Mental Disabilities Board of Visitors

SITE REVIEW REPORT

Montana State Hospital

Warm Springs, Montana

December 6 – 7, 2006

GeneHaire

Gene Haire, Executive Director

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OVERVIEW

Mental Health Facility reviewed :

Montana State Hospital (Montana State Hospital)
Warm Springs, Montana
Ed Amberg - Administrator

Authority for review :

Montana Code Annotated, 53-21-104

Purpose of review :

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

BOV review team :

Staff:
Gene Haire, Executive Director
Craig Fitch, Attorney
LuWaana Johnson, Paralegal

Board:
Joan-Nell Macfadden
Suzanne Hopkins
Sandy Mihelish

Consultants:
Jacki Hagen, PharmD
Gail Baker, LCSW
Jack Hornby, MD
Stan Fleming, LCPC

Review process :

- Interviews with Montana State Hospital staff
- Observation of treatment activities
- Review of written descriptions of treatment programs
- Informal discussions with patients
- Inspection of physical plant
- Review of treatment records

General Comments

Montana State Hospital (MSH) is a large tertiary care facility with the mission of providing inpatient psychiatric services to adults who have serious mental illnesses. Patients' mental illnesses are often complicated by substance abuse and forensic involvement; some have very refractory or noncompliant histories with treatment. Almost 100% are hospitalized involuntarily via court-ordered commitment. MSH has dealt for years with longstanding stigma (i.e. "mental asylum") that distorts perceptions of what type of services are delivered and who is treated here. In addition to these challenges, assorted political pressures and associated fiscal challenges add to the difficulty of operating this important component of Montana's mental health system.

Taking all these factors into account, the Mental Disabilities Board of Visitors (BOV) is impressed by the hospital organization and its positive initiatives: its very pleasing, relatively new main hospital environment; an administration that is caring and creative in dealing with challenges; medical and other clinical professionals who are knowledgeable, capable and dedicated, provision of up to date standards of care; new unit organization (Pathways to Recovery) recently established; additional plans for more therapeutic and educational groups and activities; increasing individual patient involvement in their own care; and implementation of computer-assisted treatment plan design and paperless records.

Data provided to BOV indicates MSH compares highly favorably to other state hospitals in western states in most measurable parameters. Use of seclusion and restraint has diminished substantially without corresponding increase in PRN medication usage. Length of stay and the rate of recidivism within 1 month of discharge have decreased.

There are issues in need of reassessment and/or improvement such as the increasing admission numbers and overcrowding, possible alternative placement of forensic patients to open up more beds in main hospital, remodeling some older buildings and removal of others, working with communities to discharge patients awaiting disposition, longstanding issues of staff turnover, etc..

BOV's overall impression is that MSH has been positively reactive and proactive, and appears to be offering very good services to many citizens of Montana with extremely serious and complicated mental illnesses.

Overcrowding at Montana State Hospital

(With updates for data from 2003 through 2006, the following comments are a repeat from the BOV report on Montana State Hospital in 2003.)

Many of the stresses observed and concerns raised in this report can be attributed to overcrowding at MSH. The MSH census has been in excess of the facility's design capacity since the day the new hospital opened its doors in August 2000. The determination of the size of the new hospital was largely arbitrary, relying on educated guesses and managed care speculation, instead of comprehensive study of the number of adults in Montana with serious mental illness and the commensurate current and future needs *of the entire system – with an emphasis on building the foundation of community-based services*. The average daily census has increased from 159 in FY 2000 to 199 through FY 2006. The number of admissions annually has increased from 466 in FY 2000 to 690 in FY 2006. (The average number of annual admissions from FY 1993 through FY 1999 was 375.)

The trend in forensic admissions at MSH has had a significant impact on overall census. From FY 1993 through FY 2006, the percentage of forensic patients relative to the total hospital census has increased from 18% to 36%. Except for two minor dips in numbers in 1994 and 2000, the total number of forensic patients at MSH has increased from 27 in FY 1993 to 72 in FY 2006.

BOV believes that a primary cause of the overcrowding crisis at MSH is the absence of accurate measurement of the number of adults with serious mental illness in Montana. This has resulted in an incomplete understanding of system-wide needs; an absence of long range, need-based system design; and, underdevelopment and under funding of community-based treatment services. It is imperative that, in addressing the MSH overcrowding issue, legislative / funding strategies address development of "best practice", outcome-driven community services – and not just treat the symptom of MSH crowding by adding beds there.

Admissions To / Discharges From MSH

In the current system, several community entities – primarily mental health centers and community psychiatric hospitals, in conjunction with the judicial system under the structure of Title 53, Chapter 21, Montana Codes Annotated – initiate and control the process that leads to admissions to MSH. Even though MSH is not the only venue to which involuntarily committed individuals may be sent for treatment by a district court, MSH is the designated venue in virtually all commitments.

MSH has no role in this decision-making process. Neither the current census nor the availability of beds can preclude a court from sending an individual to MSH.

BOV supports the MSH position that it should be a participant in the decision making process that leads to patients being admitted. However, this participation should be incorporated into the larger context of community service capacity and should focus on determination of the most appropriate level of care for each person, and quantification of necessary increases in community capacity.

Family Involvement in Treatment and Discharge Planning

As noted later in this report, the addition of the Family and Volunteer Services Coordinator is an exciting initiative that deserves high praise. The person currently in this position has begun the process of formally and informally reaching out more to families of people who become patients. As MSH fully develops this position and, hopefully, expands in this area, BOV believes that patient outcomes will improve, and families will become active partners in developing and participating in the recovery of their family members.

ASSESSMENT OF SERVICES

Medical Services

Staffing

- 1 Medical Director
- 7 Psychiatrists (including Medical Director)
- 2 Physicians (Medical Clinic)
- 1 Advance Practice Registered Nurse
- 1 Physician Assistant

(2 Psychiatrist positions vacant at time of review)

Medical Services	Comments / Analysis
Overall impressions about the quality of services provided by psychiatrists	**STRENGTHS:** ▪ hospital and patients fortunate to have accumulated such fine, dedicated group of psychiatrists to manage complex psychiatric clientele ▪ quality of services provided by psychiatrists very good ▪ dedicated, caring, and enthusiastic about work ▪ good collegiality among medical staff ▪ caring, knowledgeable, experienced - positive attitudes ▪ well staffed ▪ psychiatrists always available ▪ regular and timely sessions with each patient ▪ see patients on the units as well as in the office
Do services provided by psychiatrists appear to be well-coordinated with other Montana State Hospital services?	**YES** **STRENGTHS:** ▪ good integration of services among primary disciplines ▪ strong emphasis on team approach to individual patient care and encouragement to offer input from all team members ▪ psychiatrists have done a very good job of making all of the other team members feel appreciated, building a positive atmosphere among professionals ▪ good communication, understandable hierarchal structure with built-in respect
Do psychiatrists have good working relationships with the other professionals in Montana State Hospital (in particular - Psychologists, Nurse Practitioner, Nurses)?	**YES** **STRENGTHS:** ▪ BOV team heard nothing but positives from nursing staff toward psychiatrists they work with. ▪ Everyone BOV interviewed agrees that the psychiatrists do a good job of listening and incorporating input into their clinical decisions. **CONCERN:** ▪ There appears to be some tension between psychiatrists and psychologists regarding how the psychology department can be helpful; though psychiatrists value psychological testing

	and expertise under certain conditions (ex: difficult cases, trauma cases where patient needs therapy), they do not appear interested in routinely working with psychologists as partners in pursuing differential diagnosis and establishing treatment strategies.
Do psychiatrists take on a leadership role by having a presence on the treatment units - providing guidance for the milieu, and acting as mentors for Nurses, supervisors, and Psychiatric Technicians?	**STRENGTHS:** ▪ Psychiatrists are respected and relied upon for guidance and treatment directives. Those who were observed out on the units appear to reinforce positive treatment milieu. **CONCERN:** ▪ Neither psychiatrists nor psychologists step into this role consistently. Particularly with regard to opportunities for setting examples for psychiatric technicians and nurses, psychiatrists and psychologists could do much more in "public" dialogue with patients, setting powerful examples for therapeutic interactions with patients. **SUGGESTION:** ▪ Encourage psychiatrists and psychologists to take a more assertive and proactive role in publicly demonstrating appropriate therapeutic alliance and interactions with patients. ▪ Implement weekly educational opportunities (Case Conferencest/ Grand Rounds) to reinforce team support/concept, enthusiasm, interest, and provide break from direct patient care.
Do psychiatrists play a role in educating both Psychiatric Technicians and patients regarding mental illnesses and their treatment?	**YES**
Do Psychiatric Technicians appear to respect and look to the psychiatrists as leaders and mentors?	**YES** **STRENGTHS:** ▪ There is considerable mutual respect and encouraging, supportive relationships among psychiatrists and direct care staff. **CONCERN:** ▪ turnover among psychiatric technicians
Overall impressions about the quality of services provided by the Medical Clinic.	**STRENGTHS:** ▪ good medical and dental care is available ▪ experienced and knowledgeable medical staff **CONCERNS:** ▪ Based on credible complaints over time from individual patients, the Resident Council, direct care staff, clinical professionals (including psychiatrists), and program supervisors, BOV has concerns about the way in which patients are treated in the Medical Clinic and access patients have to needed medical treatment. ▪ The two-person call system appears to contribute to burnout and resistance. see **Integration and Continuity of Services**, p. 70. Based on these concerns, the Addictive and Mental Disorders Division contracted with First Health Services Corporation to

	conduct an investigation into these concerns. **SUGGESTION:** ▪ Consider ways to bring in a third person into the on-call schedule.
At Montana State Hospital is the mental health of patients seen as essential for overall health?	**YES** **STRENGTHS:** ▪ This is well known and understood among all staff, particularly the medical professionals. ▪ Physical well being is high priority through various wellness activities/groups. **CONCERN:** ▪ Lab tests are sent out of house, not back over weekend; drug screens & HIV screens not routinely done unless suspected. ▪ see concerns about medical clinic above

Nursing Services

Staffing

- 1 Director of Nursing
- 42.75 FTE Registered Psychiatric Nurses
- 10 FTE Psychiatric Nurse Supervisors
- 33 FTE Licensed Practical Nurses
- 136 FTE Psychiatric Technicians

Nursing Services	Comments / Analysis
Overall impressions about the quality of services provided by Nurses?	**STRENGTHS:** ▪ Impressive experience, knowledge, organizational abilities of Nursing Director. ▪ BOV observed nurses actively out "on the floor" throughout the hospital. ▪ Nurses are generally enthusiastic organized, knowledgeable, interested in educating staff and patients; respectful of other professionals and patients; work well as team members. ▪ in addition to routine psychiatric nursing duties, nurses lead groups on the units. **CONCERNS:** ▪ Some patients reported nurses not as available as would like, spending a lot of time doing paperwork.
Do services provided by Nurses appear to be well-coordinated with other Montana State Hospital services?	**YES** **STRENGTHS:** ▪ Unit Nurse Managers appear to be well in charge of program direction and do a fine job of keeping daily schedules well-coordinated ▪ Nursing Director has been effectively managing this large organization for years ▪ Demonstrated respect among disciplines; well organized, good lines of communication, important creative voices in treatment team, provide education for LPNs and Psychiatric Technicians. ▪ Nurse-led groups on the units are a key component of overall treatment services.
Do nurses appear to be knowledgeable about each patient's illness and needs?	**YES** **STRENGTHS:** ▪ Nurses are knowledgeable about each patient, treatment plans, medications, and other treatment/illness concerns. ▪ There is good relay of information among staff, secondary to team meetings and patient interactions.
Is the Nurses' and Psychiatric Technicians' work with patients integrated with the work of Psychiatrists and Psychologists?	**YES** **STRENGTHS:** ▪ Nursing staff do a good job of coordination of services communicated thru daily team meetings, directions of supervisors, and chart documentation.

Do the nurses appear to be aware and confident of their role as supervisors and mental health professionals?	**YES** **STRENGTHS:** ▪ As above.
Did you observe Nurses out on the units interacting with Psychiatric Technicians and with patients?	**YES** **STRENGTHS:** ▪ Nurses play a critical role for patients and Psychiatric Technicians and are often first to be identified or sought out by patients.
Did the Psychiatric Technicians appear to respect and look to the nurses as leaders and mentors?	**YES** **STRENGTHS:** ▪ Psychiatric Technicians seemed very complimentary, respectful, and appreciative of nurses and their mutual roles. ▪ Psychiatric Technicians are a critical part of treatment teams. **SUGGESTION:** ▪ Consider ways to enhance and emphasize more the role Psychiatric Nurses have in the proactive, ongoing mentoring and education of Psychiatric Technicians “in the moment”.

Psychology

Staffing

- 1 Chief Psychologist
- 7 Psychologists
- 1 Psychology Specialist
- 3 Substance Abuse Counselors

Psychology	Comments / Analysis
What are your overall impressions about the quality of Psychology Services?	**STRENGTHS:** ▪ Prior to her resignation in December, the Director of Psychology had been a stand-out leader and team-builder at Montana State Hospital. ▪ In recent years, the Psychology Department has become a positive force for change and progress both within the psychology department and for Montana State Hospital overall as the dynamic motivator for innovative services and programs. **CONCERNS:** ▪ At the time of the writing of this report, it is unclear whether the vacated Director of Psychology position will be filled. ▪ It appears that the administration and the medical department do not fully appreciate the psychologists for the clinical contributions they are qualified and able to make. ▪ The priorities regarding use of psychologists' talents/time and the relative importance of the psychologists role in conducting clinical assessments - doing differential diagnosis - running groups - doing individual treatment appear unclear. **SUGGESTIONS:** ▪ Analyze and determine the priority use of psychologists' talents and time. ▪ Reorient psychologists' role so that they are more involved in providing individual treatment. ▪ Reorient psychologists' role so that they are out on the units modeling effective redirection/interventions with patients and direct care staff. ▪ Make the Program Manager for the Coping Skills and Co-Occurring Treatment Program (Spratt Building) and the Director of Psychology two separate positions.
Do Psychology Services appear to be well-coordinated with other Montana State Hospital services?	**YES** **STRENGTHS:** ▪ At least one psychologist is on each treatment pathway team. **CONCERNS:** ▪ With the recent reorganization of the Treatment Pathways, the Director of the Psychology Department had been given the additional job of manager of the Coping Skills Program. Along with this probably "undoable" double job for the Director of Psychology, the identity and cohesiveness of the psychology department have been diminished.

	While there may be some positive aspects in having the psychologists more integrated into each treatment unit and more in partnership with to the program managers and other unit clinicians, BOV hopes that the ability of the psychologists to continue to function as a professional team is supported.
Do Psychologists appear to be knowledgeable about each patient's illness and needs?	**YES**
Do the Psychologists appear to be aware and confident of their role as mental health professionals and mentors?	**YES** **STRENGTHS:** ▪ Psychiatric Technicians look to the professionals - including the Psychologists - for incidental training and guidance. ▪ In treatment meetings Psychologists are active, assertive and, respected. **CONCERNS:** ▪ The Director of Psychology has worked hard to empower the Psychologists but they either do not have time or have not been adequately encouraged to assert a "modeling" role.
Did the Psychiatric Technicians appear to respect and look to the psychologists as leaders and mentors?	**YES** **CONCERNS:** ▪ There does not appear to be proactive development of an atmosphere within unit milieus in which clinical professionals continually engage with Psychiatric Technicians in a dynamic education and modeling role. **SUGGESTION:** ▪ Develop in-house opportunities for both structured and incidental educational and mentoring relationships between clinical professionals and Psychiatric Technicians.

Social Work

Staffing

- 1 Social Services Manager
- 15 FTE Social Workers

Social Work	Comments / Analysis
What are your overall impressions about the quality of services provided by Social Workers?	**STRENGTHS:** ▪ very good quality of services ▪ strong discharge planning including dynamic contacts with communities ▪ well-developed contacts within the Native American Communities as well ▪ personal commitment of Social Workers to effective treatment and positive outcomes **CONCERNS:** ▪ Social Workers are available when approached ('open door policy') but are rarely in the unit and on the floor interacting with clients and direct care staff.
Do services provided by Social Workers appear to be well-coordinated with other Montana State Hospital services?	**YES** **STRENGTHS:** ▪ Social Workers are active team members with full and complete participation with all other Montana State Hospital professionals. ▪ All staff and patients reported value in the coordination of services provided by Social Workers.
Do Social Workers appear to be knowledgeable about patients' illnesses and needs?	**YES** **STRENGTHS:** ▪ Social Workers' knowledge of individual patient's illnesses and needs appears to be a critical foundation for all services
Do the Social Workers appear to be aware and confident of their role as mental health professionals?	**YES** **CONCERNS:** ▪ Social workers express that they feel overwhelmed by the number of patients and the intense needs of families and patients for them to meet. **SUGGESTIONS:** ▪ Reorient Social workers' role so that they are more involved in providing individual treatment. ▪ Continue to develop the role and scope of the Family and Volunteer Services Coordinator to alleviate some of the Social workers' workload.
Did you observe Social Workers out on the units interacting with Psychiatric Technicians and with patients?	**STRENGTHS:** ▪ close relationships with the patients ▪ 'open door policy' for any concerns **CONCERNS:**

	▪ Social Workers approach and work with patients individually in their offices, and patients report they are easily able to access Social Workers, but BOV did not observe Social Workers on the units interacting with either direct care staff or with patients in any unit. **SUGGESTIONS:** ▪ Reorient Social Workers' role so that they are out on the units modeling effective redirection/interventions with patients and direct care staff.
How would you characterize the work Social Workers do in providing continuity for patients between home and Montana State Hospital?	**STRENGTHS:** ▪ All encompassing; Social Workers are involved immediately upon the patient's arrival at Montana State Hospital, working with the patient during their stay, and planning their discharge with the objective of a successful return to the patient's home and community. ▪ Social Workers are attentive to all aspects of successful transitions. **SUGGESTION:** ▪ Increased face to face engagements with patients on the units and observations and redirection in daily behaviors 'in the moment', would improve success in transitioning to a community placement.
How would you characterize the work Social Workers do in preparing both patients and community providers for patients' move back to the community?	**STRENGTHS:** ▪ excellent communication with families and communities ▪ extensive experience with an overall objective of returning patients to their home environments stronger than when they were admitted to Montana State Hospital

Therapeutic Learning Center (Rehabilitation)

Brief Overview of Services

- auxiliary treatment service providing a variety of treatment modalities to help patients achieve specific psychosocial, leisure, educational, and vocational outcomes
- recovery-based with emphasis on individual strengths and personal goals and interests; tailored to individual needs and includes physical, mental, creative and spiritual activities with emphasis on improving quality of life

Staffing

- 1 Program Manager
- 1 Occupational Therapist
- 1 Vocational Therapist
- I Librarian
- 1 Snack Bar Staff Person
- 2 Chaplains
- 2 Peer Support Specialists

Rehabilitation	Comments / Analysis
What are your overall impressions about the quality of Rehabilitation Services?	**VERY GOOD** **In particular, the recent creation of the Peer Support Specialists is an excellent initiative.** **STRENGTHS:** ▪ enthusiastic staff, who appear to love their jobs ▪ patient participation good (90-97%) ▪ recovery-focused ▪ helps patients relax, use self-expression, gain confidence, self-esteem, and hope (maybe I can recover) ▪ Peer Support Specialists have been very successful in educating and supporting patients from a peer's perspective. **SUGGESTIONS:** ▪ Look for ways to expand these services. Build on recovery activities, especially employment oriented support in coordination with community employment staff. ▪ Consider increasing the number of Peer Support Specialists so that there is one assigned to each unit. ▪ Explore initiation of Wellness Recovery Action Planning (WRAP) training. ▪ Reach out to the Peer Support Specialist program in Great Falls; provide opportunities for Montana State Hospital Peer Support Specialists to visit and learn from each other; bring Great Falls Peer Support Specialist training to Montana State Hospital.
Do Rehabilitation Services appear to be well-coordinated with other Montana State Hospital services and treatment units?	**YES** **STRENGTHS:** ▪ Rehabilitation Services functions as a liaison with all the other

	departments - provide one-on-one treatment for each patient. **SUGGESTIONS:** ▪ Consider developing an orientation to the Therapeutic Learning Center for each Unit/patient including a pamphlet that explains the offerings.
Are Rehabilitation Services individualized to each patient's needs?	**YES** **STRENGTHS:** ▪ Patients make choices about what they work on and what groups they attend.
Do Rehabilitation Services staff treat patients with dignity and respect?	**YES**
Are Rehabilitation Services relevant to what patients need when they return to the community?	**YES** **CONCERNS:** ▪ Sometimes there is not enough time in a patient's day to devote to arts and crafts or for just "down" time. Groups are scheduled from 8-5 each day and can sometimes be overwhelming for a patient who is having a bad day. **SUGGESTIONS:** ▪ Consider expanding TLC hours into evenings and weekends so that more time could be available for structured arts and crafts and self-expression.

