

WMMHC Livingston Mental Health Center

March 18,
2015

Montana Mental Disabilities Board
of Visitors Site Inspection Report

Summary

On March 18, 2015, the Mental Disabilities Board of Visitors conducted a site inspection of the Livingston Mental Health Center (LMHC), pursuant to Section 53-21-104 MCA. The facility is located in downtown Livingston, Montana, and has a rustic-looking exterior that seems typical of the buildings in that area. Inside, the building incorporates all the services provided by LMHC, including the outpatient office, the day treatment program, and the drop-in center, although there are separate entrances to each program.

The site inspectors noted the relaxed and casual atmosphere of the center. The staff is friendly and welcoming. The program manager noted that some clients, especially of the day treatment program, have attended that program for many years; some of the clients view the day treatment program as their primary means of support.

LMHC is a satellite office of Western Montana Mental Health Center, and incorporates many of that parent agency's policies and procedures. LMHC has a recovery-oriented approach to treatment, and encourages clients' autonomy and independence. Site inspectors were impressed by the staff's positive and creative outlook, their energy, and their genuine concern for the persons they serve.

Organizational Planning and Quality Improvement

Livingston Mental Health Center (LMHC) is a satellite office of Western Montana Mental Health Center (WMMHC). WMMHC mission statement covers the entire agency, including all its satellite offices. Scott Malloy, director of Gallatin Mental Health Center, provides supervision over LMHC, and Jamie Grundner, LCSW, is program manager of LMHC.

LMHC has its own strategic plan, and has accomplished a great deal in the last year. The relationship with the community has been strengthened, with successful collaboration with law enforcement, Community Health, and the detention center. Further goals include increased community presence—for example, participation in Farmers Market and community health fairs. The program manager stated LMHC would like to schedule, establish and offer community mental health training. She plans to schedule regular meetings with community stakeholders. Another goal is to have 100% of Park County law enforcement trained in Crisis Intervention Training. The program manager stated that they anticipate moving to a new facility in Livingston.

Person-Centered Outpatient Management Scale (P-COMS) is a good tool for continuous quality improvement; it allows the client to participate in the quality of services, and provides instant feedback to the staff. A quality improvement plan is not yet developed using P-COMS. P-COMS is an outcome-based measurement. The client completes a very brief questionnaire before and after a session, and the responses are used to measure progress and successful treatment.

Last year was the first year LMHC completed satisfaction surveys with clients and staff as part of quality improvement. Overall, clients are satisfied with the services they receive and feel that staff treats them respectfully. There is a client suggestion box in the Drop-In Center and the Day Treatment Center, and clients report staff are interested and will try to implement their suggestions.

Suggestion: Develop a quality improvement measurement using results from P-COMS to explore different treatment approaches.

Rights, Responsibilities and Safety

The front desk staff completes the initial client intake interview which includes a verbal review of twelve client rights and responsibilities which is printed on a form for the client to sign. The client is given a copy. The signed document is placed in the client's electronic file. Staff interviewed seems to understand the grievance policy and how to respond. One clinician indicated that she would try to resolve the grievance issues with the client, and stated usually that is successful. If there was an allegation of abuse/neglect, she would report directly to her supervisor. LMHC has a Client Grievance Process and a Client Grievance Form that is really quite good but LMHC staff seems to be confused about the differences between grievances and abuse/neglect reporting. They have an abuse/neglect policy.

Information about the Mental Disabilities Board of Visitors, Disability Rights Montana, and the Mental Health Ombudsman were not posted so clients could access that information. The site inspectors provided that information, and it was posted immediately.

Suggestion: Ensure that advocacy information is posted in all areas that clients are served. Update the Mental Health Ombudsman's e-mail address on the information sheet posted in the reception lobby.

Suggestion: Post updated grievance and abuse/neglect policies in areas where clients all clients are served.

