephone line?	Yes Concerns: - There is a 24-hour crisis line but a trained therapist is not always accessible right away when someone calls. - CMH - Helena has two telephone numbers for responding to psychiatric crises (the Crisis Response Team number and the 'regular' crisis telephone line number. - Guidelines for how to respond to calls on the 'regular' crisis line appear not to be clear. - The answering service does not appear to be adequately trained.
	This experience caused BOV to have some concern about the protocol of the crisis line. There appears to be too many layers of communication between a caller and action. This appears to be especially true after business hours.
	Recommendation: 17. Redesign the crisis response telephone system so that there is only one crises telephone number and so that it has the following characteristics: a) a therapist always answers the single line (24/7), evaluates the situation and then makes an aggressive connection for the person who is calling (aggressive = not just giving the caller a name or a number, but directly setting up the contact needed); b) specifically defined maximum time allowable before the therapist answers each incoming call; c) no operator involved; d) no wait time for returning calls; e) no preliminary questions (if someone is a consumer of the center or if the person the caller is concerned about is a consumer of the center); f) follow up telephone call to the caller within 24 hours, to make sure the needs of the person were or are being properly addressed.
Does CMH - Helena respond directly to its own consumers who call the crisis telephone line?	Yes
Does CMH - Helena respond directly to unattached individuals who call the crisis telephone line?	Yes
Does CMH - Helena refer consumers who call the crisis telephone line and who are engaged in services with another entity to that entity?	Yes

Is CMH - Helena's crisis telephone number is listed clearly in the local telephone directory?	Yes
Does CMH-Helena list and advertise its crisis telephone number in a manner designed to achieve maximum visibility and ease of location to people in crisis and their families?	Recommendations: 18. AMDD should work with all entities in Montana that have "crisis" telephone numbers - including all licensed mental health centers and other mental health providers - and establish uniform, consistent advertisement and aggressive promotion of telephone numbers that are established to respond to people who are suicidal or in other mental health crises.
After responding appropriately to each caller's immediate need, and after addressing life safety concerns, does CMH-Helena carefully refer people who call the crisis telephone line and who are engaged in services with another entity to that entity?	Yes
After responding appropriately to each caller's immediate need, and after addressing life safety concerns, does CMH - Helena either open the caller for services or carefully refer consumers who call the crisis telephone line and <u>who are NOT engaged in services with any service provider</u> to another provider – OR initiate the process of enrolling the consumer in CMH services?	Yes If indicated by the individual's needs and desires.
Does CMH follow up on crisis line callers whom it refers out to ensure that the outside provider received the referral?	No

Access / Entry

Criteria	Comments
Access	
Does CMH - Helena 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 Concerns: Care House is not accessible for people with mobility limitations (i.e. wheelchair use).

Are CMH - Helena services convenient to the community and linked to primary medical care providers?	Yes Strengths: - Yes, they are very convenient to other providers and seem to go out of their way to provide consumer access to other services. - Community-Based Psychosocial Rehabilitation Aides' full time job is assisting consumers by taking them to appointments, shopping, and other required transportation.
Does CMH - Helena inform the defined community of its availability, range of services, and the method for establishing contact?	Yes
For new consumers, does CMH - Helena 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.	Yes
Entry	
Does CMH - Helena 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 CMH - Helena?	Yes Strengths: - CMH - Helena has policies and procedures describing its entry process. Concerns: CMH - Helena does not have policies and procedures describing exclusion criteria or for promoting and facilitating access to appropriate ongoing care for people not accepted by CMH - Helena. Suggestion: - Develop policies and procedures for promoting and facilitating access to appropriate ongoing care for people not accepted by CMH - Helena.
Is an appropriately qualified and experienced CMH - Helena 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 (see comments under Crisis Response and Intervention Services, p. 40)
Does the process of entry to CMH - Helena minimize the need for duplication in assessment, service planning and service delivery?	Yes

Does CMH - Helena ensure that consumers and their family members/carers are able to, from the time of their first contact with CMH - Helena, identify and contact a single mental health professional responsible for coordinating their care?	Yes
Does CMH - Helena have a system for prioritizing referrals according to risk, urgency, distress, dysfunction, and disability and for commencing initial assessments and services accordingly?	