Family Support

Staffing

- 1 FTE Family and Volunteer Services Coordinator

Family Support	Comments / Analysis
Overall impressions about the quality of Family Support Services	**The Family and Volunteer Services Coordinator is an excellent addition to the mix of Montana State Hospital services.** **With the creation of this position, Montana State Hospital has recognized that it is critical to reach out to and proactively include patients' families, and has made an important commitment to do it.** **This initiative should be a model for all mental health providers.** **STRENGTHS:** ▪ structured way to provide more information to each family ▪ Coordinator works very hard to educate, inform, and answer all questions families may have; works closely with the treatment teams ▪ impressive level of energy, interest, and enthusiasm of individual in the position **CONCERNS:** ▪ While this is an excellent start, BOV believes that one person will not be able to fully facilitate necessary increase in provision of information to families and family involvement. **SUGGESTIONS:** ▪ Resist the temptation to use this position to fill in for Social Workers. ▪ Consider expanding this position into a "department" with more staff to comprehensively develop full family member involvement not only in individual patient treatment, but in program, service, and organizational planning and evaluation.
Do Family Support Services appear to be well-coordinated with other Montana State Hospital services and treatment units?	**YES** The Family and Volunteer Services Coordinator is the new liaison for the patient, families, treatment teams, and other services available at the hospital and has been doing a good job of integrating that role across services and units. **SUGGESTIONS:** ▪ More needs to be done to clarify the relative roles of the Social Workers and the Family and Volunteer Services Coordinator; there is much potential for overlap, duplication, and either redundant or missed communication.
Does Family Support Services have a good working relationship with the rest of the hospital?	**YES** **CONCERNS:**

	▪ Working relationships continue to be developed, and so remain somewhat unclear. ▪ It is unclear whether everyone in the hospital is aware of what the Family and Volunteer Services Coordinator does. **SUGGESTIONS:** ▪ Provide more information about the Family Support Position to all of the units and all shifts.
Does it appear that Family Support Services has the support and is empowered to act on behalf of family members when questions or concerns about a patient's treatment is raised?	**STRENGTHS:** ▪ much-needed service to families/carers; wonderful liaison between the treatment team and the family; answers questions and directs families to services, care, treatment, and training in the community **CONCERNS:** ▪ It remains unclear what the Family and Volunteer Services Coordinator is empowered to do relative to acting on behalf of family members when questions or concerns about a patients' treatment is raised. **SUGGESTIONS:** ▪ Develop creative ways in which the Family and Volunteer Services Coordinator can maintains patients' wishes regarding confidentiality while encouraging inclusion of family members.

TREATMENT PATHWAYS / TREATMENT UNITS

Beginning in the late summer of 2006, MSH reorganized its Treatment Pathways so that new patients are admitted directly to the unit which most clearly addresses their needs, and so that patients – as much as possible – stay on the same unit throughout their hospital stay. This change has greatly improved treatment continuity and access to active treatment.

Social and Independent Living Skills Program (A Unit)

Brief Overview of Services

- stabilization and treatment of acute psychosis and affective disorders
- groups and therapeutic activities designed to promote recovery
- opportunities to work on personal goals for recovery

Capacity

- 31 beds (census on 12/7/07 = 33)

Staffing

- 1 Program Manager
- 2 Psychiatrists
- 1 Nurse Manager
- 1 Psychologist
- 4 Social Workers
- 1 Chemical Dependency Counselor
- 2 Rehabilitation Therapists

A Unit	Comments / Analysis
Overall impressions about the quality of the milieu on A Unit	**GOOD.** **CONCERNS:** ▪ Program Manager and Social Workers that have responsibility of both the A unit and the E unit appear exhausted. Both of these units are operating over capacity which results in an overload for all staff. **SUGGESTIONS:** ▪ Consider assigning a different program manager for A and E units.
Do the staff on A Unit appear to be alert to patients' needs, aware of patients' treatment plans, and actively engaged in interacting in positive and helpful ways with patients?	**YES**
Is there an atmosphere on A Unit that indicates professionalism, active support, and expertise about mental illnesses and their treatment?	**YES** **STRENGTHS:** ▪ Psychiatrist, Program Manager, and Social Worker are very knowledgeable, professional and supportive.

Are staff and supervisors on A Unit out of the nursing station and on the unit most of the time?	**NO** see **MILIEU QUALITY – LACK OF DYNAMIC ENGAGEMENT WITH PATIENTS BY STAFF, p. 33**
Does it appear that patients and staff on A Unit have mutually respectful relationships?	**YES**
If you were a patient on A Unit, do you think you would feel confident that you were in a place where you would receive good medical / mental health care?	"If I were a patient I would be over anxious because of the added stimulation of too many patients." "I do not thinkt<u>I</u> would be able to function well on the Unit surrounded by so many people, especially when there is trouble or when it gets very loud." **STRENGTHS:** ▪ Montana State Hospital is partially addressing the overcrowding problem with the development of comfort rooms and reinstatement of single rooms. **CONCERNS:** ▪ Single rooms should only house one person. ▪ There are not enough areas where people can be alone. ▪ Overcrowding does not allow for adequate personal space.

Adaptive Living Skills Program (B Unit)

Brief Overview of Services

- enhancement of the physical, mental and psychosocial well-being of individuals who have long-term psychiatric disabilities and/or significant physical limitations that severely interfere with daily functioning
- highly individualized groups and therapeutic activities designed to (1) provide a daily schedule that promotes physical, cognitive, emotional and social health; (2) promote each individual's self-respect and quality of life

Capacity

- 26 beds (census on 12/7/06 = 25)

Staffing

- 1 Program/Nurse Manager
- Psychiatrist
- 1 Psychologist
- 2 Social Workers
- 1 Chemical Dependency Counselor
- 1 Rehabilitation Therapist

B Unit	Comments / Analysis
What are your overall impressions about the quality of the milieu on B Unit?	This is a challenging unit working with people with Alzheimer's disease, other dementias, brain injury, and cognitive limitations who struggle with treatment. More stable Pathway orientation has been positive for this unit - less disorienting. **STRENGTHS:** ▪ good, supportive staff knowledgeable about dementia ▪ good medical care. ▪ staff diligent about watching patients closely ▪ basic groups, relaxation, communication skills, health, arts, crafts, exercise **CONCERNS:** ▪ Some mixing of "non-dementia" patients in this unit creates challenges for younger patients and others on the unit who do not have dementia. ▪ high staff turnover
Do the staff on B Unit appear to be alert to patients' needs, aware of patients' treatment plans, and actively engaged in interacting in positive and helpful ways with patients?	**YES**
Is there an atmosphere on B Unit that indicates professionalism, active support, and expertise about mental illnesses and their treatment?	**YES**
Are staff and supervisors on B Unit out of the	**NO**

nursing station and on the unit most of the time?	see **MILIEU QUALITY – LACK OF DYNAMIC ENGAGEMENT WITH PATIENTS BY STAFF, p. 33**
Does it appear that patients and staff on B Unit have mutually respectful relationships?	**YES** **STRENGTHS:** ▪ The unit psychiatrist is especially thorough and thoughtful in working with the patients on this unit. **SUGGESTIONS:** ▪ Consider additional training for Psychiatric Technicians working with patients with dementia and other cognitive limitations.
If you were a patient on B Unit, do you think you would feel confident that you were in a place where you would receive good medical / mental health care?	**YES**

Management of Legal Issues Program (Forensic / D Unit)

Brief Overview of Services

- designed to address the mental health needs of people admitted to Montana State Hospital who have misdemeanor or felony charges pending and are in various stages of adjudication
- program components: (1) evaluation of competency and related issues; (2) psychiatric treatment to restore competency and fitness to stand trial; (2) psychiatric treatment for individuals found guilty but mentally ill or not guilty by reason of mental illness in criminal proceedings.
- psychiatric evaluation and treatment for individuals transferred from facilities operated by the Montana Department of Corrections (DOC)
- careful consideration of public safety and the perspective of victims

Capacity

- 32 beds (census on 12/7/06 = 44)

Staffing

- 1 Program Manager
- 1 Psychiatrist
- 1 Nurse Practitioner
- 1 Nurse Manager
- 3 Psychologists
- 2 Social Workers
- 1 Rehabilitation Therapist

D Unit	Comments / Analysis
Overall impressions about the quality of the milieu on D Unit	**STRENGTHS:** ▪ when functioning well, D Unit can be the quietest, safest unit ▪ two very good Social Workers **CONCERNS:** ▪ There has been a significant increase in the number of people on D Unit with antisocial personality disorder. ▪ High-functioning people with antisocial personality disorder and addiction prey on patients with major mental illnesses. ▪ Recent changes in hospital policy (i.e. the discontinuance of handcuffs, the reduction of the use of seclusion and restraint) appear to have affected the D-Wing staff more than any other unit. As a result, the D-Wing staff, including the professional staff, have been the most discontent and feeling the most need for more dynamic leadership, support, and training. **RECOMMENDATION 1:** Quickly identify "guilty but mentally ill" patients whose primary diagnosis is not an Axis I major mental illness, who present an unstable risk to other patients and staff and transfer them to prison sooner.
Do the staff on D Unit appear to be alert to patients' needs, aware of patients' treatment plans, and actively engaged in interacting in positive and helpful ways with patients?	**YES** However, this is largely contingent upon the presence or absence of patients whose primary diagnosis is not an Axis I major mental illness, who present an unstable risk to other patients and staff,

	and upon active, dynamic supervision. **STRENGTHS:** ▪ D-Wing staff are, and the milieu - when stable - can be, excellent. **CONCERN:** ▪ There is a new unit rule that requires the control room doors to be closed; BOV does not believe that this would be necessary if patients who present an unacceptable risk to other patients and staff were transferred to prison sooner. One of the unintended consequences of this rule is that it tends to separate staff from patients.
Is there an atmosphere on D Unit that indicates professionalism, active support, and expertise about mental illnesses and their treatment?	**YES**
Are staff and supervisors on D Unit out of the nursing station and on the unit most of the time?	**NO** see **MILIEU QUALITY – LACK OF DYNAMIC ENGAGEMENT WITH PATIENTS BY STAFF, p. 33**
Does it appear that patients and staff on D Unit have mutually respectful relationships?	**YES** **STRENGTHS:** ▪ Program Manager addresses problem areas promptly.
If you were a patient on D Unit, do you think you would feel confident that you were in a place where you would receive good medical / mental health care?	**YES**

Social and Independent Living Skills Program (E Unit)

Brief Overview of Services

- treatment for people experiencing a high level of disability due to impaired judgment, social functioning, and independent living skills resulting from a serious mental illness whose psychiatric symptoms and presenting problems are not easily resolved and present significant barriers to community placement
- development and attainment of personal goals and taking initial steps to work toward recovery
- groups and therapeutic activities designed to promote recovery

Capacity

- 25 beds (census on 12/7/06 = 28)

Staffing

- 1 Program Manager
- 1 Psychiatrist
- 1 Nurse Manager
- 1 Psychologists
- 1 Social Workers
- 1 Rehabilitation Therapist

E Unit	Comments / Analysis
Overall impressions about the quality of the milieu on E Unit	**GOOD** **CONCERNS:** ▪ Overcrowding; single rooms turned to double; seclusion rooms housing patients; causing high anxiety with both patients and staff. ▪ There are no areas for patients to go to be alone there needs to be every effort made to provide space for private time. ▪ The staff seemed worried about outbreaks of violent behavior.
Do the staff on E Unit appear to be alert to patients' needs, aware of patients' treatment plans, and actively engaged in interacting in positive and helpful ways with patients?	**YES** **STRENGTHS:** ▪ Staff and patients appear to be well aware of their daily treatment activities schedule; staff make every effort to ensure that patients participate. **CONCERNS:** ▪ During BOV observation, there was a high level of noise and commotion on the unit as staff helped patients go to their activities for the day; patients not leaving the unit and who had questions seemed to be lost in the confusing activity. ▪ The high degree of activity and multiple people talking loudly during busy times of the day appear to create the potential for sensory overload and exacerbation of symptoms for people experiencing psychosis.
	SUGGESTIONS:

	▪ When the staff is busy during active times, consider ways to acknowledge patients with concerns and questions and let them know staff will be with them ASAP. ▪ Consider alternate ways to manage activity, movement, and verbal directions in the morning so as to reduce the sensory stimulation overload that can occur during these times.
Is there an atmosphere on E Unit that indicates professionalism, active support, and expertise about mental illnesses and their treatment?	**YES** **STRENGTHS:** ▪ good knowledge about mental illness and professionalism ▪ staff do a good job managing multiple schedules and priorities despite the overcrowding
Are staff and supervisors on E Unit out of the nursing station and on the unit most of the time?	**NO** see **MILIEU QUALITY – LACK OF DYNAMIC ENGAGEMENT WITH PATIENTS BY STAFF, p. 33**
Does it appear that patients and staff on E Unit have mutually respectful relationships?	**YES**
If you were a patient on E Unit, do you think you would feel confident that you were in a place where you would receive good medical / mental health care?	**YES**

Coping Skills and Co-Occurring Treatment Program (Spratt Building)

Brief Overview of Services

- designed for individuals whose primary problems involve maladaptive coping behavior including suicidal and self-injurious behaviors, eating disorders, problems managing anger, problems in interpersonal relationships including aggression and lack of assertiveness, treatment non-compliance behaviors, somatization, and severe substance abuse
- stage-based, integrated treatment to address complex treatment needs with a recovery perspective that includes acceptance of the individual into a therapeutic community

Capacity

- 52 beds (census on 12/7/06 = 44)

Staffing

- 2 Program Managers
- 3 Psychiatrists
- 1 Nurse Manager
- 3 Psychologists
- 1 Masters Level Therapist (dual license: Clinical Professional Counselor/Addiction Counselor)
- 4 Social Workers
- 2 Rehabilitation Therapists

Spratt Building	Comments / Analysis
Overall impressions about the quality of the milieu in the Spratt Building	**STRENGTHS:** ▪ The initiation of the development of the "Intentional Community" model by the Psychiatrist and the Program Manager in this unit is excellent. It is encouraging empowerment of patients, and a feeling of camaraderie and increased mutual appreciation by patients and staff. ▪ As part of the "Intentional Community" approach, daily morning meetings have been started to address patient concerns, introduce new patients to the people in the unit, make announcements, say goodbye to those that are being discharged, and in general set a mood for the day. Healthy, positive dynamics. **CONCERNS:** ▪ It is a significant challenge to provide treatment and a coherent treatment milieu when the predominant diagnosis is borderline personality disorder. ▪ This challenge is exacerbated by the sub-optimal physical environment - both in terms of the aesthetic quality of the space and the awkward, difficult to monitor physical spaces. ▪ A determination whether this building is going to be used long-term needs to be made and if it is, the building needs to be upgraded; it should look and feel as good as the other units.
Do the staff in the Spratt Building appear to be alert to patients' needs, aware of patients' treatment plans, and actively engaged in interacting in positive and helpful ways with patients?	**YES** **STRENGTHS:** ▪ "Intentional Community" approach is bringing both patients and

	staff into more constructive mutual problem-solving. **CONCERNS:** ▪ This unit and the patient mix requires a particularly cohesive team of Psychiatric Technicians and supervisors with consistently excellent motivation and skills. To the extent that this cohesion and consistency is not uniform, the quality of the milieu suffers. **SUGGESTIONS:** ▪ Target administrative and clinical support for the continued development of the "Intentional Community" approach on this unit.
Is there an atmosphere in the Spratt Building that indicates professionalism, active support, and expertise about mental illnesses and their treatment?	**YES** * **STRENGTHS:** ▪ good treatment groups being offered on the Unit ▪ offering Arts and Crafts for those confined to Unit is good ▪ nice orientation packet given to each Spratt patient containing treatment plan sheet, crisis planning sheet, and patient handbook ▪ lots of educational groups ▪ recently developing positive reinforcement model replacing the previous reactionary, behavior consequences model **CONCERNS:** ▪ *Quality of professionalism, support, and expertise is dependent on individual staff and shift –sometimes the direct care staff seem to act more like they are just there because "it's a job".
Are staff and supervisors in the Spratt Building out of the nursing station and on the unit most of the time?	**NO** see **MILIEU QUALITY – LACK OF DYNAMIC ENGAGEMENT WITH PATIENTS BY STAFF, p. 33**
Does it appear that patients and staff in the Spratt Building have mutually respectful relationships?	**YES** **STRENGTHS:** ▪ The biggest change on this unit has been the "Intentional Community" and the morning meetings resulting in an increasing feeling of 'community'. Patients are talking about their feelings, monitoring themselves, and giving one another healthy feedback.
If you were a patient in the Spratt Building, do you think you would feel confident that you were in a place where you would receive good medical / mental health care?	"I don't think I would do well here."

Johnson House (Transitional Living)

(licensed as an "Adult Group Home")

Brief Overview of Services

- transitional living for people preparing for discharge into a community mental health center group home, adult foster care, or assertive community treatment
- development independent living and self-care skills and social adjustment from institutional care

Capacity

- 8 beds (census on 12/7/06 = 3)

Staffing

- 1 Program Manager

Johnson House	
Overall impressions about the quality of the milieu in Johnson House.	**GOOD** **STRENGTHS:** ▪ Johnson House has a "home" feeling. Everyone was sitting down to dinner when BOV arrived. There is a kitchen, living room, dining room, sitting area, laundry, and bedrooms for the patients (both private and double occupancy).
Do the staff in Johnson House appear to be alert to patients' needs, aware of patients' treatment plans, and actively engaged in interacting in positive and helpful ways with patients?	**YES** **STRENGTHS:** ▪ During BOV visit, the staff was engaging in positive and helpful ways with the patients.
Is there an atmosphere in Johnson House that indicates professionalism, active support, and expertise about mental illnesses and their treatment?	**YES**
Are staff and supervisors in Johnson House out of the nursing station and on the unit most of the time?	**YES**
Does it appear that patients and staff in Johnson House have mutually respectful relationships?	**YES**
If you were a patient in Johnson House, do you think you would feel confident that you were in a place where you would receive good medical / mental health care?	**YES**

Mickelberry House (Transitional Living for People on Forensic Commitments)

(licensed as an "Adult Group Home")

Brief Overview of Services

- transitional living for people on forensic commitments who are preparing for a community placement
- development independent living and self-care skills and social adjustment from institutional care

Capacity

- 7 beds (census on 12/7/06 = 6)

Staffing

- 1 Program Manager

Mickelberry House	
Overall impressions about the quality of the milieu in Mickelberry House.	**EXCELLENT** **STRENGTHS:** ▪ The Nursing Supervisor is proactive and engaged - consistently interacts with staff and patients teaching, modeling, and reinforcing healthy, constructive, respectful interactions. ▪ BOV has never received any kind of complaint from patients in Mickelberry House.
Is there an atmosphere in Mickelberry House that indicates professionalism, active support, and expertise about mental illnesses and their treatment?	**YES**
If you were a patient in Mickelberry House, do you think you would feel confident that you were in a place where you would receive good medical / mental health care?	**YES**

Residential Care Unit

Brief Overview of Services

- care and ongoing treatment for people who are stabilized and discharged from hospital care, but awaiting placement in a community program either because of legal status or bed availability
- the majority of the people on the program are on forensic commitments
- care and treatment intended to maintain improvements made on other hospital units and further promotes each individual's recovery

Capacity

- 20 beds (census on 12/7/06 = 17)

Staffing

- 1 Program Manager
- 1 Physician Assistant
- 1 Social Worker

Residential Care Unit	
Overall impressions about the quality of the milieu in the Residential Care Unit	**EXCELLENT** **STRENGTHS:** ▪ Patients on the RCU universally appreciate the respect shown to them by staff, as well as the increased freedom and responsibility they are given.
Do the staff in the Residential Care Unit appear to be alert to patients' needs, aware of patients' treatment plans, and actively engaged in interacting in positive and helpful ways with patients?	**YES**
Is there an atmosphere in the Residential Care Unit that indicates professionalism, active support, and expertise about mental illnesses and their treatment?	**YES**
Are staff and supervisors in the Residential Care Unit out of the nursing station and on the unit most of the time?	**NO** see **MILIEU QUALITY – LACK OF DYNAMIC ENGAGEMENT WITH PATIENTS BY STAFF, p. 33**
Does it appear that patients and staff in the Residential Care Unit have mutually respectful relationships?	**YES**

If you were a patient in the Residential Care Unit, do you think you would feel confident that you were in a place where you would receive good medical / mental health care?	**YES**

MILIEU QUALITY – LACK OF DYNAMIC ENGAGEMENT WITH PATIENTS BY STAFF

With few exceptions, the tendency for staff to spend significant time during each shift congregating in nursing stations and staff rooms is a major problem throughout the Montana State Hospital, and negatively impacts the quality of the milieu, the relationships between patients and staff, and ultimately – clinical and functional outcomes of patients.

