

To Brian Schweitzer, Governor

Dear Governor Schweitzer:

We are pleased to submit to you this Report of the Mental Disabilities Board of Visitors (the Board). The Board provides a detailed report to the Governor's office of each of its reviews of mental health facilities and the Montana Developmental Center. This report provides additional information about the Board and details its activities for the period January 1, 2008 through June 30, 2009.

This report includes information about the work undertaken by the Board in accordance with its statutory obligations. It also gives an overview of the site reviews it has conducted during this reporting period, and recommendations for transformation of Montana's public mental health system and improvements at the Montana Developmental Center.

The Board continues to benefit significantly from assistance provided to it, either directly or indirectly, by consumers, family members, consumer and family organizations, clinicians, service provider personnel, staff and advisors in the Governor's office and the Department of Public Health and Human Services, and others. On behalf of the Board, we thank all those persons and agencies for the key role that they continue to play in enabling the Board to fulfill its responsibilities.

The Board operates in a highly complex environment, in which there are many tensions and challenges, and therefore it must inevitably navigate with care the points of view, experiences, priorities, and limitations of state administrative agencies, provider organizations, advocates, service recipients, consumers, and families. We feel confident that the Board has performed its difficult work always with the interests of mental health consumers and their families foremost in mind.

Yours sincerely,

Gene Haire

**Gene Haire
Executive Director**

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1. In Review

2009 is the Board's 34th full year of operation since its inception in 1975. The Board continues to:

- (1) conduct consumer-oriented reviews of mental health facilities and the Montana Developmental Center,
- (2) assist consumers in resolving complaints about public mental health services and about services at the Montana Developmental Center,
- (3) provide in-house legal representation and advocacy to patients at Montana State Hospital.

Site Reviews

The Board completed 10 reviews of mental health facilities and 1 review of the Montana Developmental Center from January 2008 through June 2009.