Continuity Through Transitions

Criteria	Comments
Does CMH - Helena ensure that consumers' transitions within CMH - Helena are facilitated by a designated staff member and a single individual service plan known to all involved?	Yes
Does CMH - Helena 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?	Yes
When a consumer is transitioning to another service provider, does CMH - Helena 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 CMH - Helena 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 CMH - Helena?	Yes
When a consumer who is transitioning to another service provider is taking psychotropic medications, does CMH - Helena 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?	Yes

Re-entry Into Service

Criteria	Comments
Does CMH - Helena 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 CMH - Helena at a later date?	Yes Concerns: - Consumers may be placed on a waiting list to regain admission for services. Suggestion: - Waive placement on a waiting list for previous CMH - Helena consumers.
Prior to exit, does CMH - Helena ensure that consumers, their family members/carers and other agencies involved in follow-up, can identify a staff person in CMH - Helena who has knowledge of the most recent episode of treatment and/or support?	Yes

Transition Into and Out of Inpatient Care

Criteria	Comments
Does CMH - Helena offer and assertively explore less restrictive, community-based alternatives to inpatient treatment?	Yes
For it's consumers, does CMH - Helena assume primary responsibility for continuity of care between inpatient and community-based treatment?*	Yes Strengths: - CMH-Helena staff visit consumers who are patients at MSH monthly. * One CMH-Helena prescriber is participating in ongoing telephone conference calls with MSH psychiatrists and an AMDD staff person to establish improved communication and treatment continuity. - The CMH-Helena Director participates in ongoing system improvement discussion and planning meetings with MSH and community providers that specifically address continuity of care (Admission and Discharge Review Team – ADRT – meets every other month).
Does CMH - Helena 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?	Yes
Does CMH - Helena ensure that consumers' case manager, therapist, and psychiatrist participate in hospital intake and assessment, especially regarding medication considerations? *	see comment above
Leading up to and at the time of discharge, does CMH - Helena communicate and coordinate with the inpatient unit in such a way as to ensure continuity of care when consumers are discharged from inpatient treatment? *	see comment above

STATUS OF IMPLEMENTATIONS OF 2004 RECOMMENDATIONS

2004 Recommendation 1:

GTCMHC Child & Family Team and A.W.A.R.E., Inc. should meet to discuss potential barriers that may exist when both agencies serve the same child / family so that there is no negative impact on children and families who receive services from both organizations. GTCMHC Child & Family Team and A.W.A.R.E., Inc. should develop a protocol for communication and coordination, and agree on an ongoing process for problem identification and resolution.

2004 CMH-Helena response:

GTCMHC-Helena staff and A.W.A.R.E. staff have met, and continue to meet regularly regarding cases shared by both agencies. These meetings have occurred as part of the treatment planning process for the families being served, and have been effective in ensuring appropriate care for the families. Over the past few years there have also been several informal administrative meetings held to discuss barriers preventing collaboration between the two agencies. These meetings have been helpful, but did not result in formulation of specific protocols for effective communication, coordination, problem identification, or problem resolution. GTCMHC-Helena staff will begin the process to work with A.W.A.R.E. in an attempt to formalize these processes.

2007 status of CMH-Helena implementation of this recommendation:

CMH-Helena met with AWARE shortly after the 2004 site visit and generated ideas to improve coordination and communication related to individuals and families that are served by CMH and AWARE at the same time. These ideas never made it to the written protocol stage, but it appears that the communication and coordination has improved.

2004 Recommendation 2:

Implement training that addresses the Rehabilitation Specialists' concerns about safety in Day Treatment the milieu.

2004 CMH-Helena response:

GTCMHC provides annual MANDT training designed to develop and enhance the problem solving and conflict resolution skills of Rehabilitation Specialists. In the past four years there have been no client caused injuries experienced by Rehabilitation Specialists within the Montana House Day Treatment Program. We will explore staff concerns expressed during the BOV site review and provide more training to ensure that all staff members are comfortable with their ability to respond to aggressive and/or disorganized client behaviors within the program.

2007 status of CMH-Helena implementation of this recommendation:

Montana House Supervisor developed and implemented training focused on staff and client safety, mental illness, co-occurring issues, and the recovery model for rehabilitation specialists. The schedule of the day treatment program was altered to allow for 4 hours of this training to occur each month since October of 2005. The Clinical Team Leaders provide training on similar topics once per week at the combined team meeting on Wednesdays.