On a regular basis, across all treatment units, in the course of their routine visits to patients, the BOV Attorney and Advocate notice direct care staff actively ignoring patients.

During these unit visits, it appears to BOV staff that the impulse of a number of direct care staff is to avoid engaging with patients. As a result, patients are "taught" not to use good communication skills – and that the way to get attention is through inappropriate, disruptive "acting out".

It appears to BOV that supervisory and professional staff are not actively involved in addressing this situation.

Perhaps the most powerful tool for helping people who have serious mental illnesses to begin recovery in a hospital setting is proactive, assertive, supportive, engagement by interested, educated, well-supervised staff.

Such an approach:

(1) provides the foundation for healing and rehabilitation with both specific activities performed by identified staff as well as consistently positive, recovery-oriented incidental interactions;
(2) creates a supportive and nurturing interpersonal environment that teaches, models, and reinforces constructive interaction;
(3) supports peer/staff feedback to patients on reducing symptoms, increasing adaptive behaviors, and reducing subjective distress;
(4) empowers patients through involvement in the overall program (such as the opportunity to lead community meetings and to provide feedback to peers) and the opportunity for risk taking in a supportive environment; and
(5) supports behavior management interventions that focus on teaching self-management skills that patients may use to control their own lives, to deal effectively with present and future problems, ` and to function well with minimal or no additional therapeutic intervention.

As noted throughout this report and in all past BOV reports, Montana State Hospital does many things very well, has established a baseline of treatment quality, has initiated a number of good projects, and continues to move assertively in a positive direction - embracing the values inherent in the concept of recovery, the implementation of evidence-based practices, and the elimination of coercion.

In order for Montana State Hospital to become a true "center of excellence", it must address the problem of the lack of dynamic engagement with patients by staff. The leadership of Montana State Hospital must establish clear expectations for direct care staff, supervisors, and professional staff regarding ongoing, active engagement with patients in the context of a dynamic therapeutic milieu. Professional staff must make a point to be consistently present on units interacting with staff and patients teaching, modeling, and reinforcing healthy, constructive, respectful interactions; supervisors must insist that direct care staff spend most of their time with patients in consistently positive, recovery-oriented incidental interactions. There must be zero tolerance for continuation of the status quo.

RECOMMENDATION 2:

a) Take decisive action to establish clear expectations for direct care staff, supervisors, and professional staff regarding ongoing, active engagement with patients in the context of a dynamic therapeutic milieu.

b) Require professional staff to be consistently present on units teaching direct care staff about and modeling for direct care staff healthy and constructive interactions with patients.

c) Require supervisors to insist and ensure that direct care staff spend most of their time in the milieu with patients in consistently positive, recovery-oriented incidental interactions based on intervention strategies described in treatment plans as well as general guidelines for appropriately engaging with people with mental illnesses.

d) Direct the Program Managers, Psychiatrists, Nurse Managers, and Clinical leaders to identify staff who are not functioning in a way that actively contributes to the mission of the Pathway/Unit or to the recovery of individual patients. Immediately address job performance problems of these staff in formal, written performance evaluations.

(See **Staff Competence, Training, Supervision, Relationships with Patients,** Does Montana State Hospital periodically assess staff and identify and address knowledge and competence deficiencies? p. 58.)

SECURITY AND TREATMENT

The Mental Disabilities Board of Visitors consultant, Gail Baker, LCSW[1], reviewed the treatment environment on the Forensic Unit ("D Unit") and on the Coping and Co-occurring Pathway Unit (Spratt) both from clinical and security perspectives.

Ms. Baker conducted a thorough review of Montana State Hospital policies, unit rules, training, emergency response, incident reports, and patient files. She also conducted random observation on the units, studied the physical plants, and interviewed staff and patients. Ms. Baker compared and contrasted Montana State Hospital forensic and security practices and policies with professional standards and forensic practices in other states. Ms. Baker's review takes into account the philosophy of a treatment pathway in each unit.

ALL recommendations are based on professional standards[2].

Security Issues on the 'Management of Legal Issues Pathway' (Forensic Unit - D Wing)

General Comment

Montana State Hospital provides mental health evaluation and treatment on D Unit for people in the following categories:

1) people who have pending misdemeanor or felony charges and who are in various stages of adjudication (evaluation to determine fitness to stand trial or treatment to restore competency and fitness to stand trial),
2) people who have been found guilty but mentally ill and sentenced to the Department of Public Health and Human Services (DPHHS) (people in this category are subject to transfer to the Department of Corrections at the discretion of the Director of DPHHS),
3) people who have been found not guilty by reason of mental illness and committed through civil statutes,
4) people who have been transferred from facilities operated by DOC.

The physical plant at Montana State Hospital meets the criteria for a minimum security setting. The following requirements for working with forensic patients at higher than minimum security status are not present: security fencing and lighting, security staff, perimeter patrol, observation towers. Procedure and training for emergency response, strip searches, entrance and exit, visitation, and mechanical restraints are either inadequate for this specialized population or do not exist.

Issues Related to the Sentinel Event on 10-22-06

An incident occurred at Montana State Hospital on 10-22-06[3] that involved a dangerous breech of security and resulted in multiple injuries to staff and patients. The particulars of the event are described in the Summary of Sentinel Event Review: D-Wing Patient Disturbance on Sunday, October 22, 2006, written by Ed Amberg, Hospital Administrator (attached as **Addendum 1**). Though this Summary does describe the chronology of events on 10-22-06, and does speculate both about several staff actions that may have – in retrospect – either prevented or mitigated the incident and about several theories about why the event occurred, it appears to assiduously avoid identifying the root causes. The summary includes four conclusions:

Conclusion one states that "*The incident resulted primarily from the introduction of alcohol on to the treatment unit*." This is not a root cause. The root cause must be understood in the context of the Montana State Hospital staff actions or inactions or inherent policy/procedure flaws that resulted in the ability of the patients to possess alcohol on the most secure unit of the hospital. Why did alcohol come to be on the unit? Bullet #2 under "Critical Points" in the Summary states that "*[Patient] brought in two large pop bottles which were filled with alcohol. These bottles were checked by staff, but given to the patient because nothing appeared to be amiss*." There was something obviously faulty in the process for checking patients entering D Unit for contraband. Exploring this faulty process may get closer to a root cause.

Conclusion two states that "*The incident also resulted from the problems presented by the nature of the forensic patient population*." This is an irrelevant conclusion. There are indeed inherent challenges in working with forensic patients. However, this is a conclusion that does not address the original issue or question; it diverts the discussion from the question of what caused the event to the question of whether forensic patients should be treated at Montana State Hospital. While the latter may be a question worth exploring, it was not the topic of this sentinel event review.

Conclusion three states that "*Though staff response was all in all, very good, the incident brought to light several opportunities for improvement including communications with outside agencies, employee identification, and incident management*." and that "*It is noted that some level of confusion often occurs during emergency situations and this incident was no exception*." Again, this conclusion does not address root causes. It creates the impression that this very serious incident can be seen as simply revealing "opportunities", and it panders to the view that "confusion" during these kinds of incidents is an intractable function of emergencies that are immune to identification and removing of root causes.

Conclusion four thanks law enforcement, DPHHS, DOC, and Montana State Hospital staff.

While the Board of Visitors did not attempt to conduct a thorough analysis of root cause, it did consider a number of issues related to this incident and management of forensic patients at Montana State Hospital.

CONCERNS:

- The physical plant, perimeter security, policies and procedures, and training in D Unit do not support the treatment of forensic patients who have a primary Axis II, Anti-social Personality Disorder diagnosis who present unstable risk of aggression and harm to other patients and staff.
- The patients who were transferred to Montana State Prison (MSP) after the 10-22-06 incident had been demonstrating a progressive escalation of aggressive and challenging behaviors during the time leading up to the incident. Staff and patients reported to Ms. Baker that these patients had been exhibiting 'bull-dogging'[4] and predatory behaviors that demonstrated threatening and dangerous intent prior to the incident. Some of the behaviors described later by other patients were carefully hidden from staff by the perpetrators and therefore not directly observed by staff. Patients who were intimidated did not report to staff because they were threatened by the perpetrators and were afraid of retaliation. There is some indication that prior to the 10-22-06 incident, staff had not reported sexual abuse of female staff by patients and the presence of alcohol and drugs on the unit because they were threatened by the perpetrators and were afraid of retaliation.
- Clinical staff stated that they could have recommended transfer to MSP of the perpetrators sooner had they realized the predatory and premeditative behaviors that the problematic patients were exhibiting. Ms. Baker reviewed several "assessment of dangerousness" scales that Montana State Hospital staff have used to score patients' personality traits and behaviors. Most of the patients on D Unit would have met the criteria for dangerousness on these scales; they are, therefore, of questionable value for differentiating patients who present an unacceptable level of risk from those who should remain on the unit. Montana State Hospital staff have been ambivalent about making

clinical decisions that would result in a patient being transferred to prison. The use of these inadequate assessment tools has exacerbated this ambivalence.

- Montana State Hospital has been acting aggressively to reduce or eliminate the use of mechanical restraints, and has completely eliminated the use of handcuffs in accordance with Centers for Medicare and Medicaid Services rules. This initiative - while admirable for the non-violent, non-predatory population in the rest of Montana State Hospital - creates the dilemma for MSH of trying to do the right thing by reducing/eliminating the use of physical control while attempting to evaluate or treat people at Montana State Hospital who have a primary Axis II, Anti-social Personality Disorder diagnosis, and whose aggressive and dangerous behavior may necessitate the use of mechanical controls in order to protect potential victims – both staff and other patients.
- At the time of this site review, there was only one security staff person on shift at any given time for the entire Montana State Hospital campus; this person has general security training, and is not prepared to intervene/assist appropriately in the event of an incident involving serious threats to patient and staff safety.
- Patients interviewed stated that there were several incidents outside of staff observation that they did not report due to fear of retaliation. Ms. Baker observed two occasions when patients went into another patient's room without being observed by staff. Although there are cameras and monitors in place, there are frequent opportunities for distraction of staff.
- It was reported to Ms. Baker that the Montana State Hospital administration is exploring the development of a crisis intervention team. Montana State Hospital policy TX-18, **Crisis Intervention Team**, dated November 17, 2004, already contains guidelines for crisis intervention with specialized training for team members. It is unclear whether this Crisis Intervention Team is operational.
- The Summary of Sentinel Event Review: D-Wing Patient Disturbance on Sunday, October 22, 2006 did not function as a "sentinel event review" (as defined by the **Joint Commission on Accreditation of Healthcare Organizations**, i.e.,a kind of review that is specifically designed to identify root causes of the event, and to function as a tool for developing strategies to prevent similar events in the future). One goal of a sentinel event review is to *"focus the attention of an organization that has experienced a sentinel event on understanding the causes that underlie the event, and on changing the organization's systems and processes to reduce the probability of such an event in the future"* [6]

RECOMMENDATIONS:

BOV believes that the root cause of many of the security problems on the forensic unit at MSH is the presence of individuals who present an unacceptable level of risk to other patients and staff. Implementation of **Recommendation 4** is of primary importance in addressing this problem.

RECOMMENDATION 3:

a) Adopt an objective classification system such as the following: Montana Department of Corrections Offender Classification Procedures, Policy 4-2-1.pdf >>> http://www.cor.mt.gov/resources/POL/4-2-1.pdf.

b) Utilize the classification system defining security levels described in Guidelines for Development of a Security Program [5].

c) Place any person who scores higher than a MEDIUM classification rating in prison until he/she has received a classification rating below MEDIUM.

(Recommendations 5 and 6 below address observations made by John Sullivan, Chief of the Anaconda Police Department as described in the Summary of Sentinel Event Review: D-Wing Patient Disturbance on Sunday, October 22, 2006. In the Summary, Mr. Amberg does not specifically elaborate on these observations or develop conclusions or recommendations in response to them. These observations are framed here by BOV as recommendations.)

RECOMMENDATION 4:
Immediately address problems with the chain of command that cause confusion during critical incidents.

RECOMMENDATION 5:
Develop and implement training in crime scene investigation, evidence preservation, and incident reporting to improve the ability to support prosecution for criminal behaviors.

RECOMMENDATION 6:
Amend the MSH sentinel event review policy so that it replicates the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) JCAHO Sentinel Event Policy and Procedure. [6]

RECOMMENDATION 7:
a) Reevaluate all Montana State Hospital policies and procedures that address emergency response, patient safety, and management of the treatment environment; review the standards of the Joint Commission on Accreditation of Healthcare Organizations in these areas and use in revising Montana State Hospital policies and procedures.
b) Develop a stronger security presence with more comprehensive training.
   Option 1: A minimum of two security staff with training specific to emergency response and incident command authority.
   Option 2: One Security Manager with an appropriate background with forensic populations who could develop policies, supervise and train a crisis intervention team, focus on emergency response, investigate incidents, triage issues to report to law enforcement, and provide consultation to all units to ensure safety.
c) Incorporate the expertise of security specialists in decisions affecting and policies and procedures (including staff training) for D Unit.

Patient Privileges: Personal Property and Visitation

Newly-developed expectations are described in a Montana State Hospital memo dated 11-22-06 revising property allowances and visitor procedures in D Unit. This memo describes reduction in property allowances, setting safe and reasonable limits on property, and establishing reasonable accommodations and limitations for visitation.

CONCERNS:

- The memo includes the statement, *"The treatment team may determine exceptions and approve purchases."*
- The visitation rules do not include searching of restrooms nor direct supervision at all times during a visit.
- Rules by memo are not good management practice.
- The rules address selling of property but do not address 'gifting' of property, which is a primary mechanism for intimidation to occur.
- Exceptions to property allowance rules allow uncontrolled access to inappropriate items; if something is available to one patient, it is available to all patients in the unit.

RECOMMENDATION 8:
Develop detailed policies and procedures that are specific to the specialized needs of this unit/population; transcribe the guidelines contained in the 11-22-06 memo into formal policies and procedures.

RECOMMENDATION 9:
Conduct background checks of visitors; establish an approved visitor list for each patient; limit visitors to those with an approved background check. (reference: http://www.cor.mt.gov/resources/POL/5-4-4.pdf)

RECOMMENDATION 10:
Incorporate the following language into visitation policy:

- *"Patients may NOT use restroom without a search by staff prior to use."* (This is a primary means of introducing contraband into secure areas). *"Visitations will be directly observed at all times.ë*
- *"Visitations will be directly observed by designated staff at all times.ë*
- *"Patients may not sell OR GIFT items to other patients.ë*

Metal Detectors

An additional fixed metal detector has been purchased. This provides for one at the main unit entrance and one at the recreation room entryway.

CONCERNS:
- The new detector is not functional due to improper calibration; all metal detectors need ongoing maintenance and calibration by a certified technician on an annual basis, or in accordance with manufacturer recommendations.
- Policy allows for metal detector wands, none were observed being used in practice.

Hostage policy

CONCERN:

There is no hostage policy statement in Montana State Hospital policies or in the D Unit rules.

RECOMMENDATION 11:
Develop a hostage policy that conforms with standards described in Guidelines for Development of a Security Program[5].

Security Issues on the 'Coping and Co-Occurring Pathway' (Spratt Building)

General Comment

The Coping and Co-Occurring Pathways Unit is in a time of transition. Professional and direct care staff recognize the transitional issues that have arisen, as well as the difficulties in the housing and treatment of this population in one area. Staff were open and straightforward about the struggles; some were skeptical regarding the wisdom in concentrating patients with these particular behavior and treatment challenges together in one unit because of the potential for environmentally-induced escalation of behaviors. Staff feel supported by administration and hopeful for positive outcomes as the treatment approach evolves.

BOV recognizes and applauds the support for the clinical staff in pursuing creative treatment and program development (see **Coping Skills and Co-Occurring Treatment Program**, page 26).

STRENGTHS:

Treatment is focusing on Dialectical Behavioral Therapy (DBT) and moving toward a therapeutic community model.

CONCERNS:

- The location of the Unit separate from the main hospital increases the challenges related to crisis response by staff not on the unit.
- The design of the physical structure presents inherent barriers for direct line of site supervision.
- Patients have reported being assaulted and intimidated by other patients.
- BOV consultant observed direct care staff congregating at their "nursing station" and *never* observed direct care staff on the floor of the unit engaging with patients *during any of the multiple observation times over the two days* (see **MILIEU QUALITY – LACK OF DYNAMIC ENGAGEMENT WITH PATIENTS BY STAFF**, p. 33 and **RECOMMENDATION 2**, p. 34).

MENTAL DISABILITIES BOARD of VISITORS STANDARDS

Organizational Structure, Planning, Service Evaluation

Criteria	Comments
Structure:	
Are the lines of authority and accountability in both the organizational chart and in practice: ➢ simple and clear for all staff? ➢ lead to a single point of accountability across all sites, programs, professional disciplines and age groups?	**YES** The Functional Organizational Chart of 2006 shows clear lines and spells out the responsibility of every director. **CONCERNS:** ▪ The advent of the new pathways reorganization has created a new line of supervision for some staff. Psychologists now report to both Chief of Psychology AND Program Managers; rehabilitation staff now report both to the Rehabilitation Services Director AND Program Managers ▪ Psychiatric Technicians are in the Nursing Department chain of command, however it is unclear what their accountability is within each Pathway (Unit). Do they answer only to the RN on the unit? Do they have treatment responsibilities under the authority of the Program Manager?
Does Montana State Hospital have a structure that identifies it as a discrete entity within the larger system of mental health services?	**YES** **STRENGTHS:** ▪ Montana State Hospital has been a leader in implementing Dialectical Behavioral Therapy (DBT) throughout the public mental health system; patients who are introduced to DBT at Montana State Hospital are able to continue with this treatment approach uninterrupted in most community mental health programs. ▪ Montana State Hospital is an active participant in the comprehensive system change project moving toward continuous integration of treatment for people with co-occurring substance and psychiatric disorders. ▪ Montana State Hospital Social Workers are an important liaison for patients as they move into Montana State Hospital from communities and out of Montana State Hospital back home; this is the primary point of contact between Montana State Hospital and the "community system". ▪ Montana State Hospital participates in the every-other-month meetings of the Admission and Discharge Review Team (ADRT) that reviews and proposes solutions to barriers encountered by patients moving between Montana State Hospital and communities.
	CONCERNS: ▪ Montana State Hospital is primarily identified as a tertiary care facility and, for the most part, properly functions as such within the larger mental health system. While it is capable of providing primary care, it is the "high end" of Montana's public mental health services continuum and serves the system best

	in that role. Unfortunately, however, some communities - primarily ones close to Montana State Hospital geographically, but also more distant communities without primary mental health resources - use it as an entry level service. To some extent, this ambiguity about Montana State Hospital's mission has contributed to the underdevelopment of community services, hospital stays that are longer than clinically necessary, and the resulting overcrowding.
Does structure of Montana State Hospital: ➢ promote continuity of care for patients across all sites, programs, and age groups? ➢ reflect / support a multidisciplinary approach to planning, implementing, and evaluating care?	**YES** **STRENGTHS:** ▪ The Pathways reorganization has significantly improved the continuity of care for most patients, as evidenced by chart reviews, unit observation, and discussions with a variety of team members. ▪ Patients stay on one Unit that has been chosen to be appropriate for them; units are able to assess patients' needs and work with them until they are discharged. ▪ Keeping patients in one unit, for the duration of their stay, allows staff to know individual patients better. ▪ Teamwork has improved. **CONCERNS:** ▪ It appears that the Administrator should have more resources devoted to his support with at least one full-time administrative assistant assigned just to him. **SUGGESTIONS:** ▪ Analyze the legitimate needs for support staff commensurate to an organization of this size and complexity. At the very least, BOV would support dramatically increasing the administrative support available to the Administrator and Program Managers.
Planning:	
Does Montana State Hospital produce and regularly review a strategic plan that is made available to the defined community?	**NO** The Administrator and his management team are doing the very best they can with available resources. **RECOMMENDATION 12:** Develop a strategic plan in consultation with staff, patients, family members/carers, and community service providers.
Is the strategic plan developed and reviewed through a process of consultation with staff, patients, family members/carers, other appropriate service providers and the defined community?	see above
Does the strategic plan include:	
➢ patient and community needs analysis	see above
➢ strategy for increasing the use of evidence-based practices	see above

