

MENTAL DISABILITIES BOARD OF VISITORS

SITE REVIEW REPORT

EASTERN MONTANA COMMUNITY MENTAL HEALTH CENTER

MILES CITY - GLENDIVE, MONTANA

JULY 10 - 11, 2003

Gene Haire

Gene Haire, Executive Director

April 1, 2004

Date

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INTRODUCTION

● **Mental Health Facility Reviewed**

Eastern Montana Community Mental Health Center (EMCMHC)
Miles City / Glendive, Montana

Frank Lane, Executive Director

● **Authority for Review**

Montana Codes Annotated, 53-21-104

● **Purpose of Review**

1. To assess the degree to which the services provided by EMCMHC are humane, decent, comprehensive, and of high quality.
2. To recognize excellent services.
3. To make recommendations to EMCMHC for improvement of services.
4. To report to the director of the Department of Human Services and the Governor regarding the status of services provided by EMCMHC.

● **Review Team**

Board Members: Kathleen Driscoll, Vice Chair
Joan-Nell Macfadden

Staff: Gene Haire, Executive Director

Consultants: Bill Docktor, PharmD

OVERVIEW

● **Service Type**

Mental Health Facility

● **Catchment Area**

Counties : Phillips, Valley, Daniels, Sheridan, Roosevelt, Garfield, McCone, Richland, Dawson*, Wibaux, Prairie, Rosebud, Treasure, Custer*, Fallon, Powder River, Carter.
*Covered in this Review

● **Review Process**

1. Interviews with EMCMHC staff
2. Interviews with consumers
3. Review of treatment records
4. Review of written descriptions of treatment programs
5. Observation of treatment activities
6. Inspection of physical plant

● **Services Reviewed**

- ▶ Outpatient Services (Miles City and Glendive)
- ▶ Community Support Services (Miles City and Glendive)
- ▶ Transitional Care Services (Clark Street Inn)
- ▶ Adult Case Management Services (Miles City and Glendive)
- ▶ Medication Management Services (Miles City and Glendive)
- ▶ Emergency Services (Miles City and Glendive)
- ▶ Substance Abuse Services (Miles City)
- ▶ Adult Foster Care Services (Miles City)
- ▶ Medical Director / Inpatient Consultation (Glendive)

ASSESSMENT OF SERVICES

Outpatient Services – Miles City and Glendive

- **Brief Overview of Services** (from EMCMHC program description)
 - “Services for individuals, groups, families, children, adolescents and adults designed to help clients understand and cope with clinical, personal, family or vocational difficulties that do not require residential or inpatient intervention.”
- **Review Format**
 - Interviews with Outpatient Therapists
 - Tour of physical plants in Miles City and Glendive
 - Records review
- **Strengths**
 - Provides quality mental health support to the Eastern Montana community in a variety of very difficult circumstances. Therapists and others respond individually and in teams to challenging emergency situations requiring specialized psychiatric trauma support – as well as “routine” psychiatric emergencies.
 - Solid staff of professionals with varied clinical backgrounds and good longevity.
- **Areas Of Concern**
 - Clinical staff report that moving children’s case management from EMCMHC to Youth Dynamics, Inc. (YDI) in eastern Montana has had some negative results. It is the feeling of EMCMHC staff that the treatment team coordination (between EMCMHC outpatient therapists who see children who are on YDI case management case loads and YDI case managers) is not effective, especially in Glendive since YDI is based in Miles City. EMCMHC Executive Director, Frank Lane reports that he has communicated directly with the Executive Director of YDI about this matter.
- **Questions**
 - None
- **Suggestions**
 - None
- **Recommendations**
 - 1) **To the Mental Health Services Bureau:** Engage EMCMHC and YDI in a dialogue to establish necessary coordination of services to children served by both EMCMHC and YDI.

Community Support Services (Day Treatment) – Miles City and Glendive

● **Brief Overview of Services** (from EMCMHC program description)

- “Day Treatment is provided to the client who requires more services than can be provided on an outpatient basis, but less than full hospitalization, and is an alternative to inpatient or residential care. Clients in this program are involved in a wide variety of therapeutic services, including socialization activities, group therapy, outpatient therapy, training in community living, limited occupational therapy, supportive therapy and recreation.”