2004 Recommendation 3:

Continue to develop the Hannaford Group Home Program Manual so that it is more professional, more recovery-oriented, more positive regarding consumer strengths, abilities, and aspirations, and more detailed and positive in describing new consumer orientation.

2004 CMH-Helena response:

GTCMHC-Helena staff will continue to develop the Hannaford House Group Home Program Manual in order to create a more professional, recovery-oriented, and strength-based document.

2007 status of CMH-Helena implementation of this recommendation:

The Hannaford House Group Home Program Manual has been revised and is more professional, recovery oriented, and more positive regarding client strengths and new client orientation.

2004 Recommendation 4:

Refine the Hannaford Group Home admission and discharge criteria to address (a) clarification of criteria in the Residential Assessment of Client form, (b) the question “does the consumer need what the program offers?”, (c) attainment of *individualized* treatment goals relative to discharge criteria, and (d) assistance provided by Hannaford House when a consumer is discharged for refusing treatment.

2004 CMH-Helena response:

GTCMHC-Helena staff will refine the Hannaford House admission and discharge criteria in order to improve the Residential Assessment of Client Form, address individualized treatment goals relative to discharge criteria, and outline the assistance that is to be provided by GTCMHC when a client is discharged for refusing treatment. We will also improve the criteria by clarifying what the program offers in terms of meeting individual client needs.

2007 status of CMH-Helena implementation of this recommendation:

The Hannaford House Group Home admission and discharge criteria have been revised to address these issues.

2004 Recommendation 5:

Document all medications in the medical record including those prescribed by other providers.

2004 CMH-Helena response:

GTCMHC will work to develop a method for specifically documenting all medications prescribed by other medical providers. We typically attempt to gather this information by asking the patient and/or by sending out a request for medical records at the onset of treatment. These procedures are not always sufficient since the patient may not always be able to accurately report all of the other medications that they are taking.

2007 status of CMH-Helena implementation of this recommendation:

CMH-Helena makes every attempt to document all medications in our medical records, including those prescribed by other providers. In 2006, CMH-Helena sent letters to all outside physicians who treat CMH-Helena consumers set up a protocol to ensure effective reciprocal updates about medication prescriptions and changes.

2004 Recommendation 6-9:

- 6) Define minimum knowledge and competency expectations for each staff position providing services to consumers.**
- 7) Develop written training material for new staff focused on achieving minimum knowledge and competency levels.**
- 8) Train new staff in job-specific knowledge and skills OR require new staff to demonstrate defined minimum knowledge and competency prior to working with consumers.**
- 9) Assess current staff so that knowledge and competence deficiencies can be identified and addressed.**

2004 CMH-Helena response:

GTCMHC is currently in the process of creating a Training Committee in order to enhance internal orientation and training of all employees. We will utilize this committee to: a) define minimum knowledge and competency expectations for each direct-service staff position; and b) develop written training materials for new staff that are focused on assistance with achieving minimum knowledge and competency levels. GTCMHC supervisors currently do assess staff knowledge and performance on an annual basis. Deficiencies are identified and addressed through a qualitative process of clinical observation and supervision. We will attempt to add more quantitative aspects to this process.

2007 status of CMH-Helena implementation of this recommendation:

CMH-Helena has not yet defined minimum knowledge and competency expectations for each position, nor has it developed comprehensive written training materials that focus on achieving minimum knowledge and competency levels. As an entire agency, CMH has struggled with the implementation of these issues and recognizes the importance of improving our overall staff training and orientation of new employees. In its most recent strategic plan, CMH has established training as a major goal for the upcoming year. CMH has not yet developed training materials that address minimum competency assessment prior to starting each new staff member in their position, nor has it yet implemented an assessment tool for all staff to address deficiencies.

2004 Recommendation 10:

To the greatest degree possible pending implementation of a fully integrated “co-occurring disorders” continuum of care per guidelines being developed by AMDD:

- (a) proactively identify in initial assessments each consumer who has a co-occurring mental illness and substance use disorder;**
- (b) develop treatment plans for these consumers that thoroughly integrate treatment for the co-occurring disorders;**
- (c) conduct all counseling and treatment activities within the structure of an integrated treatment plan;**
- (d) when referrals are made for substance use disorder counseling outside of GTCMHC, ensure that GTCMHC initiates and maintains ongoing communication and treatment coordination with that counselor.**

2004 CMH-Helena Response:

GTCMHC has participated in, and will continue to participate in the upcoming co-occurring trainings sponsored by AMDD. We are very interested in enhancing our ability to effectively identify co-occurring disorders and integrate treatment for individuals who struggle with these disorders. We will also work to enhance our communication and treatment coordination with outside providers of chemical dependency treatment when we are providing services to the same client.