➢ strategy for the measurement of health and functional outcomes for individual patients	see above
➢ strategy for maximizing patient and family member / carer participation in Montana State Hospital	see above
➢ strategy for improving the skills of staff	see above
Does Montana State Hospital have operational plans based on the strategic plan, which establish time frames and responsibilities implementation of objectives?	**NO**
Quality Improvement:	
Does Montana State Hospital have a written quality improvement plan?	**YES**
Are designated staff accountable and responsible for the evaluation and quality improvement of all aspects of the service?	**YES**
Does Montana State Hospital involve the following in the evaluation of its services:	
➢ patients?	**YES** **STRENGTHS:** ▪ Resident Council has a strong voice in ongoing evaluation of services. ▪ Montana State Hospital sends satisfaction surveys to discharged patients. MSH is to be commended for its efforts to solicit patient feedback.
➢ family members / carers?	**NO** **SUGGESTIONS:** ▪ Consider incorporating this into the role of the Family and Volunteer Services Coordinator. ▪ Approach NAMI-MT for ideas about how to involve families in evaluating and improving services.
➢ Montana State Hospital staff?	**YES** **STRENGTHS:** ▪ Staff have opportunities to participate in quality improvement formally through the Quality Improvement Committee and informally through treatment teams, educational training, staff meetings, etc. **CONCERNS:** ▪ It is unclear whether direct care staff are adequately engaged

	by Montana State Hospital administration in the evaluation of services. **SUGGESTIONS:** ▪ Evaluate direct care staff perceptions of opportunities for input in quality improvement activities and decisions; take action based on this information.
➢ other service providers?	**NO**
Does Montana State Hospital measure functional outcomes for individual patients?	**YES**
Is Montana State Hospital able to demonstrate a process of continuous improvement regarding aggregate health and functional outcomes?	**NO**
Does Montana State Hospital routinely measure general parameters of its patients' use of its services?	**YES** **STRENGTHS:** ▪ Montana State Hospital tracks a number of treatment parameters including length of stay, recidivism, county of admission, and a number of other benchmarks as a member of the Western States Psychiatric Hospital Association of which Administrator, Ed Amberg is president.
Does Montana State Hospital routinely measure its patients' encounters with law enforcement including legal charges related to mental illness and time in jail and/or prison?	**NO**

Rights, Responsibility, Safety, and Privacy

Criteria	Comments
***Rights, Responsibilities*:**	
Does Montana State Hospital define the rights and responsibilities of patients and family members/carers?	**YES** **STRENGTHS:** ▪ Written description of rights and responsibilities of patients are given to each patient within 72 hours of admission. **CONCERNS:** ▪ There is no written description of rights and responsibilities of family members. ▪ **SUGGESTIONS:** ▪ Develop written description of rights and responsibilities of family members (see **Family Support**, p. 17).
Does Montana State Hospital actively promote patient/family member/carer access to independent advocacy services?	**YES**
Does Montana State Hospital prominently display posters and/or brochures that promote independent advocacy services including the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program?	**YES**
Does Montana State Hospital have an easily accessed, responsive, and fair complaintt/ grievance procedure for patients and their family members/carers to follow?	**YES** **STRENGTHS:** ▪ With the creation of the Family and Volunteer Services Coordinator position, family members have better access to complaint resolution. **SUGGESTION:** ▪ Develop information and process for families to access when they have complaints about their family members' care.
Does Montana State Hospital proactively provide to patients and their family members/carers at the time of admission in a way that is understandable to them:	**STRENGTHS:** ▪ MSH has developed a very good document explaining all of the below that is given to each ***patient*** on admission. **CONCERN:** ▪ There is no mechanism for routinely providing this information to family members.
➢ written and verbal explanation of their rights and responsibilities?	**YES** **STRENGTHS:** ▪ Social workers are responsible to give patients a copy of the patient Rights and Responsibilities and explain. If the patient does not seem able to understand, it is given to the patient anyway, but the social worker will go over the information again

	when the patient is able to understand better. ▪ With the creation of the Family and Volunteer Services Coordinator position, family members have better access to this information.
➢ written information about outside advocacy services available?	**YES**
➢ written information about the complaint / grievance procedure	**YES**
➢ written information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances?	**YES**
Does Montana State Hospital <u>display prominently in all patient areas</u>:	
➢ a written description of patients' rights and responsibilities?	**YES**
➢ information about advocacy services available (the Mental Disabilities Board of Visitors, the Mental Health Ombudsman, and the Montana Advocacy Program)?	**YES**
➢ the complaintt/ grievance procedure?	**YES**
Are staff trained in and familiar with rights and responsibilities, advocacy services available, and the complaint / grievance procedure?	rights and responsibilities - **YES** advocacy services available - **YES** complaintt/ grievance procedure - **YES**
Safety:	
Does Montana State Hospital protect patients from abuse, neglect, and exploitation by its staff and agents?	**YES** **<u>STRENGTHS:</u>** ▪ Staff do a good job of walking the fine line between respecting individual rights and protecting potentially vulnerable patients.
Has Montana State Hospital fully implemented the requirements of 53-21-107, MCA regarding reporting and investigating allegations of abuse and neglect?	**YES** **<u>STRENGTHS:</u>** ▪ During the past year MSH has improved its investigations of patient-on-patient aggression. **<u>CONCERNS:</u>** ▪ The threshold for initiating abuse/neglect investigations is too low. When a situation presents that could be interpreted as a potential abuse or neglect case, the tendency appears to be to assume the best and require a very high level of "evidence" before initiating an investigation. ▪ Investigations do not consistently identify root causes. ▪ There is no policy defining the criteria for conducting investigations with outside experts.

	SUGGESTION: ▪ Whenever there is a case of potential abuse or neglect, MSH should err on the side of assuming that abuse or neglect has occurred and proceed to rule it out. This philosophy increases protection for patients. **RECOMMENDATION 13:** Develop specific criteria for bringing in outside investigators in abuse/neglect cases; address conflict of interest and other issues that would require outside investigators.
Are Montana State Hospital staff trained to understand and to appropriately respond to aggressive and other difficult behaviors?	**YES** **STRENGTHS:** ▪ All staff are trained in the Mandt© system. ▪ Since initiating efforts to reduce the use of seclusion and restraint, the number of staff and patient injuries has declined. **CONCERNS:** ▪ There appears to be a significant amount of tension and distrust between the administration and direct care staff/nursing staff regarding the project to reduce or eliminate the use of seclusion and restraint at MSH. There is a consensus that more training is needed relative to the Montana State Hospital goal of reducing/eliminating restraint and seclusion. Professional and line staff feel that responsibility for this has been placed on them. Montana State Hospital administrative and clinical leaders need to be very proactive in providing leadership, support, and ongoing direction for moving in this direction. MSH Administration and Professional stafft's failure to provide dynamic leadership during this process has directly resulted in an increase in staff resentment, marginalization, and employment dissatisfaction. ▪ In 2006, the Montana Advocacy Program brought it's concerns about whether MSH was following proper procedures for its use of seclusion to the Center for Medicare and Medicaid Services (CMS). Since the CMS review, MSH has been in compliance with requirements for the use of seclusion. BOV verified during this review.
	RECOMMENDATION 14: a) conduct a thorough analysis of the status of the project to reduce or eliminate the use of seclusion and restraint at MSH; b) develop an approach that brings all staff into the process as active partners; c) develop comprehensive orientation and training for staff at all levels to accomplish this.
Do staff members working alone have the opportunity to access other staff members at all times in their	**YES**

work settings?	
Does Montana State Hospital utilize an emergency alarm or other communication system for staff and patients to notify other staff, law enforcement, or other helpers when immediate assistance is needed?	**YES** **STRENGTHS:** ▪ Montana State Hospital has unofficially adopted a program for units to call other units to request extra staff presence rather than alerting/alarming patients with a very visible/audible emergency alert (code green). ▪ All hospital phones have a fire/emergency number (7440) pasted on the phone to call in case of emergency. This number goes directly to the front desk and there are procedures in place at the front desk as to how they respond to the emergency. **CONCERNS:** ▪ The unofficial system described above, while it may be functional with the current personnel, does not address the need for a well defined protocol. **RECOMMENDATION 15:** Develop specific emergency response hierarchy and delineation of responsibility for each shift on each unit. ***Refer to recommendations under* SECURITY AND TREATMENT*, p. 36.***
Do patients of Montana State Hospital have the opportunity to access staff of their own gender?	**YES**
Does Montana State Hospital have a procedure for debriefing events involving restraint, seclusion, or emergency medications; aggression by patients against other patients or staff; and patient self-harm; and for supporting staff and patients during and after such events?	**YES** **CONCERNS:** ▪ BOV is unclear whether these debriefings are consistently conducted across all units.
Does Montana State Hospital conduct appropriate criminal background checks on all prospective staff?	**YES**
Does Montana State Hospital conduct appropriate driving record checks on all prospective staff whose duties involve transporting patients in either personal or agency vehicles?	**YES** **STRENGTHS:** ▪ Driving record checks are done for all Teamsters positions. Teamsters are the only staff to transport patients (unless county personnel escort patients to and from the hospital, the county personnel are not Hospital employees).
Privacy and Confidentiality:	
Does Montana State Hospital provide to patients and their family members/carers verbal and written information about consent to treatment and informed consent generally?	**YES**
Does Montana State Hospital staff maintain patients' wishes regarding confidentiality while encouraging	**YES** **CONCERN:**

inclusion of support system members?	▪ BOV believes that more could be done to work with patients around the issue of communication with and inclusion of family members. It is sometimes too easy to say "we can't discuss that because of confidentiality." There is information that would greatly relieve family members' concerns that can be shared without violating confidentially. **RECOMMENDATION 16:** a) Proactively address ways to appropriately communicate with families when patients do not sign release forms for communication with families. b) If a patient refuses to sign a release allowing communication with family members on admission, follow-up every few days after admission to revisit the consent decision. Educate patients so that they understand that the consent can be limited in any way they feel comfortable with, and can be changed to be broader or narrower at any time. c) Study and identify the issues that can be shared that don't require written permission; contact Ron Honberg at NAMI National (ronh@nami.org) or the American Psychiatric Association for more information.
Does Montana State Hospital provide patients with the opportunity to communicate with others in privacy unless contraindicated for safety or clinical reasons?	**YES**
Do locations used for the delivery of mental health care ensure sight and sound privacy?	**NOT ALWAYS** **CONCERNS:** ▪ BOV team observed the A-wing treatment team conducting 'rounds' by talking with patients in the day hall. One of the complaints BOV heard from patients was that there was no privacy in talking with the doctors and treatment team. **SUGGESTIONS:** ▪ Develop a way to do rounds that does not require patient conversations in 'public' places.
Does Montana State Hospital provide patients with adequate personal space in both indoor and outdoor care environments in residential and inpatient settings?	**CONCERNS:** ▪ Personal space is severely compromised by overcrowding which results in double and triple room occupancy, crowded communal space.
Does Montana State Hospital support patients in exercising control over their personal space and personal effects in residential and inpatient settings?	**YES**
Do confidential processes exist by which patients and family members/carers can regularly give feedback to Montana State Hospital about their perception of services and the care environment?	**YES** **STRENGTHS:** ▪ The new Family and Volunteer Services Coordinator has improved this area; with permission by the patient, family members/carers can talk to the Social Workers, doctors, and even the hospital administrator with any suggestions, compliments, or complaints. ▪ An exit questionnaire is given to each patient upon discharge. **CONCERNS:** ▪ Montana State Hospital does not proactively seek feedback

	from patients' family members. **SUGGESTION:** ▪ Implement a more proactive, consistent process (possible via the Family Support staff person) to follow-up with families about their perceptions of their family members' care.

Informational Documents

Criteria	Comments
Does Montana State Hospital proactively provide the following in writing to patients and family members/carers at the time of entering services in a way that is understandable to them:	There is no routine approach to providing the following information to family members unless the family member specifically asks for it. The new Family Support worker is providing some of this information proactively; consistency and confidentiality issues related to provision of this information are being worked out.
➢ information about patient rights and responsibilities including complaintt/ grievance procedure?	patients: **YES** family_members/carers: **NO**
➢ information about independent advocacy services available?	patients: **YES** family_members/carers: **YES**
➢ information about the complaint / grievance procedure?	patients: **YES** family_members/carers: **YES**
➢ information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances?	patients: **YES** family_members/carers: **YES**
➢ descriptions of program services?	This varies by treatment unit. There is no consistent package of information available or provided. **SUGGESTION:** ▪ Develop a patient-family information package for Montana State Hospital with consistently-formatted descriptions of program services for all treatment units; provide to all patients and family members at time of admission. In addition to general information, include the mission statement, organization chart, staff code of conduct, and names and credentials of key staff members.
➢ mission statement ?	Posted in various treatment areas; not provided to patients/families.
➢ information about all mental health/substance abuse treatment service options available in the community?	Provided to patients and families as a part of the discharge planning process - specific to community to which the patient is going.
➢ information about psychiatric / substance use disorders and their treatment?	patients: **YES** family_members/carers: **YES**
➢ information about medications used to treat psychiatric disorders?	patients: **YES** family_members/carers: **YES**
➢ information about opportunities for patientt/ family member / carer participation in evaluation of the service ?	"Depending on circumstances." Montana State Hospital sends a satisfaction survey to patients post discharge. Montana State Hospital does not appear to have an organized way for family members to evaluate services. **SUGGESTION:** ▪ Develop a formalized mechanism for patients and family members to actively participate in the evaluation of Montana

	State Hospital services.
➢ staff names, job titles, and credentials?	patients: **NO** family_members/carers: **NO**
➢ organization chart ?	patients: **NO** family_members/carers: **NO**
➢ staff code of conduct ?	patients: **NO** family_members/carers: **NO** Policy is available if a patient or family member requests it; available on Montana State Hospital website >>> http://msh.mt.gov/volumei/policymanualvolume1.shtml .
Does Montana State Hospital provide the following documents to patients and family members / carers and others on request :	
➢ current strategic/ quality improvement plan?	patientst **YES** family_members/carers: **YES**
➢ current service evaluation report(s) including outcome data?	not available
➢ description of minimum competency and knowledge for each staff position providing service to patients?	patients: **YES** family_members/carers: **YES**
➢ description of minimum competency and knowledge for each staff position supervising direct care staff?	patientst **YES** family_members/carers: **YES**
Does Montana State Hospital maintain and use the following documents to facilitate internal quality improvement and to support positive patient outcomes:	
➢ records documenting relevant competency and knowledge of individual staff including: (1) training received, (2) training needs, (3) deficits identified, (4) training provided to correct deficits?	**YES**

Patient / Family Member Participation

Criteria	Comments
Does Montana State Hospital recognize the importance of, encourage, and provide opportunities for patients to direct and participate actively in their treatment and recovery?	**YES** **STRENGTHS:** ▪ Most of the direction of treatment is decided upon by the doctor and the treatment team; the team goes over the treatment with the patient for input, additions, or suggestions for changes. ▪ Sincere efforts to educate and empower patients to take major roles in their recovery.
Does Montana State Hospital identify in the service record patients' family members/carers and describe the parameters for communication with them regarding patients' treatment and for their involvement in treatment and support?	**YES**
Does Montana State Hospital:	
➢ promote, encourage, and provide opportunities for patient 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 patient peer support)?	**STRENGTHS:** ▪ The two primary ways that Montana State Hospital addresses this area are (1) Resident Council, and (2) NAMI Provider Training. **MSH deserves much credit for developing and supporting the Resident Council. It is an innovative way to empower the patient voice, and has been instrumental in bringing some issues forward that are of concern to patients.** **SUGGESTION:** a) Develop a family member advisory group. b) Develop a pool of consumers and family members who would participate in staff hiring interviews. c) Establish liaison between the new Montana State Hospital Peer Support Specialists and the Peer Support Specialists in Great Falls; incorporate Peer Support Specialist "unit" in Psychiatric Technician training.
➢ have written descriptions of these activities?	**NO**
➢ promote, encourage, and provide opportunities for patient and family member/carer participation in the **evaluation** of Montana State Hospital (ex: evaluation of 'customer service', effectiveness of communication with patients and family members/carers, achievement of outcomes)?	The primary way this is done is by sending a post discharge satisfaction survey to patients. There is no established way to engage family members in providing their feedback. **STRENGTHS:** ▪ The Family and Volunteer Services Coordinator is working on establishing this kind of dialogue with family members. **SUGGESTION:** ▪ Develop a policy and procedures for routinely soliciting feedback from family members on the topics of 'customer service', effectiveness of communication with family members/carers, and achievement of outcomes.
➢ have written descriptions of these activities?	**NO**

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

Criteria	Comments
Promotion of Mental Health:	
Does Montana State Hospital provide to patients and their family members/carers information about mental health support groups and mental health-related community forums and educational opportunities available in the community where they will live after discharge?	**YES**
Promotion of Physical Health:	
For all new or returning patients, does Montana State Hospital perform a thorough physical / medical examination or ensure that a thorough physical / medical examination has been performed within one year of the patient entering / re-entering the service?	**YES**
Does Montana State Hospital ensure that patients have access to and receive needed health care while they are in the hospital?	**YES** **CONCERNS:** ▪ See concerns about **Overall impressions about the quality services provided by the Medical Clinic** p. 8.
Does Montana State Hospital proactively rule out medical conditions that may be responsible for presenting psychiatric symptoms?	**YES**
Does Montana State Hospital ensure that patients have access to needed dental care while they are in the hospital?	**YES**
Prevention of Exacerbation of Mental Illness:	
Does Montana State Hospital assist each patient to develop a relapse management plan that identifies early warning signs of relapse and describes appropriate actions for the patient and family members/carers to take?	**YES** **STRENGTHS:** ▪ Montana State Hospital has begun to discuss how to incorporate Wellness Recovery Action Plan (WRAP) into Montana State Hospital services >>> http://www.mentalhealthrecovery.com/aboutwrap.html . **SUGGESTIONS:** ▪ Consult with the Center for Mental Health (Great Falls) regarding WRAP training; begin to formalize working with patients to develop WRAP plans prior to discharge.

Cultural Competence

Criteria	Comments
Does Montana State Hospital ensure that its staff are knowledgeable about cultural, ethnic, social historical, and spiritual issues 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?	**NO** **CONCERNS:** ▪ Montana State Hospital does not ensure staff has this knowledge. Montana State Hospital does have some "special Native American events" and occasional presentations, but they are too few, too infrequent, and too random in focus to provide consistent knowledge of cultural, ethnic, social, historical and spiritual issues.
In the planning, development, and implementation of its services, does Montana State Hospital involve representatives of relevant cultural / ethnict/ religious / racial groups, with a specific emphasis on American Indian people?	**NO** **CONCERNS:** ▪ Training in these areas is token at best, and does not impact core awareness and behavior of Psychiatric Technicians.
Does Montana State Hospital employ specialized treatment methods and communication necessary for people in minority cultural / ethnict/ racial groups, with a specific emphasis on American Indian people?	**NO** **STRENGTHS:** ▪ Montana State Hospital did provide in-service and communication for an African-American patient.
Does Montana State Hospital deliver treatment and support in a manner that is sensitive to the cultural, ethnic, and racial issues and spiritual beliefs, values, and practices of all patients and their family members/carers, with a specific emphasis on American Indian people?	**STRENGTHS:** ▪ The Social Workers and Addiction treatment staff demonstrated considerable sensitivity and knowledge regarding Native American cultural, ethnic, social, historical, and spiritual issues. **CONCERNS:** ▪ It appeared that the Psychologists, Psychiatrists, Nurses, and Psychiatric Technicians lacked such skills and knowledge.
Does Montana State Hospital employ staff and develop links with other service providers / organizations with relevant experience and expertise in the provision of treatment and support to people from all cultural / ethnict/ religious / racial groups represented in the defined community, with a specific emphasis on American Indian people?	**NO** **STRENGTHS:** ▪ Social Workers and Addiction treatment staff provide good links within all Native American communities. **CONCERNS:** ▪ In general, the in-house expertise and liaison with outside expertise in cultural, ethnic, social, historical, and spiritual issues relevant to the mental health of and provision of treatment to American Indian people are non-existent.
With regard to its own staff, does Montana State Hospital monitor and address issues associated with cultural /tethnict/ religioust/ racial prejudice and misunderstanding, with a specific emphasis on prejudice toward and misunderstanding of American Indian people?	**NO**
RECOMMENDATION 17: a) Identify and contract with people with knowledge of and expertise in the cultural, ethnic, social, historical, and spiritual issues relevant to American Indian people with mental illnesses. b) Work with these experts to develop staff training in these areas. c) Regularly consult with these experts in all planning, development, and implementation of Montana State Hospital services. d) Develop policies, procedures, and supervisory training addressing cultural / ethnict/ religious / racial prejudice and misunderstanding of American Indian people.	