● **Review Format**

- Interviews with Community Support Services Directors
- Informal discussions with consumers
- Tour of physical plants in Miles City and Glendive
- Records review

● **Strengths**

- Both Day Treatment program directors have a wealth of experience, longevity with their programs; both have established stable programs in which consumers feel safe and supported.
- Day Treatment programs have adapted to new funding mechanisms and continue to offer a good variety of activities to consumers.
- Excellent integration of day treatment consumers into many community activities.
- Good approach to incorporating chemical dependency recovery into Glendive day treatment program using the strengths of recovering consumers.
- Both programs have a safe, clean environment where consumers gather to form a supportive network.
- Both programs have a good history of encouraging and supporting consumer employment, and of using community relationships to maximum advantage. The Miles City program shares a job coach with Developmental Disabilities services.

● **Areas Of Concern**

- For a number of years, the Glendive program has been committed to supporting a work ethic for consumers through an ironing project (community members bring in laundry, consumers iron for \$0.50 / piece). BOV believes that community mental health programs for adults with mental illnesses should move away from these kinds of low-level, in-house, sheltered approaches and toward approaches that actively assist and support consumers to come as close as possible to achieving their full employment potential in integrated, community settings.

● **Questions**

- None

● **Suggestions**

- Consider establishing a Supported Employment vendor agreement with Vocational Rehabilitation. This would allow EMCMHC to bill for a significant portion of the work staff does assisting consumers to obtain jobs.
- Review the ironing project in the Glendive program. Consider more empowering approaches to assisting consumers with employment.

● **Recommendations**

- None

Transitional Care Services (Clark Street Inn / CSI) – Miles City

● **Brief Overview of Services** (from EMCMHC program description)

- “Provides care for clients who are unable to cope with independent living, after hospitalization, residential care or a psychiatric illness which may be of long-term duration. Clients are involved in day treatment, group therapy, outpatient therapy, and in some cases, intensive case management. The aim of these services is to return the person to independent living and/or gain full employment.”

● **Review Format**

- Interviews with Transitional Care Director
- Tour of physical plant
- Records review

● **Strengths**

- Provides a safe residential setting for adults with long-term mental illness who need extended support.

● **Areas Of Concern**

- None

● **Questions**

- None

● **Suggestions**

- Consider ways to involve residents in a more dynamic array of recovery-oriented activities.

● **Recommendations**

- None

Adult Case Management Services – Miles City and Glendive

● **Brief Overview of Services** (from EMCMHC program description)

- “Supportive community-based service 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.”

● **Review Format**

- Interviews with Adult Case Managers
- Records review

● **Strengths**

- Extremely dedicated case managers who are willing to and do go the extra mile for consumers.

● **Areas Of Concern**

- All Social Security representative payee records are kept by hand; case manager reports that payee accounts are not audited.
- Miles City general case management philosophy toward the “employability” of seriously mentally ill adults is too pessimistic. Stated belief is that most consumers are “not employable”.

● **Questions**

- Since both case management and day treatment programs are relatively small,

Miles City:

Day Treatment : 43 consumers / 3 FTE

Case Management : 34 consumers / 1 FTE

Glendive:

Day Treatment: 26 consumers / 1.5 FTE

Case Management : 31 consumers / 1 FTE

and since most case management consumers also participate in day treatment, would it be possible for case managers and day treatment staff to work concurrently on increasing the capacity to assist consumers in obtaining and keeping competitive jobs?

- What kind of external audit is conducted for EMCMHC – managed representative payee accounts?

- **Suggestions**

- None

- **Recommendations**

- None

Medication Services – Miles City and Glendive

- **Brief Overview of Services**

- Advanced Practice Registered Nurses work with the Medical Director to prescribe medications and to conduct medication clinics in Miles City, Glendive, and Sidney.

- **Review Format**

- Interview with Advance Practice Registered Nurse (APRN)
- Records review

- **Strengths**

- The addition of two Advance Practice Registered Nurses (APRN) has resulted in great improvement to services, by allowing EMCMHC to be directly involved in prescribing and monitoring medications as a critical and integrated adjunct to it's other services.
- APRNs have a good working relationship with the new contract Medical Director.