2007 status of CMH-Helena implementation of this recommendation:

CMH has continued to collaborate with AMDD in implementation of co-occurring principles. CMH has identified 5 “change agents” from among its staff to work toward co-occurring implementation within its programs. The new CMH electronic medical record is set up to assist in proactively identifying co-occurring disorders. The new medical record also integrates substance use goals and objectives with other mental health symptoms and objectives.

RECOMMENDATIONS

- 1) AMDD should adopt all of the established national PACT standards and procedures, including the requirement that all of the designated staff team roles be in place.
- 2) Develop an ongoing quality improvement process; begin to gather information about the effectiveness of the services provided by CMH - Helena, and . Designate an individual staff person responsible in each service area.
- 3) Incorporate the following into the strategic plan: measurable action steps, names of people responsible for each action step, target dates for accomplishment of each action step.
- 4) Redesign the strategic planning process so that CMH-Helena staff at all levels, consumers, family members/carers, and service providers in the defined community have input.
- 5) Redesign the intake process and information provided to consumers and family members so that information about access to independent advocacy services is proactively provided to consumers and family members at the time of entry into services.
- 6) Display information about outside advocacy services in prominent areas of CMH - Helena's facilities.
- 7) Revise the CMH abuse/neglect policy to remove any indication that discretion may be exercised when an allegation meets the statutory definition of abuse or neglect.
- 8) Revise the "Abuse Investigation Final Summary" form so that it is titled "Abuse **and Neglect** Investigation Final Summary".
- 9) Develop and start to proactively provide a packet to consumers and family members that includes the following:
 - a) information about consumer rights and responsibilities including complaint / grievance procedure;
 - b) information about independent advocacy services;
 - c) information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances;
 - d) descriptions of program services;
 - e) the mental health center's mission statement;
 - f) information about all mental health/substance abuse treatment service options available in the community;
 - g) information about psychiatric / substance use disorders and their treatment;
 - h) information about medications used to treat psychiatric disorders;
 - i) information about opportunities for consumer / family member / carer participation in evaluation of the service;
 - j) staff names, job titles, and credentials;
 - k) organization chart;
 - l) staff code of conduct.
- 10) Develop a role for consumers and family members in the ongoing quality improvement process.
- 11) Develop a more active, dynamic working relationship with the Helena Indian Alliance.
- 12) Define minimum knowledge and competency expectations for each staff position providing services to consumers.
- 13) Based on minimum knowledge and competency expectations, develop written training curricula for new staff focused on achieving minimum knowledge and competency levels. This training should include basic information about all major mental illnesses.
- 14) Develop position for and hire a staff training specialist for Helena.
- 15) Attach a card to medication boxes with medication names, strengths and frequencies. This card should include a description of each medication by color or imprint so it is identifiable among all the other medications in the box.
- 16) Train nurses to do AIMS tests on consumers receiving antipsychotic medications at least every 3 months with prescriber visits. Use a form for documentation and add to the chart.
- 17) Redesign the crisis response telephone system so that there is only one crises telephone number and so that it has the following characteristics:
 - a) a therapist always answers the single line (24/7), evaluates the situation and then makes an aggressive connection for the person who is calling (aggressive = not just giving the caller a name or a number, but directly setting up the contact needed);
 - b) specifically defined maximum time allowable before the therapist answers each incoming call;
 - c) no operator involved;
 - d) no wait time for returning calls;
 - e) no preliminary questions (if someone is a consumer of the center or if the person the caller is concerned about is a consumer of the center);
 - f) follow up telephone call to the caller within 24 hours, to make sure the needs of the person were or are being properly addressed.
- 18) AMDD should work with all entities in Montana that have "crisis" telephone numbers - including all licensed mental health centers and other mental health providers - and establish uniform, consistent advertisement and aggressive promotion of telephone numbers that are established to respond to people who are suicidal or in other mental health crises.