Staff Competence, Training, Supervision, Relationships with Patients

Criteria	Comments
Competency and Training:	
Does Montana State Hospital define minimum knowledge and competency expectations for each staff position providing services to patients?	**YES** However, it is unclear whether staff competencies are defined in terms of the *quality* of their relationships and interactions with patients.
Does Montana State Hospital have a written training material for new staff focused on achieving minimum knowledge and competency levels?	**YES**
Does Montana State Hospital train new staff in job-specific knowledge and skills OR requires new staff to demonstrate defined minimum knowledge and competency prior to working with patients?	**YES**
Does Montana State Hospital 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?	*Some* Montana State Hospital staff do have good opportunities to participate in ongoing training. **STRENGTHS:** ▪ A number of professional staff regularly attend NAMI-MT Mental Illness Conferences, Mental Health Association trainings, Department of Public Health and Human Services trainings, and professional conferences. ▪ Montana State Hospital has brought in NAMI Provider Training. This is an excellent initiative and should continue. **CONCERNS:** ▪ It is unclear whether each staff person has an annual training plan that includes comprehensive continuing education over time. ▪ Participation in these trainings appears to be contingent on staffing coverage and staff persons' expressed desire to attend, rather than being driven by a proactive approach that would organize staffing adjustments around training priorities. ▪ Psychiatric Technicians are not included in off-site training.
Does Montana State Hospital periodically assess staff and identify and address knowledge and competence deficiencies?	**YES** **STRENGTHS:** ▪ It is the policy of Montana State Hospital for supervisors to initiate annual performance evaluations of all employees and complete these evaluations by March 31 of each year. The Human Resources Department is responsible for monitoring compliance with this policy. This department director reported to BOV that the compliance is at 100%. ▪ It is also the policy of Montana State Hospital to address

	performance deficiencies prior to each evaluation. If an employee has had a job performance problem that was addressed during the evaluation year, the evaluation should reflect whether or not the employee corrected the problem. **CONCERNS:** ▪ Staff knowledge and competence levels vary from person to person. While there are many staff who demonstrate good knowledge and competence, *Montana State Hospital administrators and clinical leaders state that there are staff at all levels of the organization that should not be working in this setting*. If Montana State Hospital policy requires addressing staff job performance deficiencies as described above, it is apparent that to some degree, this policy is either not followed, or that known performance problems are not identified and addressed by supervisors. See **MILIEU QUALITY – LACK OF DYNAMIC ENGAGEMENT WITH PATIENTS BY STAFF**, p. 33.
Supervision:	
Does Montana State Hospital provide active formal and informal supervision to staff?	**YES**
Are Montana State Hospital supervisors trained and held accountable for appropriately monitoring and overseeing the way patients are treated by line staff?	**YES**
Are Montana State Hospital supervisors trained and held accountable for ensuring that treatment and support is provided effectively to patients by line staff according to their responsibilities as defined in treatment plans?	**CONCERN:** With few exceptions, the tendency for staff to spend significant time during each shift congregating in nursing stations and staff rooms is a major problem throughout the hospital, and negatively impacts the quality of the milieu and the relationships between patients and staff. See **MILIEU QUALITY – LACK OF DYNAMIC ENGAGEMENT WITH PATIENTS BY STAFF**, p. 33.

Relationships with Patients	
Do Montana State Hospital staff members demonstrate respect for patients by incorporating the following qualities into the relationship with patients: positive demeanor, empathy, calmness, validation of the experiences, feelings, and desires of patients?	Most do. The quality of staff relationships and interactions with patients varies from person to person. While there are many staff who do demonstrate these qualities, Montana State Hospital administrators and clinical staff state that there are other staff at all levels of the organization that should not be working in this setting. See **Staff Competence, Training, Supervision, Relationships with Patients**, p. 59. **CONCERN:** See **MILIEU QUALITY – LACK OF DYNAMIC ENGAGEMENT WITH PATIENTS BY STAFF**, p. 33.

Access / Entry

Criteria	Comments
Access	
Does Montana State Hospital 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	
Is an appropriately qualified and experienced Montana State Hospital staff person (mental health professional or case manager) available at all times - including after regular business hours - to assist patients to enter into mental health care?	YES
Does the process of entry to Montana State Hospital minimize the need for duplication in assessment, service planning and service delivery?	It appears that, in a number of cases where patients being admitted are receiving services in the community, little information follows the patient to the hospital, so MSH begins a new assessment . This approach not only neglects valuable information that would enhance treatment continuity, but causes patients to undergo redundant assessment during a time of extreme stress.
Does Montana State Hospital ensure that patients and their family members/carers are able to, from the time of their first contact with Montana State Hospital, identify and contact a single mental health professional responsible for coordinating their care?	YES

Assessment, Treatment Planning, Documentation, and Review

Criteria	Comments
General:	
Does Montana State Hospital use a multidisciplinary approach in its treatment planning and review process?	**YES**
With patients' consent, do Montana State Hospital assessments, treatment planning sessions, and treatment reviews proactively include the participation of and provision of information by patients' family members/carers, other service providers, and others with relevant information?	Family members are involved on a case by case basis. **STRENGTHS:** ▪ The creation of the Family Support staff position has great potential for more actively seeking family participation in treatment planning and review. **CONCERNS:** ▪ There is not a proactive inclusion of family members or community providers in treatment planning and review. **SUGGESTION:** ▪ Develop policies and procedures that more assertively include family members and community providers in treatment planning and review.
Assessment:	
Are Montana State Hospital assessments conducted in accordance with the unique cultural, ethnic, spiritual, and language needs relevant to all people in the defined community, with a specific emphasis on American Indian people?	**NO** **CONCERNS:** ▪ see **Sensitivity to Cultural, Ethnic, and Racial Issues**, p. 56.
When a diagnosis is made, does Montana State Hospital provide the patient and, with the patient's consent, family members/carers with information on the diagnosis, options for treatment and possible prognoses?	**YES**
Treatment Planning:	
Does Montana State Hospital develop and implement a treatment and discharge plan for each patient?	**YES**
Does Montana State Hospital proactively involves patients, and with patients' consent, family members/carers, and others in the development of initial treatment plans?	patients - **YES** family members - **NO**
Do Montana State Hospital treatment plans focus on interventions that facilitate recovery and resources that support the recovery process?	**STRENGTHS:** ▪ Montana State Hospital has done a good job of moving toward reorienting its treatment approach around the concepts of recovery. Many of its treatment components and resources are consistent with recovery. Its treatment units are called "Pathways to Recovery". BOV

	enthusiastically applauds Montana State Hospital for moving in this direction. In order to fully develop recovery as a conceptual and functional foundation of treatment at Montana State Hospital, BOV suggests the following to Montana State Hospital administrative and clinical leaders: **SUGGESTIONS:** ▪ Incorporate the following information into routine staff training, into ongoing dialogue within treatment teams, and into the treatment planning process and format: ➢ http://www.village-isa.org/Ragin's%20Papers/an_overview_of_recovery.htm ➢ http://www.dmh.cahwnet.gov/WhatsNew/mhsa/docs/Adults/12AspectsofTransformation.pdf ➢ http://www.village-isa.org/toolbox%202_Building%20MHSA%20Programs.pdf ▪ Become experts in recovery. ▪ Build the skills and knowledge of the Peer Support Specialists.
Does Montana State Hospital work with patients, family members/carers, and others to develop crisis / relapse prevention and management plans that identify early warning signs of crisis / relapse and describe appropriate action for patients and family members/carers to take?	**NO** no evidence of this in charts
Does Montana State Hospital proactively provide patients, and with patients' consent, family members/carers a copy of the treatment plan?	**SOMETIMES** **CONCERNS:** ▪ This simple, but critical piece of the treatment process and patients' recovery is not routine. **SUGGESTION:** ▪ Develop policies and procedures that require Montana State Hospital to give a copy of his/her treatment plan to each patient, and, with permission and where family members are involved, to each patient's family members.

Documentation:	
Does Montana State Hospital use an electronic, computerized health record system with online capability for recordkeeping and documentation of all mental health services provided to all of its patients?	**CONCERNS:** ▪ MSH has been in the process of implementing such a system – TIER - for a number of years. Some record-keeping information is on this system and is accessible, some is not. It is unclear what the objectives are for full implementation, or whether it will be capable of providing integrated access to all records, including treatment plans and ongoing service documentation. ▪ Some staff expressed the concern that, because implementation of TIER is taking so long, it is becoming obsolete before it is fully operational. ▪ Goal 6 of the report of the **New Freedom Commission on Mental Health** is "Technology Is Used to Access Mental Health Care and Information". Several tenets of this goal are for electronic health records systems to be technologically current and integrated and accessible across the health care delivery spectrum. It is doubtful that TIER meets either of these standards.
Is the computerized health record system is capable of coordinating information with other health care providers?	**NO**
Is treatment and support provided by Montana State Hospital recorded in an individual clinical record that is accessible throughout the components of Montana State Hospital?	**YES**
Does Montana State Hospital document the following to track patient outcomes:	
➢ attainment of treatment objectives?	**YES**
➢ changes in mental health and general health status for patients?	**YES**
➢ changes in patients' quality of life?	**YES**
➢ patientt/ family satisfaction with services?	patients **YES** family members **NO**

Treatment and Support

Criteria	Comments
General:	
Is treatment and support provided by Montana State Hospital evidence-based [7]?	**YES** **STRENGTHS:** ▪ Medical staff appears to be utilizing present standards of care with focus on re-assimilation in their community with productive goals. ▪ Montana State Hospital is moving assertively toward incorporation of evidence-based practices and focusing on recovery.
➢ **Illness Management and Recovery**	**NO**
➢ **Family Psychoeducation**	**NO**
➢ **Integrated Treatment for Co-Occurring Disorders**	**YES**
Is treatment and support provided by Montana State Hospital recovery-oriented?	**YES**
Does Montana State Hospital provide education for patients, family members/carers, and staff which maximizes the effectiveness of patient / family member / carer participation in patients' treatment ?	**STRENGTHS:** ▪ Social Worker and the Family Support staff person provide educational information for families and patients. **SUGGESTION:** ▪ Develop formal mental illness and illness management education for family members. ▪ Coordinate with NAMI-MT to regularly provide Family-To-Family and Peer-To-Peer classes on the Montana State Hospital campus.
Independent Care:	
Do Montana State Hospital independent care programs or interventions provide sufficient scope and balance so that patients have the opportunity to develop or redevelop the necessary competence to meet their own everyday community living needs?	**YES**
Education:	
Does Montana State Hospital identify education needs and desires of patients in the service plan?	**YES**

Employment:	
Does Montana State Hospital identify employment needs and desires of patients in the service plan, and assist patients in defining life roles with respect to work and meaningful activities?	**STRENGTHS:** ▪ Montana State Hospital operates an extensive on-grounds employment program for patients. This long-standing project has been a wonderful source of strength for patients. **CONCERNS:** ▪ The rehabilitation department considers employment on an individual basis, but those discussions do not appear to translate into the treatment team discussions or treatment plans. The employment component of Montana State Hospital addresses the immediate desires of patients, but - except for the work that Dale Miller does, and Henry Hislop did - is not focused on long-term, recovery-based skill building. ▪ The long-time industrial arts teacher – who provided a lot of individual, hands-on training – recently retired; there is apparently no plan to fill this level of vocational specialist, instead Montana State Hospital is planning to hire a staff person to help with resumes and interviews.
When patients work in on-grounds jobs, does Montana State Hospital ensure patients' right to fair pay and working conditions?	**YES**
Is employment of patients in on-grounds jobs always voluntary?	**YES**
Family and Relationships:	
Does Montana State Hospital identify needs and desires of patients relative to family relationships in the service plan?	**YES** **STRENGTHS:** ▪ Family relationships are an important part of treatment plans. **CONCERNS:** ▪ Unfortunately, many patients do not have ongoing positive relationships with family or friends.
Does treatment and support provide patients with the opportunity to strengthen their valued relationships?	**YES** **STRENGTHS:** ▪ The treatment teams and the Family and Volunteer Services Coordinator work very hard to strengthen a patient's relationships with family and friends. ▪ Family therapists offer increasing opportunities to build on such relationships.
Does Montana State Hospital offers Family Psycho-education to patients' family members and family members/carers?	**STRENGTHS:** ▪ The Family and Volunteer Services Coordinator is available to provide as much educational information she can to the patient and family. She coordinates training to families (such as NAMI Family to Family course) , brochures, pamphlets, book titles, and websites. She coordinates outside therapy and other needed services.

Social and Leisure:	
Does Montana State Hospital identify social and leisure needs and desires of patients in the service plan?	**YES**
Does Montana State Hospital ensure that patients have access to an appropriate range of opportunities to meet their needs for social contact and leisure activities?	**YES** **STRENGTHS:** ▪ More evening and weekend classes and activities have been incorporated into the schedule recently.
Does Montana State Hospital facilitate patients' access to and participation in community-based leisure and recreation activities?	**YES** **STRENGTHS:** ▪ Patients have access to shopping trips and community events.
Medication:	
Is Montana State Hospital medication prescription protocol evidence-based and reflect internationally accepted medical standards?	**YES**
At Montana State Hospital facilities, is medication prescribed, stored, transported, administered, and reviewed by authorized persons in a manner consistent with legislation, regulations and professional guidelines?	**YES** **CONCERNS:** ▪ Storage and transportation of medication could be much more efficient with a pharmacy within the hospital proper; currently in a completely separate building that was not built to be a pharmacy.
The Montana State Hospital patients 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:** ▪ Family members informed on a case by case basis. ▪ Medication education is one of the required groups for patients.
Where the patient's medication is administered by Montana State Hospital, is it administered in a manner that protects the patient's dignity and privacy?	**YES**
Is "medication when required" (PRN) is only used as a part of a documented continuum of strategies for safely alleviating the patient's distress and/or risk?	**YES** **STRENGTHS:** ▪ PRN medications are used judiciously only during times of severe decompensation, aggression, or risk of harm; used quite infrequently considering illness acuity at Montana State Hospital. ▪ The use of PRN medication is well documented.
Does Montana State Hospital ensure access for patients to the safest, most effective, and most appropriate medication?	**YES** **STRENGTHS:** ▪ The pharmacy works with the MDs to ensure that this is the case. The new position of the clinical pharmacist is a great addition and helps promote the most appropriate medications.

Does Montana State Hospital consider and document the views of patients and, with patients' informed consent, their family members/carers and other relevant service providers prior to administration of new medication and/or other technologies?	**YES**
Do Montana State Hospital psychiatrists proactively communicate and work effectively with patients' prescribers in the community at the beginning of each patient's admission, throughout the admission, and as part of discharge planning?	**STRENGTHS:** ▪ Psychiatrists do a good job documenting the opinions and treatment approaches of community providers. **CONCERNS:** ▪ There is very little proactive communication from Montana State Hospital Psychiatrists to community prescribers. This should be standardized by Medical Director.
Where appropriate, does Montana State Hospital actively promote adherence to medication through negotiation and the provision of understandable information to patients and, with patients' informed consent, their family members/carers?	**YES** **STRENGTHS:** ▪ Discussions and at times negotiations are utilized in medication decisions. ▪ Often before a patient is discharged, a self-medication trial is conducted to make sure the patient can appropriately adhere to his/her medications before leaving Montana State Hospital. **CONCERNS:** ▪ Family members are rarely proactively included in medication discussions.
Wherever possible, does Montana State Hospital not withdraw support or deny access to other treatment and support programs on the basis of patients' decisions not to take medication?	**YES**
Does Montana State Hospital 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**
Does Montana State Hospital provide regularly scheduled appointments with a psychiatrist or mid-level practitioner to assess the effectiveness of prescribed medications, to adjust prescriptions, and to address clients' questionst/ concerns in a manner that neither compromises neither clinical protocol nor client – clinician relationship?	**YES**
When legitimate concerns or problems arise with prescriptions, do Montana State Hospital patients have immediate access to a psychiatrist or mid-level practitioner?	**YES**
Are medication allergies and adverse medication reactions are well documented, monitored, and promptly treated?	**YES**
Are medication errors are documented?	**YES**

Is there a quality improvement process in place for assessing ways to decrease medication errors?	**YES** **STRENGTHS:** ▪ A unit dose machine is in the budget for the pharmacy which will decrease errors in the pharmacy end of filling orders. The pharmacy is also providing monthly in-services on medication issues.
Are appropriate patients screened for tardive dyskinesia?	**YES** **STRENGTHS:** ▪ Abnormal Involuntary Movement Scale (AIMS) test done at least every 6 months; staff are educated on signs and symptoms.
Is the rationale for prescribing and changing prescriptions for medications documented in the clinical record?	**YES**
Is medication education provided to patients including "adherence" education?	**YES** **STRENGTHS:** ▪ Medication education is one of the groups required/offered to patients on the units. A supervised self-med program is also in place for patients before going out into the community.
Are unused portions of medications disposed of appropriately after expiration dates?	**YES**
Are individual patients' 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?	**YES** **STRENGTHS:** ▪ A locked cabinet in the clinic contains several commonly used emergency meds and is accessible to qualified staff when pharmacy is not open. Documentation is done at the time of administration.
Is there a clear procedure for using and documenting 'involuntary' medication use, including documentation of rationale, efficacy, and side effects?	**YES** **STRENGTHS:** ▪ Montana State Hospital follows the requirements described in 53-21-126(6), MCA. Psychiatrists generally work with patients to negotiate voluntary use of medications; when a patient - in the opinion of the treating psychiatrist - needs to take medications, but is not willing to do so, he/she brings the request to the Involuntary Medication Review Board. Involuntary Medication Review Board considerations are careful and well-considered; decisions and rationale are well documented. The Board of Visitors attorney or advocate is present during reviews and works to facilitate positive medical outcomes, while ensuring that the patient's point of view is

	considered. **CONCERNS:** ▪ The use of injectable, long acting antipsychotic with non-compliant, very ill patients and what to do to reinforce continued usage after discharge is an ongoing dilemma.
Are there procedures in place for working with community providers and pharmacies to ensure timely, uninterrupted access to prescribed medications in the community following discharge?	**YES** **STRENGTHS:** ▪ Social Workers are an integral part of the process in ensuring patients are able to access medications upon release. ➢ gather information regarding finances/financial support while doing the Social Assessment, then use that information in discharge planning, which includes procuring medication ➢ get approval for MHSP while a person is at MSH, which sometimes is the only source available to pay for medication ➢ Social Workers are aware of the $450.00 cap on medications for MHSP clients, and provide this information to the MSH prescribers here early on in treatment as it can become a barrier if a person is taking an expensive medication ➢ make sure funding is in place ➢ if a person is indigent, CEO approves funds for co-pay costs and the cost of medication not otherwise covered when no other source is available ➢ contact and make referrals to MSH Eligibility Technician for Social Security Disability applications ➢ work assertively with drug company representatives to obtain vouchers ➢ work with Medicare Part D and MSH pharmacy to ensure people leaving MSH can access immediately ➢ If a person is going into a residential program, MSH FAXes prescriptions to a pharmacy requested by the program and have the medications picked up before the person gets to the group home, foster care home or crisis facility. ➢ FAX scripts to pharmacies requested by the person leaving MSH. ▪ At MSH Medicaid benefits are kept open sometimes for several months, so that people do not have to be re-opened upon discharge.
Co-Occurring Psychiatric and Substance Use Disorders:	
In assessing each individual, does Montana State Hospital assume that co-occurring psychiatric and substance use disorders exist, and orient assessments and use tools and methodologies that proactively confirm either the presence or absence of co-occurring psychiatric and substance use disorders?	***STRENGTHS:** ▪ MSH is participating in co-occurring disorders treatment training provided by AMDD and is moving in the direction of developing an integrated approach to treating people with co-occurring psychiatric and substance use disorders. ▪ MSH is working to build the capability of addressing co-occurring psychiatric and substance use disorders on each unit.
If co-occurring psychiatric and substance use	see above*

disorders are determined to be present, does the assessment describe the dynamics of the interplay between the psychiatric and substance disorders?	
If co-occurring psychiatric and substance use disorders are determined to be present, does the service plan describe an integrated treatment approach?	**CONCERNS:** ▪ In the SPRATT Unit (Coping Skills and Co-Occurring Treatment Program) and other units, charts of patients with co-occurring psychiatric and substance use disorders are not marked clearly as such. BOV team was told that the co-occurring diagnosis sometimes needs to be pointed out to staff by the co-occurring professional.
Does Montana State Hospital provide integrated, continuous treatment for patients who have co-occurring psychiatric and substance use disorders according to best practice guidelines adopted by the state?	see above*
If co-occurring psychiatric and substance use disorders are determined to be present, does treatment documentation indicate that interventions include integrated psychiatric and substance use disorder therapies?	see above*
When counselors from discrete psychiatric and substance use disorders treatment disciplines are involved, does documentation indicate ongoing communication and coordination of therapies?	see above*
Does Montana State Hospital identify and eliminate barriers to the provision of integrated treatment for patients who have co-occurring psychiatric and substance use disorders?	see above*
Does Montana State Hospital use one service plan and one relapse plan for each patient with co-occurring psychiatric and substance use disorders?	see above*
If possible, is the clinician managing the treatment and providing therapy to each patient with co-occurring psychiatric and substance use disorders licensed for both mental health and chemical dependency counseling?	When this report was published, MSH had one staff person who licensed as a Clinical Professional Counselor and an Addiction Counselor. She works primarily on the Coping Skills Pathway, but does see people from other units.
If the co-occurring psychiatric and substance use disorders are being treated by more than one professional, does Montana State Hospital ensure that communication and treatment integration between these personnel is maximized?	**YES**
Relapse Prevention:	
Does Montana State Hospital assist each patient to develop a relapse management plan that identifies early warning signs of relapse and describes appropriate actions for patients and family members/carers to take when warning signs occur?	**YES**