- **Areas Of Concern**

- Pharmaceutical companies have made medication samples available to consumers. This availability seems to be reduced recently, with company representatives cutting back on contact with EMCMHC.
- History of medications that have been used in the past, reasons for specific medication discontinuation, allergies, and adverse drug reactions are not included consistently in clinical assessments.

- **Questions**

- None

- **Suggestions**

- None

● **Recommendations**

- 2) Include in charts: history of medications that have been used in the past and reasons for their discontinuation; document allergies and adverse drug reactions in all clinical assessments.

Emergency Services – Miles City and Glendive

● **Brief Overview of Services** (from EMCMHC program description)

- “Emergency intervention for individuals or families experiencing a crisis situation or severe emotional disturbance. Emergency services are delivered twenty-four hours a day, seven days a week.”

● **Review Format**

- Interviews with Executive Director, Outpatient Therapists

● **Strengths**

- EMCMHC is very responsive to a variety of mental health crisis needs in the vast expanse of Eastern Montana. Even with its challenging geographic size, crises appear to be handled well and with compassion.

● **Areas Of Concern**

- None

● **Questions**

- None

● **Suggestions**

- None

● **Recommendations**

- None

Substance Abuse Services – Miles City and Glendive

● **Brief Overview of Services** (from EMCMHC program description)

- “Substance abuse counseling services in twelve of the counties covered by EMCMHC, including outpatient and intensive outpatient programs, evaluation/assessment/referral, crisis intervention, prevention/education, ACT/DUI and minors in possession.”

● **Review Format**

- Interview with Executive Director (Miles City Substance Abuse staff person unavailable)

● **Strengths**

- EMCMHC provides substance abuse services in 12 of its 17 counties.
- In an effort to increase the integration of treatment of “co-occurring disorders”, substance abuse and mental health services are now “co-located” in each office where both exist.

● **Areas Of Concern**

- While substance abuse and mental health treatment services are both available and co-located throughout the region, it appears that much could be done to more truly integrate these services.

● **Questions**

- None

● **Suggestions**

- None

● **Recommendations**

- 3) To the greatest degree possible pending implementation of a fully integrated “co-occurring disorders” continuum of care per guidelines being developed by AMDD:
 - (a) specifically identify in initial assessments each patient who has a co-occurring mental illness and chemical use disorder;
 - (b) develop treatment plans for these patients that integrate treatment for the co-occurring disorders;
 - (c) conduct all counseling and treatment activities within the structure of an integrated treatment plan.

Adult Foster Care (AFC) Services – Miles City

● **Brief Overview of Services**

- Home-based, residential care provided in a licensed care provider's home to adults with long term mental illnesses who have a history of not functioning in less structured settings. This service is provided by the licensed AFC provider. Provider contracts with EMCMHC and receives reimbursement from the state through EMCMHC. EMCMHC has an "adult foster care" endorsement on its mental health center license.

● **Review Format**

- Interview Adult Foster Care Managers
- Tour of home

● **Strengths**

- Clean, comfortable, homey, private, well-organized home.
- Excellent, individualized care provided to consumers.

● **Areas Of Concern**

- None

● **Questions**

- Is it possible to support an increase in the number and variety of activities for consumers who have been in the home for long periods of time?
- Does EMCMHC engage with and support the AFC provider to the extent envisioned by AMDD? *

** (BOV's impression is that there may too much 'distance' in the way EMCMHC approaches its working relationship with the AFC provider. Even though the AFC provider has a separate licence, EMCMHC has an Adult Foster Care endorsement under its Mental Health Center License. The intent of this licensing structure is that the Mental Health Center with an Adult Foster Care endorsement is "running" the AFC service in partnership with the licensed provider, and is ensuring the comprehensiveness and effectiveness of this service through active oversight, guidance, clinical involvement, training, etc.)*

● **Suggestions**

- Consider consulting with Golden Triangle Community Mental Health Center's Adult Foster Care Specialists regarding their approach to working with Foster Care Managers, developing respite, providing training, etc.
- Consider including payee input as part of the treatment team.
- Consider using financial incentives to mold desired behaviors.

- **Recommendations**

- 4) Increase EMCMHC involvement in working with the AFC provider relative to respite.
 - a) establish minimum standards for taking respite time off;
 - b) provide training for respite workers.
- 5) Require the case manager for AFC consumers to attend all treatment plan meetings.