January 2008

Western Montana
Mental Health Center
Kalispell

March 2008

Yellowstone Boys and
Girls Ranch
Residential Treatment
Facility
Billings

May 2008

J's House
Winds of Change
Mental Health Center
Missoula

June 2008

Eastern Montana
Community Mental
Health Center
Miles City

March 2009

Montana Mental
Health Nursing Care
Center
Lewistown

September 2008

Western Montana
Mental Health Center
Missoula

November 2008

Winds of Change
Mental Health Center
Missoula

December 2008

Center for Mental
Health
Chinook

January 2009

Assessment &
Stabilization Unit
Montana
Developmental Center
Boulder

May 2009

Western Montana
Mental Health Center
Butte

MENTAL DISABILITIES BOARD OF VISITORS

REPORT TO THE GOVERNOR JANUARY 2008 – JUNE 2009

FACILITY	(A) DATE OF BOV SITE REVIEW	(B) TREATMENT IS HUMANE, CONSISTENT WITH ESTABLISHED CLINICAL AND OTHER PROFESSIONAL STANDARDS?	(C) TREATMENT MEETS REQUIREMENTS IN STATE LAW?	(D) DO TREATMENT PLANS EXIST? ----- ARE TREATMENT PLANS BEING IMPLEMENTED?	(E) STATUS OF USE OF BEHAVIORAL CONTROLS.	(F) DID FACILITY CONDUCT EXPERIMENTAL RESEARCH OR EMPLOY HAZARDOUS TREATMENT PROCEDURES?	(G) WERE THERE ALLEGATIONS OF MISTREATMENT OF RESIDENTS OF RESIDENTIAL FACILITIES or PERSONS ADMITTED TO MENTAL HEALTH	(H) STATUS OF INVESTIGATIONS OF ALLEGED MISTREATMENT OF RESIDENTS.	(I) MEDS ADM TO PTS AGAINST THEIR WISHES? ----- IS REVIEW PROCESS EFFECTIVE?
Western Montana Mental Health Center Kalispell	1/10-11/08	YES	YES	YES / YES	Not used	NO	NO	N/A	NO / NA
Yellowstone Boys and Girls Ranch	3/27-28/08	YES	YES	YES / YES	Used appropriately	NO	YES	Resolved appropriately	NO / NA
J's House Winds of Change Mental Health Center Missoula	5/1/08	This was an informal, "first time" visit. See below for formal visit.							
Eastern Montana Community Mental Health Center Miles City	6/17-18/08	YES	YES	YES / YES	Not used	NO	NO	N/A	NO / NA
Western Montana Mental Health Center Missoula	9/11-12/08	YES	YES	YES / YES	Not used	NO	NO	N/A	NO / NA
Winds of Change Mental Health Center Missoula	11/20/08	YES	YES	YES / YES	Not used	NO	NO	N/A	NO / NA
Center for Mental Health Chinook	12/8-9/08	This review focused exclusively on cultural competence in serving American Indian clients who live on or near the Fort Belknap Reservation. See complete report for details.							
Assessment & Stabilization Unit - Montana Developmental Center Boulder	1/27- 28/2009	Per statutory requirements in 53-20-104, MCA 2009							
Montana Mental Health Nursing Care Center Levittown	3/5-6/09	YES	YES	YES / YES	Appropriate	NO	YES	Resolved	YES / YES
Western Montana Mental Health Center Butte	5/14-15/09	YES	YES	YES / YES	Not used	NO	NO	N/A	NO / NA

Staff and Board Member Activities

Education

The Executive Director and staff provided information about the Board and its statutory purpose at a number of mental health treatment venues during the course of the year.

The board contracted with an American Indian cultural expert who conducted a one-day training in cultural sensitivity and competence with all Board members and staff.

Attendances at Conferences

Board Members, Executive Director, and staff attended a number of conferences, workshops and continuing education including: NAMI-Montana Mental Illness Conference; Tribal Relations Training; various continuing legal education.

Participation on Committees, Councils, Associations, Organizations

Board Members, Executive Director, and staff are active participants in a number of committees, councils, associations, and organizations addressing critical issues affecting services of people with mental illnesses and developmental disabilities including: Admission and Discharge Review Team (Montana State Hospital), Montana Developmental Center Human Rights Committee, Developmental Disability Program Quality Council, Developmental Disability Program Rates Reimbursement Advisory Group, Montana Association of Community Disability Services, Montana Association of Community Disability Services Systems Advocacy Committee, American Network of Community Options and Resources (for people with disabilities), Montana Developmental Disabilities Long Term Planning Committee, Montana State Hospital Grievance Committee, Montana Mental Health Association, National Alliance on Mental Illness, Service Area Authorities, Local Mental Health Advisory Councils, and the Mental Health Oversight Advisory Council.

2. Highlights

Clinical Consultants

The Board retains a number of clinical consultants. These consultants participate in site reviews and perform other clinical reviews at the Board's request. Consultants who worked for the Board during this period are:

William Doctor, PharmD, BCPP
Pat Frawley, MSW, LCSW
Irene Walters, RN
Sheila Smith, MEd, LCPC
Jack Hornby, MD
Jacki Hagen, PharmD
Rhonda Champagne, LCSW
Gail Baker, LCSW

Cultural Consultant

The Board has prioritized the assessment of the cultural competence in provision of mental health services to American Indians. The Board is fortunate to have the services of William Snell, the founder of the statewide Indian children and family service provider In-Care Network and the Pretty Shield Foundation; and the current Director of Cultural Services at Yellowstone Boys and Girls Ranch.

Consumer Consultants

The Board places a particular emphasis on the consumer perspective in its review of mental health and developmental disabilities facilities. During this period, the Board retained the excellent services of Carol Waller as consumer consultant.

Website

The Board's website is linked to the Governor's Office website. The website address is: <http://boardofvisitors.mt.gov>

Reviews and Outcomes

Reviews conducted

The Board has fulfilled its legislative responsibilities diligently throughout its existence. Since 1996, the Board has conducted 86 formal site reviews of mental health and developmental disabilities treatment facilities across Montana. The Board emphasizes a holistic, collaborative, collegial approach in its reviews. The Board believes strongly that the quality of its relationships with service providers over time is critical to the credibility of its recommendations and efforts to improve services.