There is no seclusion/restraint for clients at LMHC. LMHC has no tolerance for yelling, pushing, physical fighting, throwing objects, swearing or acting in a threatening manner. During the intake interview all clients are given a copy of the Aggressive Behavior Policy and clearly know what behavior is expected.

Staff actively role model Dialectical Behavior Therapy (DBT) skills and continually train clients in those skills. Staff tries to handle problems when they are little problems so that they do not become big problems. Staff casually and verbally works with clients who are upset.

Individual, Family Members/Guardian Participation

With client permission family is included in treatment. About 75% of the clients have family involvement but LMHC doesn't do much in the way of family training, NAMI has taken over that aspect. Upon admission, staff tries to involve outside support—family, friends—as part of recovery.

Family and friends can be involved in the treatment plan process if the client agrees. Staff encourages autonomy, so the client does not become dependent on LMHC. Part of autonomy includes family/friends support.

Suggestion: Provide release of information form(s) to clients upon admission with encouragement to include family member/friend support. Provide information to clients regarding the recovery process and the importance of family member/friend support to help in recovery.

Cultural Effectiveness

Staff reports a small percentage of clients (0.05%) are culturally diverse. Cultural background is addressed during the intake, but cultural diversity does not seem to be addressed in treatment planning. Every Monday, Spirituality Group is offered, and seems to be popular. The program manager is a strong proponent of acknowledging the importance of spirituality in the recovery process. She stated that cultural awareness/effectiveness is an area that needs work.

There is no information provided to help link clients to other cultural resources. For example, the resource list does not include an Indian Alliance.

Suggestion: Find agencies that address cultural diversity, including Indian Alliance and other support groups. Include these on the Resource List.

Staff Competence, Training, Supervision, and Relationships with Individuals

The staff interviewed seems very competent and appear to do a good job. They seem dedicated to the agency and the clients they serve. The agency has an extensive training program, especially with new hires. The agency provides internships; interns receive the same training as new employees. There is a written curriculum and procedure for training. Training is provided by the agency, and licensed persons are given the opportunity to attend trainings in the community.

Training includes compassion fatigue, CDC, orientation, clinical training, understanding documents, medical records, electronic records, and psychopharmacology. Staff state they receive sufficient training and supervision. The therapist who was interviewed stated she has three supervisors. She feels they are experienced, competent, and accessible.

The case managers have supervision meetings with Jamie once a month and her door is always open. “Jamie is so mellow and approachable.”

Clients served seem to feel respected, listened to, engaged, and appreciated. They say the staff listens to their concerns and suggestions. There are two suggestion boxes. Clients would like to obtain more funding so they can do more activities/outings/crafts. There is definitely closeness between clients and day treatment staff.

Treatment and Support

Treatment Plans

The treatment plans contain recovery markers and other goal markers to help staff and clients measure improvements the client has made. Treatment plans are reviewed every 90 days. The client is offered a copy of the treatment plan and if he declines to take it, the case manager insists that he at least take a copy of the crisis sheet portion of the plan.

Each newly admitted client completes an assessment/evaluation with clinician. There is currently a wait list of 5 weeks for an intake. The program manager stated that usually the wait list isn't so long. Information obtained later indicated the wait list for a clinical intake is 1-2 weeks, and the wait list to see a practitioner is also 1-2 weeks. Clients are referred for services at LMHC from a variety of sources—community health care, Veterans Administration, primary care physicians, Montana State Hospital, and self-referral. Upon intake, a treatment plan is developed by the clinician and the client; the client is linked to other services (case management, etc.). The assigned case manager (if this service is provided) is responsible for continuing review and revision of the treatment plan.

It was hard to review electronic records as the system seemed to lock up during review. Of the 5 records reviewed, 3 treatment plans/reviews were current, one case did not have a plan, and one treatment plan was past due. These may be because every member of the treatment team has not signed the treatment plan yet.