Does Montana State Hospital provide training to each patient and his/her family members/carers in awareness of signs of relapse and in using the relapse management plan?	YES - patients NO - families

Integration and Continuity of Services

Criteria	Comments
Within the Organization:	
Does Montana State Hospital ensure service integration and continuity of care across its services and units?	**YES** **STRENGTHS:** ▪ Staff meetings, team meetings, supervisory meetings, and communication are directed towards coordination of services and care.
Does Montana State Hospital convene regular meetings among staff of each of its programs and sites in order to promote integration and continuity of services?	**YES** **CONCERN:** ▪ There is an inherent difficulty for staff on the 2nd and 3rd shifts to remain educated on current situations and issues.
Within the Community:	
Are Montana State Hospital's staff knowledgeable about the range of other community-based services available to patients and family members/carers?	**YES** **STRENGTHS:** ▪ Social workers - who do the discharge planning and community liaison work - are very knowledgeable about community-based services.
Does Montana State Hospital support its staff, patients, and family members/carers in their involvement with other community agencies wherever necessary and appropriate?	**YES** **SUGGESTIONS:** ▪ Consider sending Social Workers, Nurses, Psychiatrists, Psychologists, Psychiatric Technicians, Rehabilitation Staff, Family Support Coordinator, and Peer Specialists on field trips to see the places patients go in the communities (day treatment, group homes, PACT teams, etc.).
Within the Health System:	
Is Montana State Hospital part of the general health care system?	**YES**
Does Montana State Hospital promote and support comprehensive health care for patients, including access to specialist medical resources?	**YES** **STRENGTHS:** ▪ MSH promotes comprehensive health care for patients and, under the direction of the medical clinic, has been proactive in developing an educational program for patients regarding their overall physical/mental health. **CONCERNS:** ▪ See **Medical Services**, p. 8.
Does Montana State Hospital nurture inter-agency	**YES**

links and collaboration with other healthcare providers?	
Does Montana State Hospital ensure continuity of care for patients referred outside Montana State Hospital for a particular therapy?	**YES**
Through Transitions:	
Are patients' transitions among components of Montana State Hospital facilitated by a designated staff member and a single individual service plan known to all involved?	**YES**
When a patient is admitted who has a mental health service provider prior to admission, does Montana State Hospital proactively communicate with that provider to ensure treatment continuity?	**YES** **STRENGTHS:** ▪ Social Workers communicate well with established community providers.
When a patient is admitted who did not mental health service provider prior to admission, does Montana State Hospital assume primary responsibility for initiating continuity of care between inpatient treatment and community-based treatment?	**YES** **STRENGTHS:** ▪ Social Workers do a good job of identifying and working to establish connections with community providers. **CONCERNS:** ▪ There appears to be inconsistency in discharge communication with community providers. ▪ Community providers express concern about Montana State Hospital resistance to prescribe injectable medication to patients with a history of medication non-compliance that has resulted in major relapse problems.
Do patients' individual service plans include exit plans that that maximize the potential for ongoing continuity of care during and after all transitions from Montana State Hospital to community-based or other services?	**YES** **CONCERNS:** ▪ In a number of cases, a standoff of sorts develops between Montana State Hospital and community providers with patients who are known and who have been served in the community prior to the Montana State Hospital admission. In these cases, there are often very difficult treatment issues that involve safety, treatment compliance, and medication. There is a tendency for communication at time of admission, ongoing coordination during hospitalization, and unified discharge planning between the community providers and Montana State Hospital to be poor. In these cases, community providers generally believe that Montana State Hospital is underestimating the treatment challenges when the patient is in the community, and Montana State Hospital believes that the community provider is expecting the patient to be "perfect" before being willing to serve him/her in the community setting. ▪ In a number of cases, neither Montana State Hospital nor the community provider takes assertive, proactive steps to ensure that a discharged patient actually engages in the services prescribed in the discharge plan.

Does Montana State Hospital review exit plans in collaboration with patients and, with patients' informed consent, their family members/carers as part of each review of the individual service plan?	**YES** **CONCERNS:** ▪ Feed back from families indicate that they are not consistently included in exit planning. **SUGGESTIONS:** ▪ If a patient is being discharged to the family home, make effort to involve the family early in the treatment plans and the discharge plans.
Does Montana State Hospital provide patients and their family members/carers with understandable information on the range of relevant services and supports available in the community when they leave the hospital?	**YES**
Does Montana State Hospital ensure that the arrangements made for post-discharge services are satisfactory to patients, their family members/carers, and the community service provider prior to exiting Montana State Hospital?	**YES** However, there is often tension between what a patient wants and what Montana State Hospital believes is necessary and what a community provider believes is necessary.
In preparation for discharge, does Montana State Hospital proactively facilitate in-person, tele-video, or telephone involvement by the community provider and family members in discharge planning?	**STRENGTHS:** ▪ Social Workers do a very good job facilitating necessary involvement of actively involved parties. **CONCERNS:** ▪ MSH reports that community providers are resistant to full participation in discharge coordination when patients are ready to leave MSH. ▪ There appears to be no standard operating procedure for ***proactively*** reaching out to community providers and family members in preparation for discharge – it appears to be done differently from unit to unit. **RECOMMENDATION 18:** The Mental Health Services Bureau (MHSB) should develop policies/procedures/rules that require Montana State Hospital and community providers to work together to proactively reach out to family members to consistently facilitate their timely and active participation in discharge planning.
Prior to exit, does Montana State Hospital ensure that patients, their family members/carers and community providers, can identify a staff person in Montana State Hospital who has knowledge of the most recent treatment provided?	With the reorganized Pathways, this should be more clear. **SUGGESTIONS:** ▪ Make every effort - when a person is relapses and returns to MSH within a year of discharge, that he/she is admitted to the same unit and works with the same treatment team, Psychiatrist, and Social Worker.
Does Montana State Hospital ensure that patients have established contact with the designated service provider following discharge?	**NO** Every attempt is made to set patients up with the services they need following discharge. **CONCERN:** ▪ Montana State Hospital does not assume the role of

	initiating contact with post-discharge referral organizations to *ensure* that services proceeded uninterrupted. (see other comments – **Integration and Continuity of Services**, p. 70)
Prior to discharge, does Montana State Hospital proactively facilitate the seamless continuation of access to psychotropic medications by ensuring that: (1) the patient has an appointment with the physician who will be taking over psychotropic medication management, (2) the patient has enough medications in hand to carry him/her through to the next doctor appointment, and (3) the patient's medication funding is established prior to the transition?	MSH attempts to address this critical transition challenge by giving discharged patients written prescriptions and working with community providers to schedule medication appointments with prescribers. (see **Medication**, p. 69)

Do Montana State Hospital psychiatrists proactively communicate with community psychiatrists in order to ensure coordination and continuity of medication regimens?	**NO** **CONCERNS:** ▪ Psychiatrists - at both Montana State Hospital and in the community - very rarely communicate with each other to coordinate treatment. **RECOMMENDATION 19:** * ** The Mental Health Services Bureau should develop policies/procedures/rules that require Montana State Hospital and community provider psychiatrists to proactively communicate to ensure continuity and integration of care as patients move between the community and Montana State Hospital. * ***BOV is also making this recommendation reciprocally to all community provider psychiatrists who admit patients to MSH.*** ** ***MHSB is conducting teleconference discussions with MSH and community provider psychiatrists to address this issue.***

FEEDBACK FROM COMMUNITY PROVIDERS

BOV surveyed mental health centers and community hospital psychiatric hospitals to get a general assessment of several parameters regarding the working relationship between community providers and MSH, and the quality of the transition work MSH does in discharging patients. Three hospitals and two mental health centers responded. Choices for each category were POOR , ADEQUATE , or EXCELLENT .

Respondents unanimously stated that the social work department is very helpful and responsive in working with community providers.

MSH staff knowledge about the services available to consumers and family members in your community.	Consensus – ADEQUATE. **COMMENTS:** ▪ "At times, MSH staff seem not to completely understand that unless a consumer is under a community commitment, he/she is part of a 'voluntary' program and the mental health center cannot 'make' the consumer participate in services. Even under a community commitment, a consumer has the choice not to participate – with the possible consequence of being rehospitalized at MSH.'' ▪ "Some MSH staff are inadequately aware of local services necessary for the discharged person to be referred to."
Effort made by MSH treatment teams to proactively include you in treatment planning when consumers you are serving are admitted to MSH.	Consensus – POOR. **COMMENT:** ▪ "We have not been invited to participate in any treatment planning."
Effort made by MSH psychiatrists to proactively communicate with your psychiatrists about assessment and treatment of consumers you are serving.	Consensus – POOR. **COMMENTS:** ▪ "Communication occurs when I call at the request of one of our psychiatrists." ▪ "To my knowledge we have never had a MSH psych contact our facility."
Effort made by MSH psychiatrists to proactively coordinate with your psychiatrists regarding prescription of medications to consumers you are serving.	Consensus – POOR. **COMMENTS:** ▪ "A discharge summary for meds is generally sent at last of week after discharge which is not helpful." ▪ "Patients at times sent back to the community without meds." ▪
Effort made by MSH to ensure that discharged patients have "transition" medications from time of discharge to first medication appointment.	Responses ranged POOR to ADEQUATE. **COMMENTS:** ▪ "Has improved. Consumers are receiving a 30 day prescription, but don't always have funds to pay for meds."
Integrated approach to co-occurring psychiatric and substance use disorders.	Responsestranged POOR to ADEQUATE.
Effort made by MSH to include you in discharge	Responsestranged POOR totADEQUATE.

planning.	
# 1 strength of MSH.	▪ location ▪ resource for patients needing longer term care ▪ safe place for inpatient treatment for individuals we are unable to contain in the community
# 1 concern about MSH.	▪ financial concerns for hospital impact availability of funds in the community ▪ follow up with referrals ▪ lack of transitional planning
Recommendations for improvement at MSH.	▪ establish ongoing doctor to doctor communication ▪ include community providers in treatment planning ▪ improve involvement of community providers in discharge planning ▪ improve knowledge of community services ▪ improve ongoing communication with community providers throughout a consumer's hospitalization ▪ seriously consider reinstating provision of medication to consumers to last until first psychiatrist appointment or until a local prescription is filled

STATUS OF 2003 RECOMMENDATION

In 2003, the Board of Visitors made the following recommendation:

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.

Montana State Hospital's response in 2003 was:

Montana State Hospital recognizes the need and fully supports efforts to provide co-occurring treatment for our patients. Although the state commitment law provides a very specific definition of mental disorder that specifically excludes addiction to drugs or alcohol, or drug or alcohol intoxication (53-21-102(9) M.C.A.), we recognize that substance abuse or addiction is a major contributing factor to the admission of people to Montana State Hospital. We have been very active on the AMDD task force on co-occurring disorders and provide a significant amount of staff training on co-occurring treatment. A co-occurring "pathway" to guide this area of patient treatment is under development and we offer a number of group therapy and patient education programs on this topic. We will continue to develop new services and integrate co-occurring services into our comprehensive treatment program. We agree this is an important need for both the Hospital and the state's mental health and chemical dependency treatment systems.

2006 status of Montana State Hospital's implementation of this recommendation:

See **Co-Occurring Psychiatric and Substance Use Disorders**, p. 69.

RECOMMENDATIONS

RECOMMENDATION 1:
Quickly identify "guilty but mentally ill" patients whose primary diagnosis is not an Axis I major mental illness, who present an unstable risk to other patients and staff and transfer them to prison sooner.

RECOMMENDATION 2:
a) Take decisive action to establish clear expectations for direct care staff, supervisors, and professional staff regarding ongoing, active engagement with patients in the context of a dynamic therapeutic milieu.
b) Require professional staff to be consistently present on units teaching direct care staff about and modeling for direct care staff healthy and constructive interactions with patients.
c) Require supervisors to insist and ensure that direct care staff spend most of their time in the milieu with patients in consistently positive, recovery-oriented incidental interactions based on intervention strategies described in treatment plans as well as general guidelines for appropriately engaging with people with mental illnesses.
d) Direct the Program Managers, Psychiatrists, Nurse Managers, and Clinical leaders to identify staff who are not functioning in a way that actively contributes to the mission of the Pathway/Unit or to the recovery of individual patients. Immediately address job performance problems of these staff in formal, written performance evaluations.

RECOMMENDATION 3:
a) Adopt an objective classification system such as the following: Montana Department of Corrections Offender Classification Procedures, Policy 4-2-1.pdf >>> http://www.cor.mt.gov/resources/POL/4-2-1.pdf.
b) Utilize the classification system defining security levels described in Guidelines for Development of a Security Program.
c) Place any person who scores higher than a MEDIUM classification rating in prison until he/she has received a classification rating below MEDIUM.

RECOMMENDATION 4:
Immediately address problems with the chain of command that cause confusion during critical incidents.

RECOMMENDATION 5:
Develop and implement training in crime scene investigation, evidence preservation, and incident reporting to improve the ability to support prosecution for criminal behaviors.

RECOMMENDATION 6:
Amend the MSH sentinel event review policy so that it replicates the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) JCAHO Sentinel Event Policy and Procedure.

RECOMMENDATION 7:
a) Reevaluate all Montana State Hospital policies and procedures that address emergency response, patient safety, and management of the treatment environment; review the standards of the Joint Commission on Accreditation of Healthcare Organizations in these areas and use in revising Montana State Hospital policies and procedures.
b) Develop a stronger security presence with more comprehensive training.
   Option 1: A minimum of two security staff with training specific to emergency response and incident command authority.
   Option 2: One Security Manager with an appropriate background with forensic populations who could develop policies, supervise and train a crisis intervention team, focus on emergency response, investigate incidents, triage issues to report to law enforcement, and provide consultation to all units to ensure safety.
c) Incorporate the expertise of security specialists in decisions affecting and policies and procedures (including staff training) for D Unit.

RECOMMENDATION 8:
Develop detailed policies and procedures that are specific to the specialized needs of this unit/population [forensic]; transcribe the guidelines contained in the 11-22-06 memo into formal policies and procedures.

RECOMMENDATION 9:
Conduct background checks of visitors [to the forensic unit]; establish an approved visitor list for each patient; limit visitors to those with an approved background check. (reference: http://www.cor.mt.gov/resources/POL/5-4-4.pdft)

RECOMMENDATION 10:
Incorporate the following language into visitation policy [for the forensic unit]:

- *"Patients may NOT use restroom without a search by staff prior to use."* (This is a primary means of introducing contraband into secure areas). *"Visitations will be directly observed at all times*.t"
- *"Visitations will be directly observed by designated staff at all times*.t"
- *"Patients may not sell OR GIFT items to other patients*.t"

RECOMMENDATION 11:
Develop a hostage policy that conforms with standards described in Guidelines for Development of a Security Program.

RECOMMENDATION 12:
Develop a strategic plan in consultation with staff, patients, family members/carers, and community service providers.

RECOMMENDATION 13:
Develop specific criteria for bringing in outside investigators in abuse/neglect cases; address conflict of interest and other issues that would require outside investigators.

RECOMMENDATION 14:
a) conduct a thorough analysis of the status of the project to reduce or eliminate the use of seclusion and restraint at MSH;
b) develop an approach that brings all staff into the process as active partners;
c) develop comprehensive orientation and training for staff at all levels to accomplish this.

RECOMMENDATION 15:
Develop specific emergency response hierarchy and delineation of responsibility for each shift on each unit.

RECOMMENDATION 16:
a) Proactively address ways to appropriately communicate with families when patients do not sign release forms for communication with families.
b) If a patient refuses to sign a release allowing communication with family members on admission, follow-up every few days after admission to revisit the consent decision. Educate patients so that they understand that the consent can be limited in any way they feel comfortable with, and can be changed to be broader or narrower at anyttime.
c) Study and identify the issues that can be shared that don't require written permission; contact Ron Honberg at NAMI National (ronh@nami.org) or the American Psychiatric Association for more information.

RECOMMENDATION 17:
a) Identify and contract with people with knowledge of and expertise in the cultural, ethnic, social, historical, and spiritual issues relevant to American Indian people with mental illnesses.
b) Work with these experts to develop staff training in these areas.
c) Regularly consult with these experts in all planning, development, and implementation of Montana State Hospital services.
d) Develop policies, procedures, and supervisory training addressing cultural / ethnict/ religioust/ racial prejudice and misunderstanding of American Indian people.

RECOMMENDATION 18:
The Mental Health Services Bureau (MHSB) should develop policies/procedures/rules that require Montana State Hospital and community providers to work together to proactively reach out to family members to consistently facilitate their timely and active participation in discharge planning.

RECOMMENDATION 19:
The Mental Health Services Bureau should develop policies/procedures/rules that require Montana State Hospital and community provider psychiatrists to proactively communicate to ensure continuity and integration of care as patients move between the community and Montana State Hospital.

ADDENDUM 1 – Summary of Sentinel Event Review: D-Wing Patient Disturbance on Sunday, October 22, 2006

Summary of Event

A series of altercations involving patients on D Wing took place during the evening of Sunday, September, 22nd, 2006. These events were preceded by patients drinking alcohol that had been brought in by visitors earlier in the day. During this series of events, staff were threatened and assaulted and police were called to respond to the disturbance. Six different patients were involved in the incident in one way or another. Several of these individuals encouraged other patients to participate in the incident, but the others did not join in. Some other patients attempted to assist staff by encouraging the participants to settle down, but most felt it was best to simply stay out of the way. The incident ended quickly when Anaconda-Deer Lodge County Law Enforcement Officers arrived on the scene. The incident resulted in five patients being placed in seclusion or restraints. No serious patient injuries occurred. Approximately fifteen employees filed incident reports over injuries sustained in responding to this series of altercations. Five employees missed time from work following this event; the longest period being five days. No serious employee injuries were reported, though several employees sought examination and treatment at the emergency room of the Community Hospital of Anaconda. Property damage consisted of a broken door that was kicked by a patient and damage to personal electronic items belonging to one patient. Following this incident, three of the involved patients were transferred to the custody of the Montana Department of Corrections, and one was returned to Great Falls for a hearing in District Court before the sentencing judge. These transfers occurred in the manner provided for in state law.

Critical Points

- LM, a patient on D Wing, received a visitor at 2:30 pm on the day of the incident. The visitor was RH of Anaconda. According to police reports, RH admitted supplying LM with alcohol. The two had met while both were patients at the Montana Chemical Dependency Center in Butte. RH reported to the police that LM called him to request delivery of the alcohol and paid him $30.00.

- BB, a patient on D Wing, received a visitor at 5:28 pm on the day of the incident. The visitor was TB of Anaconda. TB brought in two large pop bottles which were filled with alcohol. These bottles were checked by staff, but given to the patient because nothing appeared to be amiss. According to police reports, TB was a neighbor of RH in Anaconda and brought the alcohol to BB at RH's request. Reportedly, this second delivery of alcohol was requested by LM. According to police, both RH and TB admitted delivering the alcohol to the MSH patients and received citations. Under 53-1-103 M.C.A., this offense is punishable by a fine of up to $500.00 and up to six months in jail.