Results of reviews

The Board makes a number of written recommendations in its reports on mental health and developmental disability facility reviews. From January 2008 through June 2009, the Board made a total of 129 recommendations to ten facilities.

Recommendations addressed the following areas: consumer employment training and placement; independent advocacy services; assessment, treatment plan formulation, and revision; cultural competence in provision of services to American Indian clients; medication administration; abuse and neglect policy; staff knowledge, competency, and training; consumer rights; interagency collaboration; program structure; continuity of services; and co-occurring disorders treatment.

Strategic Plan

The Board continues to develop, revise, and follow its strategic plan. The current strategic plan can be found on the Board's website at <http://boardofvisitors.mt.gov/>.

Future Directions

The Board and its staff will strive to improve the sophistication and effectiveness of its facility reviews, its assistance to individuals, and its legal and advocacy services. Priorities for the next two years are identified in the Board's strategic plan.

- Work with the Mental Health Ombudsman office to refine coordination in responding to individual requests for assistance.
- Work with the Mental Health Services and Licensure Bureaus to ensure maximum continuity and effectiveness in the three agencies' oversight functions.
- Maintain persistence in advocating for development of a coherent conceptual framework for mental health system planning with the New Freedom Commission goals as the foundation.
- Conduct a series of special site reviews of mental health programs on or near Indian reservations.

The Board has established standards for its site reviews of mental health facilities, including standards for "cultural competence"¹. While the Board recognizes that cultural competence is important and relevant to the way in which mental health programs work with people from all cultural backgrounds, the Board's primary focus is on cultural competence in working with American Indians. American Indians make up about 6.2% of the population of Montana, making them the largest 'minority' in Montana². In a number of mental health programs in Montana, especially programs that serve children and programs that are on or near Indian reservations, the proportion of American Indians served as a percentage of all people served is much higher – as high as 40% for some programs. Particular aspects of the experience of American Indians and Indian families such as intergenerational trauma and historical grief; high exposure to loss and violence and resulting post traumatic stress³; and high rates of suicide⁴ and chemical dependency⁵ make it critically important for mental health providers to develop a high level of sensitivity to and competence in working with American Indian people.

The review of the Chinook office of the Center for Mental Health was the first of a series of reviews the Board intends to conduct of mental health programs that are located close to or on Montana Indian reservations, that have in their catchment areas a significant population of American Indian people, and/or whose clientele include significant overrepresentation of American Indians compared to the percentage in the general population. The objectives of reviews of these programs are:

- (1) to develop an understanding of the working relationship between the mental health provider and reservation health and other human services,
- (2) to assess the degree of cultural competence demonstrated by the mental health programs, and
- (3) to make suggestions and recommendations for improvement.

Dedication of Board Members and Staff

The staff of the Board of Visitors continue to perform in a way that serves the interests of the citizens of Montana at a very high level. Colleen Nichols is in her 27th year as Paralegal, Assistant to the Executive Director, and Developmental Disabilities Specialist; and continues to function as a foundation of stability and excellence. Craig Fitch is in his 7th year as the Board's attorney and manager of the legal services office at Montana State Hospital. Craig is acknowledged as a source of expertise in legal issues of forensic patients and Montana mental health commitment law, and has established a solid base of credibility and respect for the Board's work at the hospital. LuWaana Johnson is in her 4th year with the Board's legal services office at Montana State Hospital. LuWaana continues to contribute daily to the professionalism and efficiency in the legal services office. She is a respected advocate at Montana State Hospital, contributes significantly to the Board's site reviews, and participates incisively in the legal services decision-making.

Board members serve as respected appointees of the Governor in what amounts to a voluntary effort. They bring a depth of perspective and wisdom to the Board's work from their experiences as people with mental disabilities, mental health and developmental disabilities professionals, and family members of people with disabilities.