Suggestion: Make electronic records easier to review so at the next site inspection, it will go more smoothly. ☺

Trauma Informed care

Assessing trauma history is part of the initial intake assessment, and is included in the treatment plan if the client requests addressing trauma as a goal. Few training opportunities for staff are offered in this area; there is no training on universal trauma precautions. Training includes suicidality and de-escalation training. Intakes are only an hour long, so it is hard to include a thorough trauma-informed assessment. Two therapists in the Bozeman office are trained in Eye Movement Desensitization and Reprocessing (EMDR) which is an evidence-based practice to help clients address trauma.

Evidence-Based Services

The outpatient therapy program at LMHC incorporates Evidence-Based Therapy approaches that include Cognitive Behavior Therapy, Solutions-Focused brief therapy, couples therapy, and group therapy. Skills groups are provided in the day treatment program. P-COMS (refer to “Quality Improvement” section of this report) is “the client-directed, outcome-informed method of feedback to assist in monitoring the effectiveness of therapy”.

Case management services are based on a recovery model of care. It is a strengths-based service.

The full-time case manager does the following:

- *“I do whatever the client needs”*
- *Apply for SS and disability benefits*
- *Assist with any applications the client needs (ex. medical or hospital bills)*
- *Arrange appointments*
- *Monitor clients in ADL's, ensure they stay in compliance with apartment lease*
- *CBR for Vets (the VA will pay for this, Medicaid has stopped paying)*
- *Get feedback from other staff in the forms of “heads up” if they see client is decompensating*
- *Ensure that client does not isolate*
- *Do welfare checks if worried about client (always take another staff with me)*
- *Do budgets for clients who have payees)*
- *Assess client's mental status*

Housing

Clients live independently or with family or friends. LMHC does not provide group home or supported living services.

Co-occurring Psychiatric/Substance Use Disorders

Individuals are referred to community based substance use treatment programs. There seems to be coordination between these two programs. One client who was interviewed said he attends both substance use treatment groups and groups at day treatment. He also receives services in the LMHC outpatient clinic. He seemed satisfied with the services he is receiving.

Medication

Rebecca Bourret, APRN provides weekly appointments at LMHC. Most clients independently administer their own medication; they pick up their med packets weekly. About 8 clients receive medication prompts. LMHC encourages independence and autonomy and self-responsibility. Medication in the facility is kept in a locked cabinet in a locked office. Follow-up appointments with APRN are scheduled regularly.

Dr. Betsy Bittman, MD, a psychiatrist from New York, holds a clinic twice a month over the internet. The telemedicine program used is not Skype; it is something similar but better. Staff seemed to think the process worked well, although one staff said, "It doesn't seem to be working well, sometimes there are technical problems, and some clients feel they need a warm body to talk to."

Staff is always assessing a client's situation and talks to him/her about medications. Staff communicates with the APRN and the tele-med psychiatrist.

Crisis Response

The Help Center in Bozeman provides a 24-hour crisis line; Hope House in Bozeman is a crisis-stabilization facility. Law enforcement is trained in CIT—the first class was held in June, 2014. The goal is to have all law enforcement officers trained in CIT. LMHC therapists will go to the detention facility to assist with assessments. Tele-med psychiatry is available at the detention facility. There are two on-call CRTs in Park County.

Access and Entry

It takes 2–3 weeks before receiving services from LMHC and staff tells the potential client that if s/he needs help before then to see his primary care provider until the scheduled appointment at LMHC.

Referral sources include the community health center, Veterans Administration, law enforcement, local practitioners, Montana State Hospital and self-referral.

Continuity of Services through Transitions

LMHC has about a dozen clients that have attended day treatment for many years. The mental health center encourages autonomy and independence. Some clients are involved in services from other agencies. Drop-in center is available for those who do not attend day treatment. Drop-in center is part of peer-support network. When a client is ready to be discharged from services, the case manager and/or clinician makes necessary referrals to services and resources in the

community. It appears clients at LMHC are involved in services from other agencies in Livingston and all agencies involved communicate about the services they provide.