Medical Director / Inpatient – Regional and Glendive

- **Brief Overview of Services**

- Contracted Medical Director in Glendive.

- **Review Format**

- Interview with Medical Director
- Tour of psychiatric unit in Glendive

- **Strengths**

- The first psychiatrist east of Billings for a long time. Excellent addition to the service mix.
- Psychiatrist will be incorporating Electro Convulsive Therapy into her practice sometime soon.

- **Areas Of Concern**

- None

- **Questions**

- None

- **Suggestions**

- None

- **Recommendations**

- None

Treatment Plans

● **Review Format**

- Review of charts in Miles City (11) and Glendive (5)
- Interviews with clinical staff in Miles City and Glendive

● **Strengths**

- Current plans in the Glendive program are all current and excellent. Format is extremely clear; goals are stated in terms of outcomes for consumers; interventions are behaviorally specific.
- Documentation of plan implementation and progress in the Glendive program are excellent. The 'Comprehensive Case Reviews' are clearly presented in a way that makes it easy to understand consumer progress, the rationale for plan changes, and what the changes/updates have been made.
- Initial clinical assessments in the Glendive program, including criteria for 'discharge', are consistently excellent

● **Areas Of Concern**

- A number of treatment plans in the Miles City program have remained unchanged for long periods of time (11-0693 = since January 2003; 11-6459 = since December 2002; 11-0696 = since July 2000; 01-5923 = since July 2002)
- Documentation of progress on a number of charts in the Miles City program was not current.
- 'Comprehensive Case Reviews' in the Miles City program appear to be used as a formality to document continuation of treatment plans "as is" without *either* a concerted effort to keep the plans fresh and progress-oriented, *or* to clearly indicate valid rationale for continuing with unchanged treatment plans for extended periods of time. The language in these Reviews is identical from quarter to quarter.

● **Questions**

- None

● **Suggestions**

- None

● **Recommendations**

- 6) Conduct an assessment of the "Comprehensive Case Review" process in the Miles City office. Revise the process so that the reviews are truly comprehensive and so that the result is *either* a genuinely revised plan *or* a clearly described rationale for an unchanged plan. Consider consulting with the Glendive office clinicians and replicating their process and format in the Miles City office.

BOV SITE REVIEW STANDARDS

BOV is in the process of revising its site review standards.

Pending standards revision, BOV will continue to note whether or not mental health facilities are in compliance with 53-21-107, MCA 2003 – a statute created by Senate Bill 473 in the 2001 Legislature which addresses how mental health facilities respond to abuse and neglect allegations made against facility staff or others in the facilities' treatment environment.

BOV reviewed EMCMHC's policies and found that they are not in compliance with this statute.

● **Recommendations**

- 7) Develop abuse and neglect policies and procedures that are in compliance with 53-21-107, MCA 2003.

RECOMMENDATIONS

- 1) **To the Mental Health Services Bureau:** Engage EMCMHC and YDI in a dialogue to establish necessary coordination of services to children served by both EMCMHC and YDI.
- 2) Include in charts: history of medications that have been used in the past and reasons for their discontinuation; document allergies and adverse drug reactions in all clinical assessments.
- 3) To the greatest degree possible pending implementation of a fully integrated “co-occurring disorders” continuum of care per guidelines being developed by AMDD:
 - (a) specifically identify in initial assessments each patient who has a co-occurring mental illness and chemical use disorder;
 - (b) develop treatment plans for these patients that integrate treatment for the co-occurring disorders;
 - (c) conduct all counseling and treatment activities within the structure of an integrated treatment plan.
- 4) Increase EMCMHC involvement in working with the AFC provider relative to respite.
 - (a) establish minimum standards for taking respite time off;
 - (b) provide training for respite workers.
- 5) Require the case manager for AFC consumers to attend all treatment plan meetings.
- 6) Conduct an assessment of the “Comprehensive Case Review” process in the Miles City office. Revise the process so that the reviews are truly comprehensive and so that the result is *either* a genuinely revised plan *or* a clearly described rationale for an unchanged plan. Consider consulting with the Glendive office clinicians and replicating their process and format in the Miles City office.
- 7) Develop abuse and neglect policies and procedures that are in compliance with 53-21-107, MCA 2003.