- At about 7:15 pm staff noticed two patients, BB and JG were involved in an argument down the north corridor. When staff responded, BB yelled at staff and told them to leave him alone. He went to his room. JG told staff that he and another patient, RK were playing a video game, when BB entered his room and kicked him in the head. While in the area, staff entered another room where LM, JM, and FG were socializing. Staff asked if they knew what was wrong with BB as his behavior seemed out of character. LM told the staff member that he would "take care of BB." At this time, the employee noticed a strong smell of alcohol in the room. The staff then tried to check on BB and take his vital signs. LM entered the room and demanded that the staff leave; he then stated that they had been drinking. He placed his hands on the breast of a female staff member and told staff not to report the incident. LM said he was a "Hell's Angel" and the staff would be in trouble if they turned him in.

  The employees returned to the nurses' station and reported the incident to other employees. Within minutes, LM's behavior escalated further and he entered the nurses' station and the chart room behind the station and demanded to be released from the unit and made threatening gestures including choking gestures directed toward staff. Staff members called other treatment units to summon assistance, but did not issue a "code" that could be heard over the hospital's public address system. As staff entered the unit to respond, LM began pushing and threatening staff. At this time, JM and FG entered the sally port (unit

entrance) and interfered with staff attempting to enter the unit to assist.

As the disturbance was taking place in the sally port, staff noted an altercation taking place involving BB and MN (also a patient on the unit). JM and FG ran down the hallway to participate in this altercation. Three staff members tried to protect MN and were punched and kicked by JM and FG. Staff succeeding in breaking up this altercation, though one employee was punched hard in the face sustaining bruising on the cheekbone. After this altercation subsided, MN was checked by the Registered Nurse and asked to stay in his room. Instead of doing this, MN put a large metal padlock he had in his room inside of a sock and came down the hallway swinging the sock as a weapon. FG and JM again attempted to physically attack MN. Staff broke this up, and as they did, MN threw the sock containing the padlock at staff. Staff then placed MN in a seclusion room for his protection and theirs. While staff were doing this, FG entered MN's room and tipped over a nightstand damaging MN's electronic items that included a stereo, television, and video game player.

At this time, LM began choking a Registered Nurse. He told other staff members he would break her neck if they did not let him off of the unit. FG a patient who had been involved in the incident talked LM into letting the nurse go. LM then made a choking gesture directed toward another staff member. Just as this occurred, Anaconda-Deer Lodge County Law Enforcement Officers arrived on the unit and brandished a shotgun that was filled with non-lethal shot (beanbag shot intended to stun the target according to police) and ordered LM to lie on the floor. He was handcuffed by police without incident. JM and FG had run out to the unit's outdoor courtyard and in the process kicked the door and damaged it. Both were handcuffed by police.

- After being handcuffed, LM was placed in a seclusion room and observed by staff. He purposely fell forward onto his face causing some bleeding. Because of this behavior, he was moved to another room and placed in restraints on a bed. Staff applied the restraints and monitored him in accordance with hospital policy and procedures. Police assisted in transferring him to the other room. The on-call psychiatrist and hospital administrator were present when this took place.

- After being placed in handcuffs by police, FG was escorted to a seclusion room on E-wing. Handcuffs were removed and staff observed and provided care to FG in accordance with Hospital policy and procedure.

- After being placed in handcuffs, JM was placed in a seclusion room and handcuffs were removed. After a short period time, JM began banging his fist on the walls and doors and yelling loudly. An assessment was made that JM would likely continue to escalate and there was a need to use restraints to bring the situation under control quickly. The police assisted in transferring JM to another room where restraints could be used. JM was very resistive and threatening during this process. Handcuffs were applied by Law Enforcement Officers in order to facilitate the transfer. JM had to be carried to the other room where MSH staff applied the restraints.

- While much of this was going on, BB was in his room. In assessing the situation staff decided he should be in another room where he could be better observed. Initially it was believed that observation would be sufficient, but at one point, BB came out of that room and announced to people in the dayroom that there was going to be a second "riot" when the police left. This was viewed as a threat and a decision was made to place BB in seclusion. This was done in accordance with MSH policies and procedures.

- LM was very loud and threatening while in restraints. He slipped his restraint and attempted to swallow the end of the restraint belt. He also tore up a pillow and swallowed the stuffing attempting to choke himself. He repeatedly said he would kill himself before morning. He was adamant about not wanting to be sent to prison and not receiving proper treatment at MSH for his psychiatric condition. JM also slipped out of part of his restraints which were reapplied without significant incident. Staff provided continuous monitoring of these patients throughout the night.

- Many MSH staff members were understandably very upset and wanted the police to take the patients responsible for these incidents to jail. The Hospital Administrator and the Chief of Police for Anaconda-Deer Lodge County were both on the scene and discussed this with the county attorney. It was determined that there were a number of legal issues involved and the patients were best left where they were until the next day when issues could be sorted out. It was believed that transfer of these individuals would have presented more risk and the jail did not have adequate staff or resources available to manage behaviors. All agreed that the best course of action would be for these patients to remain in a safe setting where medical intervention could be provided if needed. Dr. Lord, the on-call primary care physician was called to examine the patients and did this about 10:30 pm.

- The Hospital administrator witnessed the staff providing appropriate, compassionate, and professional care to all of the involved patients throughout the incident. As restraints were applied and care given, communications and physical touch were all very appropriate. All actions observed by the Administrator were consistent with techniques taught in crisis intervention training and hospital policy. Though staff were obviously upset, employee actions were commendable.

- The Unit staffing level on the night of the incident did not seem to be an issue. There were nine staff assigned during the afternoon shift for 36 patients. One patient was on a 1-to-1. Psychiatric Technicians reported that they did not believe additional staff would have made a difference their ability to respond to the incident. Some employees felt the gender mix was inappropriate with too many females assigned to a unit predominately comprised of male offenders. Hospital staffing does not ordinarily consider gender when making staff assignments unless there is a need for a specific patients. Staff assignments are made in accordance with collective bargaining agreement provisions and patient needs.

- Several employees from afternoon and night shift and the Hospital Administrator processed the incident between 11:30 pm and 12:20 pm in order to ensure the oncoming shift knew what had transpired and to debrief some of those involved. This was very helpful as the situation was very confusing and this allowed everyone to have better information about what had occurred. Staff expressed a concern that they would return to work the next day and the patients involved would be out on the unit. Staff felt very limited in what they can do in response to these kinds of patient behaviors and want support and assistance from the Hospital Administration.

- The incident was discussed early the next morning with the DPHHS Director and DOC Director and other staff from these two agencies. The forensic treatment team and Hospital Administrator recommended that LM, BB, JM be transferred to the Department of Corrections as soon as arrangements could be made. Under hospital regulations, they could not be maintained in seclusion for very long and continuing to have them on the unit presented a significant risk to staff and other patients. All were sentenced under 46-14-312, M.C.A. (guilty but mentally ill) which allows the Director of DPHHS to place the individual in either a mental health or correctional facility. Because of the incident, MSH, DPHHS, and DOC administrators all agreed that the transfer was appropriate and needed to be expedited. MSH staff and staff from Montana State Prison discussed the transfers and aftercare needs and the transfers took place in the early afternoon on Monday, 10/23/06.

  FG was also ordered to the Hospital under 46-14-312, M.C.A. (guilty but mentally ill), but his court order included a provision that he needed to return for a hearing before the sentencing judge in Cascade County before a transfer could occur. Arrangements were made for that hearing, but Cascade County Law Enforcement Officers could not provide transportation, so FG was transferred to the Anaconda-Deer Lodge County Jail and then to the Powell County Jail until Cascade County arrived to pick him up for the hearing. No problems or incidents were reported during FG's stay in the Deer Lodge and Powell County facilities.

- After the incident, John Sullivan, Chief of Law Enforcement contacted Ed Amberg, Hospital Administrator and had several observations. He reported:

  - Responding police officers from Anaconda could not distinguish between patients and staff. They felt having staff wear some kind of uniform would enable the responding officer to tell who was who.
  - Communications with hospital staff were very unclear. It took the responding officers some time to determine who was in charge. They reported that when they arrived, a number of different people attempted to provide them with information, some were patients and some were staff. This was very confusing.
  - Staff need to provide a complete description of the incident if prosecution is to be pursued. Chief Sullivan reported frequently receiving reports from MSH employees about incidents occurring at the hospital that do not provide enough information to support prosecution.

- Following the incident additional debriefing of staff and patients took place and changes were made to unit policies and procedures on D Unit where the incident took place. The hospital also arranged for a counselor with the state's Employee Assistance program to meet with employees. A member of the Hospital's Psychology Department who is trained in Critical Incident Stress Debriefing techniques also was involving in providing employee support.

- A number of employees have used this incident to illustrate concerns they have for safety on MSH units. This is a complex issue that gives rise to many emotions. Hospital data clearly shows a decline in staff injuries (as well as patient injuries) in recent months. This corresponds to a reduction in the use of seclusion and restraint. However, a number of employees report that they don't "feel safe." This has been a frequent issue of discussion between management and employee labor unions. In fact, the union reported that during the evening of the incident, employees placed three calls to the MEA/MFT union representative in Helena reporting the incident and asking if they could walk off the job due to unsafe working conditions. They were advised not to at that time, but to see what actions were taken by the hospital administration in response to the incident.

- Some employees have also reported that the incident could have been brought under control more quickly if they had been allowed to use handcuffs. Until April, 2006 hospital security officers and other staff routinely used handcuffs when responding to emergency situations or when transporting patients believed to present a security risk. This practice was found to be in violation of CMS standards by federal surveyors in April, 2006. The hospital was ordered to discontinue this practice. The Hospital Administrator has discussed this with the CMS Regional Office in Denver, and they express an understanding of the issues, but must enforce the CMS regulation as it is written. As a result, CMS certification for participation in Medicare and Medicaid Programs were discontinued for D Unit of the Hospital. However, this unit is still licensed as a healthcare facility by the DPHHS Licensure Bureau which uses the same standards. The hospital has a policy for security restraints and emergency restraint procedures, but does not allow law enforcement types of restraint devices (handcuffs and other metal and chain types of restraints). It is unclear whether the use handcuffs by hospital staff would have made a difference in the response to this incident.

- Prior to this incident, hospital management had been working collaboratively with the RN bargaining unit to review crisis response procedures and evaluate whether having a designated team of employees who would respond to emergency situations would work better than current practices. Following this incident, the psychiatric technician union has asked to participate in these discussions.

- Many employees felt they are inadequately trained to deal with emergencies involving assaultive and threatening patients. Many employees believe that the Mandt System for Crisis Intervention does not adequately prepare them to face these kinds of situations. In response, a class on Safety and Security has been outlined and is expected to be ready for presentation in the next few weeks.

- Some employees also feel they would be safer if there were greater use of seclusion or restraints. The hospital will continue its effort to ensure that these procedures are used in accordance with state and federal standards. The hospital was cited for improper use of these procedures during two recent state certification surveys in response to complaints made by the Montana Advocacy Program. In these instances, a state surveyor found that according to documentation in patient records, two instances of seclusion lasted longer than necessary and the Hospital was in violation of patient civil rights standards on the use of these procedures. In a more recent follow up survey, the state surveyor found that actions taken by the Hospital corrected this deficiency.

  The hospital has data that clearly correlates fewer staff and patient injuries with a declining rate of seclusion and restraint; however hospital management does acknowledge employee concerns for safety on patient treatment units. The Hospital has a continuing need to address issues of violence and threats on patient treatment units. Employees also need to acknowledge evolving standards of practice for psychiatric treatment and proven strategies for reducing violence on patient units by implementing recovery oriented treatment principles, reducing sources of conflict between patients and staff, and providing alternatives to use of seclusion and restraint.

- A number of steps have been taken on D Unit to address security and safety concerns. These include prohibiting visitors from giving things directly to patients, searching patients and patient rooms more frequently, and limiting personal possessions allowed on the unit. These rules continue to evolve, but are less permissive than what was in place before the incident on 10/22. Both patients and staff have opportunities to provide constructive input as changes occur.

- Many individuals and organizations have inquired about this incident including:

    - Several media outlets (television and newspapers) who reported they had been contacted by employees, patients, and patient family members
    - Staff in the Montana Governor's Office who met with the Hospital Administrator on Tuesday, October 24th and inquired about how best to support hospital employees and patients
    - The Executive Director of the Montana Nurses Association who is also a member of the state legislature
    - The Employee Representative for MEA/MFT who has advocated for employee safety and allowing for employee participation in actions taken to address these issues
    - The Montana Advocacy Program who has requested records on the patients involved.
    - The Mental Disabilities Board of Visitors who has requested this report upon completion.
    - The DPHHS Licensure Division who contacted a Social Worker on the Forensic Unit for information.

Conclusions:

- The incident resulted primarily from the introduction of alcohol on to the treatment unit. Action has been implemented to reduce opportunities for introduction of contraband substances onto the unit.
- The incident also resulted from the problems presented by the nature of the forensic patient population. The Hospital has been working with DPHHS and DOC to better develop services and programs for the mentally ill offender population. A proposal for a new program will be presented to the legislature in the 2007 session.
- Though staff response was all in all, very good, the incident brought to light several opportunities for improvement including communications with outside agencies, employee identification, and incident management. Hospital management and employees will continue to address these issues through the safety committee and program, employee training, and other venues. It is noted that some level of confusion often occurs during emergency situations and this incident was no exception.
- The Hospital is grateful to the actions taken by employees during this incident, for the support provided by the Anaconda-Deer Lodge County Law Enforcement Office and to the DPHHS and DOC Directors and Staff for their prompt action and support in response to this matter.

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Edward Amberg Date
Hospital Administrator

Questions about this report should be referred to Ed Amberg, Hospital Administrator, phone: 406-693-7010; e-mail: eamberg@mt.gov.

MSH RESPONSE TO RECOMMENDATIONS

RECOMMENDATION 1:
Quickly identify "guilty but mentally ill" patients whose primary diagnosis is not an Axis I major mental illness, who present an unstable risk to other patients and staff and transfer them to prison sooner.

Response
Action to be taken: Implementation

Explanation: MSH assesses each patient admitted to the Hospital in the first few days following admission and a treatment plan is developed. MSH has discussed with staff from the Department of Corrections a process of collaborative planning involving both departments to identify treatment, service, and custody needs for people on Guilty but Mentally Ill Commitments so a recommendation for placement and plan for service can be provided to the DPHHS Director. This process will require some time to develop, but should help address public policy, security, and treatment issues related to people admitted to Montana State Hospital on this status.

Plan for implementation: A committee of MSH and Dept. of Corrections staff has been formed. The first meeting was held on August 22nd. This group has been asked to identify transfer procedures and to make recommendations concerning criteria for transfer to the DPHHS Director.

RECOMMENDATION 2:
a) Take decisive action to establish clear expectations for direct care staff, supervisors, and professional staff regarding ongoing, active engagement with patients in the context of a dynamic therapeutic milieu.
b) Require professional staff to be consistently present on units teaching direct care staff about and modeling for direct care staff healthy and constructive interactions with patients.
c) Require supervisors to insist and ensure that direct care staff spend most of their time in the milieu with patients in consistently positive, recovery-oriented incidental interactions based on intervention strategies described in treatment plans as well as general guidelines for appropriately engaging with people with mental illnesses.
d) Direct the Program Managers, Psychiatrists, Nurse Managers, and Clinical leaders to identify staff who are not functioning in a way that actively contributes to the mission of the Pathway/Unit or to the recovery of individual patients. Immediately address job performance problems of these staff in formal, written performance evaluations.

Response
Action to be taken: Partial implementation

Explanation: MSH has increased the level of active treatment provided to the people we serve, particularly during evening and weekend hours. We have scheduled additional staff members to work evening and weekend hours and have provided additional training and resources to staff who lead groups and activities. Training and supervision have been targeted at improving staff skills in applying principles of therapeutic communications. We continue to work hard at keeping critical positions filled in order to increase the amount of supervisory and clinical services available.

We firmly believe this issue needs to be addressed not just with psychiatric technicians, but with all clinical staff including physicians, nurses, social workers, psychologists, and staff from other disciplines. We believe we have made significant improvements in these areas. We want the culture of the hospital and model of treatment used to be one of engagement and one that promotes hope and recovery Some actions under consideration are: additional staff training; specified times for clinical staff to be on the units and available for patients (office hours); removal of barriers between patients and staff to possibly include entire nurses stations; opening of interior doors so some staff offices would be on treatment units; and implementation of a quality improvement project to measure baseline data to accurately gauge the extent to which this is a problem and opportunities for improvement.

Rationale for partial implementation: Hospital leaders believe implementation requires more than mandating action and making a commitment to address performance problems. We are seeking to clearly and appropriately direct staff behavior in a positive way by enhancing staff skills in therapeutic communications and leading groups and treatment activities. We have made staff assignments and increased the use of therapeutic tools like community meetings. We address performance issues when there is an identified need. Resources for training and supervising staff are more limited than we would like, but we continuously strive for improvement.

We believe expectations for direct care staff, supervisors, and professional staff are clear. We believe progress has been made, and agree that more remains to be done.

MSH is overcrowded and most hospital units routinely operate above capacity. Crowding adversely affects both patients and employees and also makes implementing strategies to change the culture of the milieu more difficult. We don't believe that this is a matter that can be effectively addressed with promises to address job performance problems; or simply mandating that staff spend more time on the unit engaged with the people we serve. We are looking for lasting results and believe that increased satisfaction for both employees and patients is the key to success. That will be accomplished through changing the culture, giving staff the resources they need to do their job, providing positive feedback when desired results are achieved, and following up appropriately when problems occur.

We are considering a quality improvement project in the area of staff engagement with treatment and positive patient-staff interactions. This would start with collection of data, and identification of issues, implementation strategies, and measurement of outcomes. We are hesitant at this time to commit to taking this action only because we have many other initiatives underway and there is a limit what we can do well. However, we do agree with the Board about the importance of this issue and will plan to discuss our progress at future quarterly meetings with the Board

RECOMMENDATION 3:

a) Adopt an objective classification system such as the following: Montana Department of Corrections Offender Classification Procedures, Policy 4-2-1.pdf >>> http://www.cor.mt.gov/resources/POL/4-2-1.pdf.
b) Utilize the classification system defining security levels described in Guidelines for Development of a Security Program.
c) Place any person who scores higher than a MEDIUM classification rating in prison until he/she has received a classification rating below MEDIUM.

Response

Action to be taken: Do not implement recommendation as stated; research alternative classification systems specific to forensic psychiatry

Explanation: We have examined the Montana Department of Corrections Classification Policy referenced above and the suggestions in the publication, Guidelines for Development of a Security Program. We have very different circumstances at Montana State Hospital and don't believe these correctional-based classification systems can be very well adopted for use at Montana State Hospital. We also disagree that any person who scores higher than a MEDIUM classification should automatically be transferred to prison. There are many variables that must be considered including legal status and psychiatric condition.

Rationale why recommendation cannot be implemented as stated: The MSH physical plant is much different than what is found in a correctional setting. We have far fewer options for placement of offenders. There are many other considerations besides classification status that affect placement decisions. We do not believe decisions about classification can be made solely on objective criteria. We believe objective information used for decision making is enhanced by subjective judgments made by experienced professionals.

Dr. Virginia Hill, the psychiatrist for the Hospital's Forensic Program will attend a meeting of State Forensic Mental Health Program Directors in September and she will be asked to seek information about patient classification systems used in other forensic programs in other states.

RECOMMENDATION 4:

Immediately address problems with the chain of command that cause confusion during critical incidents.

Response

Action to be taken: Implementation

Explanation: This has been addressed and will continue to be addressed through incident review processes and staff training. We believe the expectations for leadership and for staff to follow directions or orders from their supervisors during critical incidents are clear.

Plan for implementation: This action has been taken. Since the site review, we have developed a two-day safety and security training program. Over fifty-five employees have completed this training and more are scheduled over the next few months. Chain of command during critical incidents is one of the topics covered. We have discussed the October event with supervisors and staff throughout the Hospital and have met with the Anaconda-Deer Lodge County Chief of Law Enforcement and the County Attorney. We believe we have taken constructive steps to address the issues identified after the October incident.

RECOMMENDATION 5:
Develop and implement training in crime scene investigation, evidence preservation, and incident reporting to improve the ability to support prosecution for criminal behaviors.

Response
Action to be taken: Do not implement recommendation as stated. Continue to work cooperatively with local and state law enforcement agencies.