SERVICES

LMHC has a total of nine staff, down from a few years ago because of budget concerns, but the remaining staff serves their clients by being creative in how they provide all services. They are also creative in working within their budget because productivity payments from Medicaid are down.

The new program manager was hired about a year and a half ago; the previous manager (over ten years) retired. LMHC's staff has been stable for the past five years. One and one-half case managers currently handle around 41 clients while the LMHC serves about 224 clients total.

Peer Solutions Drop-In Center is open 1:00 – 5:30 p.m., Monday through Friday; it is peer driven and exists solely for clients. The Center is in the process of hiring a new manager so the part-time peer specialist is running the program. Attendance averages 40 clients/week. The previous week they had a barbecue for 21 clients.

Interviewed clients stated they enjoyed the Drop-In Center. Some clients said that adding a movie night one night/week would be a good addition, they could even serve popcorn. Clients said that Livingston has nothing in the way of entertainment during the week-day evenings.

The part-time peer support specialist said that she has worked in the Drop-In Center for about a year and was a client for 6 years prior to that. She works 18 hours/week and had only good things to say about LMHC. She credits LMHC for “saving her life” and said that all of the staff she works with is great. “They treat me with so much respect and guide, direct, and focus my energy.”

“A month and a half after starting to work my supervisor sent me to Minneapolis for a wonderful five-day peer support Depression and Bipolar Support Alliance (DBSA) training. The supervision here is just great and I have good support. Sometimes I have to be a little bit firm with my peers, but they seem to understand why.”

The peer support specialist duties include:

- #1 is to talk with my peers
- Daily – keep Center clean
- Shop for peers
- Plan month
- Help clients with paperwork (read to clients and help with questions)
- Sometimes take clients to appointments

The peer support specialist is not part of a client's treatment team, but she does enter notes into the electronic charts, saying that electronic charting is easy to do.

Mountain House Day Treatment is open from 10:00 a.m. until 1:00 p.m., Monday through Friday, and seems to be a gathering place for a core group of clients plus new members rotating in and out as they require the service. Most of the clients we talked to had been attending day treatment for ten years. They had only good things to say and it was very apparent that day treatment is a very important part of their life, especially since they can help plan and prepare a nourishing and delicious lunch each day.

The clients attend classes and work on projects while at day treatment. One of their projects is called Mountain House Designs. During this class the clients make crafts to sell at Farmers' Market and through a newsletter. The current project being worked on is making throw rugs on a hand-made loom.

LMHC has two vans, a 15-seater and a 7-seater, that are used to pick clients up to attend day treatment and take clients to and from appointments.

Suggestion: Open the Drop In Center on Saturday and one night/week (movie night) Livingston doesn't have many evening social activities.

Suggestions from staff and clients to improve LMHC:

- A pool or ping pong table
- More art supplies
- New building – “We are three buildings put together and sometime clients think we are not open. It's kind of a maze getting around. “With a different building the staff and clients would be more comfortable and productive.”
- Slush fund for client emergencies, ex. Shoes, toiletries.
- New equipment, ex. Printer

Recommendations:

- 1) Review and rewrite both the grievance policy and the abuse/neglect policy to ensure that both are clear and concise. Grievances do not have to be reported to BOV, abuse/neglect incidents do, by Montana statute, MCA 53-21-107. Provide further training to staff that specifically addresses procedure for response to grievances and to allegations of abuse and neglect. Staff needs to understand the difference between managing grievances and reporting alleged abuse/neglect.**
- 2) The agency as a whole needs to address the development of a Cultural Effectiveness Plan, increase training and awareness of cultural, ethnic, social, historical, military services, spirituality and gender. Refer to SAMHSA manual “Improving Cultural Competence” Treatment Improvement Protocol 59.**
- 3) Provide training on “Universal Trauma Precautions” according to SAMHSA guidelines. Refer to “Trauma Informed Care in Behavioral Health Services”, SAMHSA Treatment Improvement Protocol #57.**