AGENCY RESPONSE

March 22, 2004

Gene Haire
Executive Director
Mental Disabilities Board of Visitors
P.O. Box 200804
Helena, MT 59620

Dear Gene:

Here is our response to your letter of February 24th:

Recommendation #1 Due to the numerous complaints concerning case management by Y.D.I., the Dept. has instituted a task force to study the issue. Gordon Jackson has been appointed to that task force.

Recommendation #2 As indicated in my December 9th letter, modifications have been made to the Initial Assessment form of the APRN's. A copy has been included.

Recommendation #3 (d). Diagnosis identifiers are included in charts for patients with co-occurring mental health and chemical dependency disorders.

(e) Treatment plans are developed that integrate treatment plans for co-occurring disorders.

(f) Given the administrative constraints and barriers for counseling and treatment activities with the two funding streams, counseling and treatment are conducted in an appropriate manner.

Recommendation #4 Weekly meetings are held with the AFC provider and topics such as time off and training for respite workers are being addressed.

Recommendation #6 We have conducted an assessment of the Comprehensive Case Review in Miles City. I am enclosing a copy of the form that has been developed by the outpatient therapists in Miles City to be used in their Comprehensive Case Reviews. We are making a conscientious effort to develop a meaningful process which does not negatively impact on secretarial time in terms of massive dictated documents. Secretarial time is a premium and we have no more space or money to hire additional personnel. Additionally, the Miles City current Comprehensive Case Review form is on that Dr. Mossman approves for licensure. We will continue to use that form because maintaining our licensure is extremely important to us.

Recommendation #7 The Abuse and Neglect policy that we developed is enclosed and we feel it meets the requirements of 53-21-207, M.C.A.

Sincerely,

Frank L. Lane
Executive Director

Board of Visitors Response to EMCMHC 3/23/04

OFFICE OF THE GOVERNOR MENTAL DISABILITIES BOARD OF VISITORS STATE OF MONTANA



Judy Martz
Governor

Steve Cahill, Chairman
Gene Haire, Executive Director

PO Box 200804
Helena, Montana 59620-0804
Telephone – 406-444-3955
FAX – 406-444-3543
E-Mail – ghaire@state.mt.us

March 23, 2004

Frank Lane, Executive Director
Eastern Montana Community Mental Health Center
2508 Wilson
Miles City, Montana 59301

Dear Frank:

Thank you for the final response to our 2-24-04 report. We know that the process since our July 2003 review has been long. We have appreciated the dialogue with you. Even though we still have concerns about the EMCMHC response to recommendation #7, we are going to publish the report. It will include your response and this letter.

RE: Recommendation #7 –

BOV does not believe that the Abuse and Neglect Policy submitted to BOV in response to recommendation #7 complies with 53-21-107, MCA 2003. The reasons are detailed in the policy review document enclosed with this letter and are summarized here:

- The EMCMHC policy definition is not congruent with statutory definitions. The primary problem is that the EMCMHC policy emphasizes the necessity that the alleged abuse or neglect be "intended to harm or hurt another individual" and that alleged "abuse or neglect must have an overt intent by the person committing the intent or abuse [sic]." Statutory definition of abuse specifically states that abuse "means any willful, negligent, or reckless mental, physical, sexual, or verbal mistreatment or maltreatment...". Statute does not limit the criteria to intent to harm another person. Likewise, statutory definition of neglect does not include intent to harm. There are other aspects of the EMCMHC definition that are not congruent with the statutory definitions.
- EMCMHC's policy does not include guidelines for detecting, determining the validity of, or resolving allegations of abuse / neglect.
- EMCMHC policy does not specify that notification of Board of Visitors must be in writing.
- Statute requires notification of law enforcement "immediately" when the allegation "may constitute a criminal act". EMCMHC policy does not include this qualifier.
- EMCMHC policy does not address the requirement to "provide a mechanism for reporting allegations of abuse or neglect that in no way deters or discourages an individual from reporting the allegations".
- EMCMHC policy does not include the requirement to provide a copy of the written investigation report to the director of the Department of Public Health and Human Services.

We will revisit unresolved issues during our next review.

Sincerely,

Gene Haire
Executive Director