FACILITY RESPONSE

**Center for Mental Health
900 North Jackson
Helena, MT 59601**

**PHONE (406) 449-9479
FAX (406) 443-3420**

1/31/08

Gene Haire, Executive Director
Mental Disabilities Board of Visitors
PO Box 200804
Helena, MT. 59620-0804

Dear Gene:

I am writing in response to the Mental Disabilities Board of Visitors Site Review Report from the Center for Mental Health (CMH) site review that took place on 6/28 and 6/29/2007. In this letter, I will provide responses to the Recommendations in the order that they are listed in the Site Review Report. Thank you again to you and the rest of the BOV for the feedback and collaboration.

1. *AMDD should adopt all of the established national PACT standards and procedures, including the requirement that all of the designated staff team roles be in place.*

Response: CMH has been collaborating with AMDD and other mental health providers in order to implement peer services within our PACT teams. We plan to have peer support positions within both CMH PACT teams by 5/1/08.

2. *Develop an ongoing quality improvement process; begin to gather information about the effectiveness of the services provided by CMH - Helena, and designate an individual staff person responsible in each service area.*

Response: The CMH management team is currently developing an ongoing quality improvement process with respect to the effectiveness of the Center for Mental Health's services in Helena. The CMH co-occurring work group developed a new client satisfaction survey that will be implemented during calendar year 2008. We plan to begin gathering more information about the effectiveness of our services, and to ask each program to make a priority of performing such a yearly survey.

3. *Incorporate the following into the strategic plan: measurable action steps, names of people responsible for each action step, and the target dates for accomplishment of each action step.*

Response: The CMH management team is currently working on developing a revised strategic plan with measurable steps, responsible staff, and specific target dates. This new plan should be finalized by 5/1/08.

4. *Redesign the strategic planning process so that CMH staff at all levels, consumers, family members/carers, and service providers in the defined community have input.*

Response: CMH will work on a plan to more fully incorporate the aforementioned partners in our strategic planning process. CMH participates fully in the LAC and SAA processes, which has a great influence on our strategic planning process. In addition, CMH-Helena recently began forming an advisory group (which includes partners from all of the areas mentioned above) to assist us with the implementation of peer support services in the Helena area.

5. *Redesign the intake process and information provided to consumers and family members so that information about access to independent advocacy services is proactively provided to consumers and family members at the time of entry into services.*

Response: By 7/1/08, CMH-Helena will proactively provide consumers and families information about how to access to independent advocacy services at the time of entry into services.

6. *Display information about outside advocacy services in prominent areas of CMH.*

Response: CMH will more prominently display information about outside advocacy services by 7/1/08.

7. *Revise the CMH abuse/neglect policy to remove any indication that discretion may be exercised when an allegation meets the statutory definition of abuse or neglect.*

Response: CMH will revise our abuse/neglect policy to remove any indication that discretion may be exercised when an allegation meets the statutory definition of abuse or neglect by 7/1/08.

8. *Revise the “Abuse Investigation Final Summary” form so that it is titled “Abuse and Neglect Investigation Final Summary”.*

Response: CMH will revise this form as recommended by 7/1/08.

9. *Develop and start to proactively provide a packet to consumers and family members that includes the following:*

- a) *information about consumer rights and responsibilities including complaint / grievance procedure;*
- b) *information about independent advocacy services;*
- c) *information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances;*
- d) *descriptions of program services;*
- e) *the mental health center’s mission statement;*
- f) *information about all mental health/substance abuse treatment service options available in the community;*
- g) *information about psychiatric / substance use disorders and their treatment;*
- h) *information about medications used to treat psychiatric disorders;*
- i) *information about opportunities for consumer / family member /carer participation in evaluation of the service;*
- j) *staff names, job titles, and credentials;*
- k) *organization chart;*
- l) *staff code of conduct*

Response: CMH will work on the development of a packet that includes all of the aforementioned materials. We support the idea of making these materials available to consumers and family members. However, we have increasingly received feedback on the overwhelming amount of paperwork that is required as a part of our application process. Much of this is in the form of data that we are required to collect for AMDD. Some consumers and families have even refused to apply for services upon seeing the amount of paperwork that is already part of our packet. We will work with clients and families to develop a way to proactively provide this information in a way that is not overwhelming to them. We will begin to proactively provide this information to consumers and family members by 7/1/08.

10. *Develop a role for consumers and family members in the ongoing quality improvement process.*

Response: Over the next year, as we begin to implement a more thorough QI process with regard to gathering information about the effectiveness of our services, we will develop a role for consumers and family members to assist with this process. Our plan is to utilize the advisory group that will be assisting us with the implementation of peer support services to also help us with addressing QI issues within peer support and other program areas.