Explanation: We believe that police procedures are best left to law enforcement personnel. Staff training in this area will focus on providing information that is of value to law enforcement when critical incidents that may warrant criminal investigation occur. We have met with the Chief of Law Enforcement and County Attorney for Anaconda-Deer Lodge County to discuss issues related to the prosecution of persons for offences committed at the Hospital. We will attempt to provide staff with training to help employees understand the process and high threshold for prosecution.

Rationale why recommendation cannot be implemented: We do not have appropriate resources or personnel to undertake training on a level that would be worthwhile. Incidents that may constitute crimes on the hospital campus are relatively rare, and what staff learn in training is likely to be lost unless it is used. We believe there are higher priorities for staff training and hospital resources. We will continue to work cooperatively with local and state law enforcement agencies to provide appropriate investigation and follow up when incidents occur that warrant criminal investigation and prosecution.

RECOMMENDATION 6:
Amend the MSH sentinel event review policy so that it replicates the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) JCAHO Sentinel Event Policy and Procedure.

Response
Action to be taken: Do not implement recommendation as stated; review incident review procedures.

Explanation: MSH attempts to meet JCAHO standards for hospital operations whenever possible. We have attempted to model our policy on review of sentinel and significant events after JCAHO standards and believe we have done a reasonably good job of that. One of the issues is that we review a broader spectrum of occurrences than what JCAHO standards call for. We also make some modifications in review procedures because of resource limitations and other constraints. However, our procedures are very consistent with JCAHO requirements.

Rationale why recommendation cannot be implemented: Resource limits including staff and time, particularly for administrative and quality improvement staff.

RECOMMENDATION 7:
a) Reevaluate all Montana State Hospital policies and procedures that address emergency response, patient safety, and management of the treatment environment; review the standards of the Joint Commission on Accreditation of Healthcare Organizations in these areas and use in revising Montana State Hospital policies and procedures.
b) Develop a stronger security presence with more comprehensive training.
   Option 1: A minimum of two security staff with training specific to emergency response and incident command authority.
   Option 2: One Security Manager with an appropriate background with forensic populations who could develop policies, supervise and train a crisis intervention team, focus on emergency response, investigate incidents, triage issues to report to law enforcement, and provide consultation to all units to ensure safety.
c) Incorporate the expertise of security specialists in decisions affecting and policies and procedures (including staff training) for D Unit.

Response
Action to be taken: Partial implementation

Explanation: MSH has completed an extensive review of policies that address emergency response and patient safety, and changed procedures where needed. The primary mission of the hospital is patient treatment. Developing a stronger security program to the level stated in this recommendation would likely change the focus of the hospital and require additional resources. Furthermore, MSH lacks physical plant capability for expanded security capability.

The Governor's Budget presented to the 2007 Legislature included a proposal for development of a program to increase security for the forensic population at Montana State Hospital and to provide an increased level of treatment for mentally ill offenders in Department of Corrections custody. Following much discussion, this proposal was not approved by the legislature. We agree that there is a need to address security issues for this population and will attempt to do so through other means.

We also want to make sure that any security issues are well integrated into our treatment programs to avoid conflicts between the two. This is common in facilities serving offenders and we believe we have an appropriate balance at Montana State Hospital. It is important to keep in mind that that October incident was of great concern, but should not necessarily be the basis for significant change in policy. We provide services to a very challenging population and have remarkably few incidents. We have limits on the number of people we employ and on our ability to provide training. In the October incident, we avoided significant injuries, property damage, escapes, or other significant adverse outcomes. We view the incident as a warning and recognize that it was frightening to all involved. By and large, staff handled the response very well with assistance from law enforcement personnel. We have taken a number of steps to improve security and safety for both employees and the people we serve and will continue to address this issue over the coming months through additional training and continuing review of security needs.

Rationale why recommendation cannot be fully implemented: Without new resources, allocating more resources for security would likely have an adverse impact on the hospital's ability to provide patient care and treatment. The physical plant of the hospital and licensure standards also limit security measures that can be imposed.

RECOMMENDATION 8:
Develop detailed policies and procedures that are specific to the specialized needs of this unit/population; transcribe the guidelines contained in the 11-22-06 memo into formal policies and procedures.

Response
Action to be taken: Implementation

Explanation: We agree that actions identified in the memo of 11/22/06 need to be adopted into hospital policy and procedure and there are other areas specifically related to the forensic population where policy and procedure need to be developed.

Plan for implementation: Responsibility for developing policy and procedure for formal adoption has been assigned to the D Unit Program Manager.

RECOMMENDATION 9:
Conduct background checks of visitors; establish an approved visitor list for each patient; limit visitors to those with an approved background check. (reference: http://www.cor.mt.gov/resources/POL/5-4-4.pdf)

Response
Action to be taken: Do not implement recommendation as stated; consider other alternatives to enhance security during visits

Explanation: Montana's patient rights statutes include the following provision:

> *53-21-142(3) Patients shall have the same rights to visitation and reasonable access to telephone communications, including the right to converse with others privately, except to the extent that the professional person responsible for formulation of a particular patient's treatment plan writes an order imposing special restrictions. The written order must be renewed after each periodic review of the treatment plan if any restrictions are to be continued. Patients shall have an unrestricted right to visitation with attorneys, with spiritual counselors, and with private physicians and other professional persons.*

These rights apply to all persons admitted to Montana State Hospital including people on forensic commitments. We restrict visits when an individual need is identified. We do not have resources to routinely conduct background checks for persons visiting people at Montana State Hospital.

Rationale why recommendation cannot be implemented: MSH lacks resources for implementation. We would need to add additional staff and either maintain an approved visitors list or be able to instantly conduct background checks when someone arrives at Montana State Hospital. In most instances, we do not believe this would be of benefit. Staff have been advised of procedures to take when a concern about a particular visit arises. We are considering also considering whether there would be benefits to requiring all visitors to present identification and placing of video cameras with recording capability in strategic locations such as the front desk.

RECOMMENDATION 10:
Incorporate the following language into visitation policy:

- "*Patients may NOT use restroom without a search by staff prior to use.*" (This is a primary means of introducing contraband into secure areas). "*Visitations will be directly observed at all times.*"
- "*Visitations will be directly observed by designated staff at all times.*"
- "*Patients may not sell OR GIFT items to other patients.*"

Response
Action to be taken: Do not implement recommendation as stated; evaluate alternatives to provide security in a hospital setting

Explanation: We do not agree that there is a need to prohibit people served from using the bathroom without searching it prior to use, nor do we have resources to enact such a policy. Currently, staff directly supervise visits when a need is indicated, but we do not have a physical plant that readily enables direct supervision of all visits, nor do we agree that there is a need. Visits are observed when circumstances warrant such as a concern about visitor behavior, introduction of contraband, unauthorized leave, or the safety of any individual. Occasionally, our assessment may be wrong, but our record is very good as evidenced by the remarkably few problems we experience.

The D Unit visiting room has a video camera installed in the room allowing visits to be observed from the unit's nurses' station. We are considering whether to add recording capability to this equipment.

MSH has policy in place prohibiting transactions between patients, however, this is not in the visiting policy. We do not think this would be the most appropriate place to address this issue.

Rationale why recommendation cannot be implemented: Prohibiting the people we serve from using a restroom without having staff search it is impractical for Montana State Hospital, nor do we believe it would be appropriate in most instances. We also do not have sufficient staff to directly observe all visits, nor do we believe it would be beneficial in most instances.

Also, please refer to our response to Recommendation 9 regarding patient rights to converse with others privately.

RECOMMENDATION 11:

Develop a hostage policy that conforms with standards described in Guidelines for Development of a Security Program.

Response
Action to be taken: Do not implement recommendation as stated; consider alternatives for emergency response training and procedures

Explanation: We have reviewed the contents of the publication recommendation by the Mental Disabilities Board of Visitors and found it to be very specific to correctional facilities. We have found little that would provide guidance to staff in the event of an emergency. Our staff have been advised that in the event of a hostage incident, law enforcement should be called immediately and every effort made to provide for the safety of others. We intend to ask our safety committee to add hostage situations to the Hospital's emergency response plan and to provide appropriate staff training.

Rationale why recommendation cannot be implemented: The publication cited did not provide clear guidance for development of a policy applicable to Montana State Hospital. We believe training needs to focus more broadly on emergency response procedures to a variety of scenarios.

RECOMMENDATION 12:
Develop a strategic plan in consultation with staff, patients, family members/carers, and community service providers.

Response
Action to be taken: Partial implementation

Explanation: MSH is involved in planning processes at many levels including legislative activities, program planning and budget development, and state mental health planning processes. The AMDD strategic plan, presented to the 2007 Legislature, includes a number of goals specific to MSH that were developed as the result of interactions with staff, patients, family members and community service providers. The plan includes goals to decrease the patient census to funded capacity, increase and improve active treatment, increase coordination with community providers, increase staff to meet treatment and safety needs, increase evening and weekend treatment activities over 2005 efforts, maintain seclusion/restraint events at or below the national average; reduce incidents of violence against staff and other patients, improve training opportunities for staff, reduce staff and patient non-violent injuries and provide improved control of patient admissions. Additional goals and objectives were developed and submitted to the 2007 Legislature.

We understand that the overall AMDD strategic plan may not fully satisfy the Board's vision of a plan specific to MSH. MSH has very limited administrative resources. We believe resources would be better utilized by participation in existing processes than development of new ones.

Rationale why recommendation cannot be fully implemented: MSH is involved in planning system improvements on many levels including statewide and planning and development of new programs and services. MSH also is undertaking many initiatives, including projects to increase active treatment, improve patient health, and reduce the use of restraint and seclusion interventions. We do not have resources to commit to additional planning processes.

RECOMMENDATION 13:
Develop specific criteria for bringing in outside investigators in abuse/neglect cases; address conflict of interest and other issues that would require outside investigators.

Response
Action to be taken: Implementation

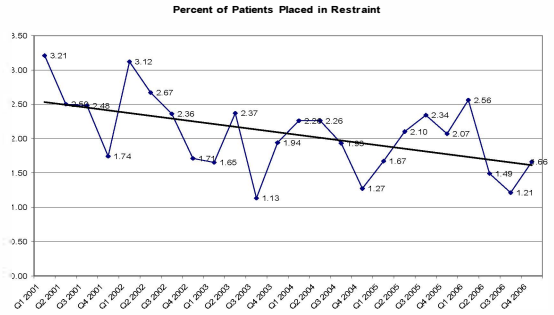
Explanation: MSH is in the process of reviewing these procedures with the AMDD Division Administrator and the DPHHS Director. MSH administrative leaders are looking forward to having these issues addressed. We believe that staff of the hospital who complete investigations when called upon do a thorough and excellent job and that in many instances, there is value in assigning the task to someone with experience in our setting and with our patient population. We agree that some circumstances warrant an outside review and it would be beneficial to better define those circumstances and procedures.

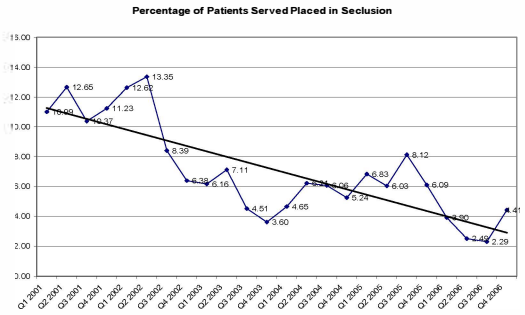
Plan for implementation: The Hospital Administrator will address this issue with the Division Administrator and DPHHS Director in order to develop criteria and procedures for use of outside investigators when abuse or neglect allegations are made.

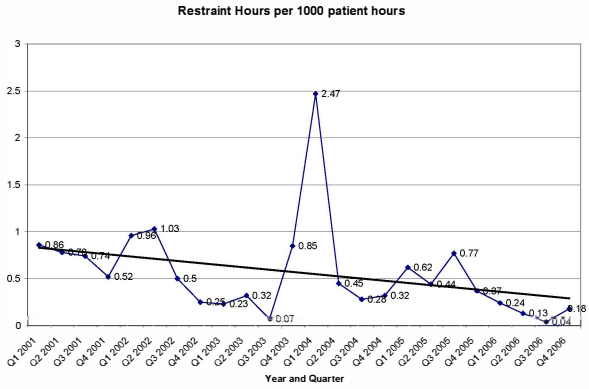
RECOMMENDATION 14:
a) conduct a thorough analysis of the status of the project to reduce or eliminate the use of seclusion and restraint at MSH;
b) develop an approach that brings all staff into the process as active partners;
c) develop comprehensive orientation and training for staff at all levels to accomplish this.

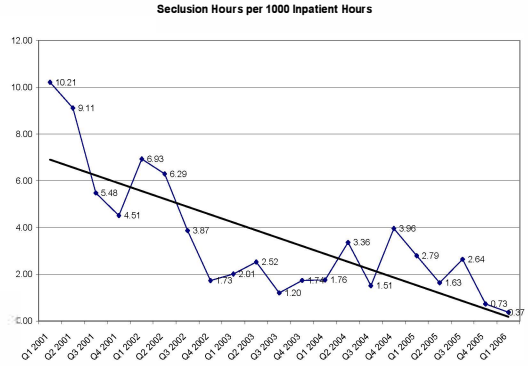
Response
Action to be taken: Implementation

Explanation: We continually evaluate and reassess our initiative to address violence at Montana State Hospital and reduce the use of seclusion or restraint. We have achieved good results and compare our efforts with those at similar facilities across the country. This initiative is about changing the culture of the hospital and increasing staff engagement with patients and the active treatment provided. We acknowledge that there has been resistance to this initiative, but as the effort has been sustained over time and the successful outcomes have become more evident, there has been increased staff support. We are providing orientation and staff training to help us achieve the outcomes we hope to achieve. Results achieved to date are evident in the graphs below:









Plan for implementation: MSH leaders including all members of the medical staff are reviewing the publication, Restraint and Seclusion, the Model for Eliminating Their Use in Healthcare by Tim Murphy, MS and Maggie Bennington-Davis, MD. Dr. Davis has consulted with MSH on the Hospital's initiative and has provided valuable advice. A committee meets weekly to address a variety of issues related to this initiative. Implementation strategies will continue to be adjusted as needs indicate. We hope that in the coming year, we will be able to expand our training efforts to better incorporate trauma-informed care principles into our organization.

RECOMMENDATION 15:
Develop specific emergency response hierarchy and delineation of responsibility for each shift on each unit.

Response
Action to be taken: Implementation

Explanation: We believe that response procedures are well established in the Hospital's Emergency, Fire, and Disaster Plan and all staff receive training in this area.

Plan for implementation: Emergency plans are in place and procedures are regularly reviewed with employees.

RECOMMENDATION 16:

a) Proactively address ways to appropriately communicate with families when patients do not sign release forms for communication with families.
b) If a patient refuses to sign a release allowing communication with family members on admission, follow-up every few days after admission to revisit the consent decision. Educate patients so that they understand that the consent can be limited in any way they feel comfortable with, and can be changed to be broader or narrower at any time.
c) Study and identify the issues that can be shared that don't require written permission; contact Ron Honberg at NAMI National (ronh@nami.org) or the American Psychiatric Association for more information.

Response
Action to be taken: Implementation

Explanation: We agree that it is important to address the needs of families of the people we serve. We strive to ensure that staff understand the many complex issues related to confidentiality and release of information. We also will encourage families with questions or concerns to contact the hospital when an issue arises.

Plan for implementation: MSH has asked a DPHHS attorney to provide training on legal issues related to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and authorization to release information, and specifically address issues related to family concerns addressed. Further more additional materials to provide guidance to staff will be developed by the end of the year and provided to staff. MSH has also developed a family handbook that is available on the hospital website and provided to families by our staff.

RECOMMENDATION 17:

a) Identify and contract with people with knowledge of and expertise in the cultural, ethnic, social, historical, and spiritual issues relevant to American Indian people with mental illnesses.
b) Work with these experts to develop staff training in these areas.
c) Regularly consult with these experts in all planning, development, and implementation of Montana State Hospital services.
d) Develop policies, procedures, and supervisory training addressing cultural / ethnict/ religioust/ racial prejudice and misunderstanding of American Indian people.

Response
Action to be taken: Implementation

Explanation: We fully support the delivery of culturally appropriate and sensitive mental health services. We would appreciate any suggestions for resources or other support that the Board might be able to offer. We too are particularly interested in services for Native Americans, but also need to provide culturally appropriate services to members of other ethnic, cultural, and minority groups. We will continue efforts to seek resources for doing this. Policies, procedures, and training will develop as our capacity to increase the provision of services grows.

Plan for implementation: Since the Board's Site Visit, the Hospital has provided several continuing education programs on American Indian Culture and Customs.

Date of Program	***Hours***	***Number of Attendees***
12/19/2006	*4.0*	*15*
02/26/2007	*4.0*	*9*
03/20/2007	*2.0*	*29*
03/22/2007	*2.0*	*22*
04/16/2007	*0.5*	*1*
04/16/2007	*3.5*	*6*
05/08/2007	*2.0*	*14*
05/08/2007	*2.0*	*8*

We have also widely distributed several publications on cultural implications of treatment for minority populations and treatment of Native Americans. An art show at the Hospital in May included many displays of Native American crafts and artwork completed by people served at Montana State Hospital. The Hospital is currently recruiting a mental health professional who has a specific interest in this area and hopes our efforts will be successful. This will greatly enhance the services we can offer.

RECOMMENDATION 18:
The Mental Health Services Bureau (MHSB) should develop policies/procedures/rules that require Montana State Hospital and community providers to work together to proactively reach out to family members to consistently facilitate their timely and active participation in discharge planning.

Response
Action to be taken: Implementation

Explanation: Montana State Hospital and the Mental Health Services Bureau will continue efforts to improve discharge planning processes and address timely and active participation by families when appropriate.

Plan for Implementation: The Hospital is developing plans for staff training related to discharge planning and discharge procedures. Family issues will be included. Information has been shared with the Mental Health Services Bureau.

RECOMMENDATION 19:
The Mental Health Services Bureau should develop policies/procedures/rules that require Montana State Hospital and community provider psychiatrists to proactively communicate to ensure continuity and integration of care as patients move between the community and Montana State Hospital.

Response
Action to be taken: Implementation

Explanation: Montana State Hospital and the Mental Health Services Bureau have such an initiative underway.

Plan for Implementation: Several Met Net meetings and telephone conferences have taken place and a study is underway to gauge the extent to which communications are taking place and to identify opportunities for improvement. The Admission and Discharge Review Team, which includes representatives from community mental health agencies and hospital staff are providing advice and support for this effort.

ENDNOTES

[1] Gail Baker, LCSW, is currently the Supervisor of Outpatient Programs at the Center for Mental Health in Helena, Montana, and Vice President of Western Training and Consulting – Center for the Enhancement of Human Potential. She has been an adjunct instructor with the Montana Law Enforcement Academy (Correction/Detention Officer Basic Training) for the past 12 years, specializing in human growth and development, suicidal behaviors, and mental health issues; and is a past Adjunct Instructor with the University of Montana. Ms. Baker was a Policy Specialist in the Director's Office of the Montana Department of Corrections for five years specializing in application of standards of the National Institute of Corrections and evidence-based practices in corrections settings throughout Montana.

[2] American Correctional Association (ACA) Policies and Procedures; Henderson, Rauch and Phillips, Guidelines for the Development of a Security Program, 2nd Edition, American Correctional Association, 1997; Joint Commission on Accreditation of Healthcare Organizations (JCAHC) Standards for Sentinel Events; Montana Department of Corrections Policies and Procedures http://www.cor.mt.gov/resources/policies/asp; Montana Department of Corrections, Correctional Facilities Monitoring Checklist and Resource Guide, 2004; National Commission on Correctional Healthcare, Standards for Health Services in Prisons, 2nd Edition, 2006.

[3] Several patients on D Unit obtained alcohol and become intoxicated. When Montana State Hospital staff attempted to intervene with the assistance of law enforcement, a number of staff and patients were injured - some requiring medical treatment - before the situation was stabilized. Since the incident, three patients have been transferred to Montana State Prison.

[4] Extortion, blackmail, bribery, or attempting to control the behavior of others through threats, coercion, force or intimidation.

[5] Henderson, James et al. Guidelines for the Development of a Security Program. 2nd. Virginia: American Correctional Association, 1997.

[6] Joint Commission on Accreditation of Healthcare Organizations, Sentinel Event Policy and Procedure. The Joint Commission. 2006. Joint Commission on Accreditation of Healthcare Organizations. 23 Feb 2007 <http:/ /www.jointcommission.org/NR/rdonlyres/690008C7-EAB2-4275-BC7B-68B37481D658/ 0/SE_Chap_Sept06.pdf>.

[7] 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/ .