11. *Develop a more active, dynamic working relationship with the Helena Indian Alliance .*

Response: During the following year, CMH will develop a more active and dynamic relationship with the Helena Indian Alliance by setting up regular meetings for the purpose of cross-training, consultation, and information sharing.

12. *Define minimum knowledge and competency expectations for each staff position providing services to consumers.*

Response: CMH employs licensed mental health professionals whose demonstration of minimum knowledge and competency has been demonstrated by their being granted a Montana license by their respective licensing boards. CMH has recently formed a new training committee. Over the next year we will work on defining minimum knowledge and competency expectations for all direct care staff positions that are unlicensed positions.

13. *Based on minimum knowledge and competency expectations, develop written training curricula for new staff focused on achieving minimum knowledge and competency levels. This training should include basic information about all of the major mental illnesses.*

Response: CMH will develop and implement a more structured training curriculum based upon minimum knowledge and competency expectations that includes basic information about all of the major mental illnesses.

14. *Develop position for and hire a staff training specialist for Helena.*

Response: CMH is currently working to expand and enhance our capacity to provide more thorough training for all staff. At the present time, our operating budget does not allow for recruitment of a staff training specialist for the Helena office. Beginning in the Spring of 2008, we will add a new human resources/administrative assistant position in the Helena office, which will allow supervisors more time to focus on implementation of training processes as developed by the CMH training committee.

15. *Attach a card to medication boxes with medication names, strengths and frequencies. This card should include a description of each medication by color or imprint so it is identifiable among all the other medications in the box.*

Response: Beginning in December of 2007, CMH-Helena nursing staff began labeling each medication box at the outpatient clinic with medication names, strengths, and frequencies. With the frequency of medication and brand changes, and the number of clients receiving medication monitoring at this time, our nursing department does not believe that it is desirable or possible to add a description by color or imprint to each medication box at this time.

16. *Train nurses to do AIMS tests on consumers receiving antipsychotic medications at least every 3 months with prescriber visits. Use a form for documentation and add to the chart.*

Response: Nurses are currently trained to perform AIMS testing. At this time our nursing department performs these tests when ordered by the prescriber of the antipsychotic medications. Staff without medical training are provided information regarding the importance of noting any evidence of abnormal involuntary movements and of reporting any concerns in this area to medical staff for further assessment, including AIMS testing. Consumers are commonly seen several times during a week by some member of their treatment team. When AIMS testing is completed, the results are documented in the medical record. CMH will form a workgroup to determine how we might increase the frequency of AIMS testing.

17. *Redesign the crisis response telephone system so that there is only one crises telephone number and so that it has the following characteristics:*

- a) *a therapist always answers the single line (24/7), evaluates the situation and then makes an aggressive connection for the person who is calling (aggressive = not just giving the caller a name or a number, but directly setting up the contact needed);*
- b) *specifically defined maximum time allowable before the therapist answers each incoming call;*
- c) *no operator involved;*
- d) *no wait time for returning calls;*
- e) *no preliminary questions (if someone is a consumer of the center or if the person the caller is concerned about is a consumer of the center);*
- f) *follow up telephone call to the caller within 24 hours, to make sure the needs of the person were or are being properly addressed.*

Response: CMH recognizes the limitations of the telephonic crisis response system currently in place. Over the past year in Helena, we have created a system for direct-to-therapist calls during our daytime call rotation. We utilize an answering service on nights and weekends because we believe that there is less chance of missing calls when a service receives the calls as opposed to an individual with a single cell phone. CMH-Helena is interested in working with the community (including AMDD) to form a workgroup that will explore options for a single entity in Helena to operate a crisis line that will meet the criteria listed above. We are optimistic about the funding approved by the last legislature that will be utilized by AMDD for development of a statewide suicide hot line.

18. *AMDD should work with all entities in Montana that have “crisis” telephone numbers - including all licensed mental health centers and other mental health providers - and establish uniform, consistent advertisement and aggressive promotion of telephone numbers that are established to respond to people who are suicidal or in other mental health crises.*

Please refer to the response listed in #17 above.

I would like to say thank you again to all of the folks from the BOV for the feedback and collaboration. Please give me a call if you have any questions.

Sincerely,

Darren Nealis

Darren Nealis, LCSW
CMH-Helena Program Director

CC: Mike McLaughlin, PhD