The contributions of Board Chair, Joan-Nell Macfadden and Board member Brodie Moll deserve special recognition. Joan-Nell has served on the Board eight years, and as Chair since 2006. Her leadership, wisdom, and support of staff during very difficult challenges has been invaluable and much appreciated. Brodie Moll is the senior Board member, having served since 1998. His broad background of almost 40 years as a provider and administrator of services for both people with developmental disabilities and mental illnesses has provided the Board with a foundation of integrity and authority that is difficult to measure. Joan-Nell's and Brodie's long service to the Board has provided a critical thread of continuity for almost a decade.

Summary

The Mental Disabilities Board of Visitors has continued to perform its essential functions under Montana law. The Board has established a record of excellence, and has developed processes and a body of knowledge that contribute significantly to the efforts of consumers, family members, the State of Montana, and the many committed service providers to continually improve services for people with mental disabilities.

3. Purpose and Functions of the Board

The Mental Disabilities Board of Visitors was created in 1975 by the Montana Legislature to provide independent oversight of publicly-funded mental health services and developmental disabilities residential facilities. The Board is an independent board of inquiry and review that is responsible to ensure that the treatment of all persons either voluntarily or involuntarily admitted to a mental health facility in Montana or the Montana Developmental Center is humane, is consistent with established clinical and other professional standards, and meets the requirements set forth in state law.

The Mental Disabilities Board of Visitors is attached to the Governor for administrative purposes, and employs staff that carry out its duties. The Board consists of six persons appointed by the Governor for two-year terms.

Types of Review

The Board may conduct reviews at any time, but reviews are primarily:

- (1) routine, scheduled reviews
- (2) special reviews prompted by specific issues that come to the Board's attention

Other Functions and Duties of the Board

- (1) review and approve all plans for experimental research or hazardous treatment procedures involving people admitted to Montana Development Center or any mental health facility
- (2) review, and if necessary, conduct investigations of allegations of abuse or neglect of people admitted to Montana Development Center or any mental health facility
- (3) review and ensure the existence and implementation of treatment plans
- (4) inquire concerning all use of restraints, isolation, or other behavioral controls
- (5) assist persons admitted to Montana Development Center or any mental health facility to resolve grievances
- (6) report to the director of the Department of Public Health and Human Services if the Montana Development Center or any mental health facility is failing to comply with the provisions of state law

4. Membership on the Board

Board members during the period covered by this report were :

Joan-Nell Macfadden, Chair Great Falls
Suzanne Hopkins, Vice-Chair Lewistown
Teresa Lewis, LCSW Harlem
Sandy Mihelish Helena
Susan Duffy Missoula
Brodie Moll Ronan
Holly Raser..... Missoula

5. Administration of the Board

Mental Disabilities Board of Visitors staff :

Colleen Nichols, Paralegal Helena
• 27 years experience with the Mental Disabilities Board of Visitors b
• advocate for persons with developmental disabilities
• mother of an adult son with multiple disabilities
Craig Fitch, J.D., Attorney Montana State Hospital
• 7 years experience working in the mental health filed as an attorney for Montana State Hospital patients
• Peace Corps volunteer in the Philippines from 1994 - 1997
• 2001 graduate of the University of Montana School of Law
LuWaana Johnson, Paralegal Montana State Hospital
• 4 years experience working in the mental health filed as an advocate for Montana State Hospital patients
Gene Haire, Executive Director Helena
• 38 years experience in the mental health and developmental disabilities fields
• 25 years direct service and program supervision experience in psychiatric inpatient and outpatient settings

6. Successes and Initiatives in the Mental Health System / Recommendations for Transforming Mental Health Care in Montana

There have been a number of initiatives in Montana's mental health system that are contributing significantly to improving the quality and effectiveness of services:

- development of a statewide suicide prevention system
- continued development and implementation of the Home and Community Based Waiver for persons with serious mental illness
- continuing active support for establishment of evidence-based practices in Montana (Assertive Community Treatment, Dialectical Behavior Therapy, Integrated Treatment of Co-occurring Psychiatric and Substance Use Disorders, Illness Management and Recovery)
- development of "co-occurring capability" standards for the services provided to individuals receiving publicly funded mental health and /or chemical dependency treatment
- through "Goal 189", provision of funds for individuals who need special support to be successful when discharged from Montana State Hospital
- the opening of two residential and five supportive living facilities for the treatment of people addicted to methamphetamine; two of the five supportive living facilities are designated for American Indians
- continuing collaboration between the Department of Public Health and Human Services and the Department of Corrections
- funding and implementation of Mental Health Services and Prescriptions programs; these two programs provide critical mental health services and medications to offenders not eligible for other publicly funded mental health programs.

In making recommendations to the Governor's office and the Department of Public Health and Human Services, the Mental Disabilities Board of Visitors draws on its experiences with and observations of every kind of mental health program in Montana over 33 years. The Board's Standards are based on these experiences as well as extensive research into what high quality public mental health services look like.

The Board believes that the most compelling template for mental health system transformation is contained in the goals and recommendations in the final report of:

- the **New Freedom Commission on Mental Health**
<http://www.mentalhealthcommission.gov/reports/reports.htm>

Other bodies of work that similarly define the characteristics of transformed mental health care for adults with serious mental illness and children with emotional disturbance are:

- NAMI's **Grading the States 2009: A Report on America's Health Care System for Serious Mental Illness**
http://www.nami.org/gtsTemplate09.cfm?Section=Grading_the_States_2009
- **The Campaign for Mental Health Reform**
<http://www.mhreform.org/>
a collaboration of 17 national health organizations, representing millions of Americans, dedicated to making mental health a national priority and early access, recovery and quality in mental health services the hallmarks of our nation's mental health system
- policy recommendations of the **Mental Health Liaison Group** <http://www.mhlq.org/>
52 national organizations representing consumer, family members, advocates, professionals and providers

The final report of the New Freedom Commission on Mental Health is called ***Achieving the Promise: Transforming Mental Health Care in America.***

The Mental Disabilities Board of Visitors' four overarching recommendations for transforming mental health care in Montana continue to be:

- I. Adopt the framework and strategic objectives of the New Freedom Commission on Mental Health as a model for programming and system development in Montana.
- II. Aggressively implement Evidence-Based Practices.
- III. Review what other states have been doing to use the New Freedom Commission Report Goals and Recommendations in mental health system transformation.
- IV. Envision what a functional, fully-developed, state-of-the-art mental health system should look like in Montana, then work with the Legislature over time to fund that system.

Specific recommendations for system transformation are contained in the Board's previous Reports to the Governor.

The following recommendations reflect common themes that have emerged as general needs throughout Montana's public mental health system based on the Board's site reviews.⁶

Each organization providing mental health services should:

- 1) develop a dynamic strategic plan
- 2) develop a quality improvement strategy that promotes participation by staff, consumers, family members, other service providers, and other community stakeholders
- 3) develop a cultural competence plan - with the assistance of recognized experts - that specifically emphasizes working with American Indian people
- 4) routinely measure health and functional outcomes – *the results and effectiveness of services* - for individual consumers; publish aggregate outcome data
- 5) provide comprehensive, professionally-prepared information to consumers and family members about mental illnesses, evidence-based services, medications, and community resources
- 6) proactively identify and (with permission) include family members in consumers' treatment
- 7) take responsibility for ensuring consumer access to primary health and dental care
- 8) develop cultural competence in providing services to American Indian clients among staff, and strong collaborative working relationships with cultural experts
- 9) develop optimum staff competency standards and provide comprehensive training to ensure staff competence
- 10) focus primarily on provision of established evidence-based practices and emerging best practices
- 11) concentrate on development of services that result in meaningful employment for consumers
- 12) assertively work to maximize integration of services for persons with co-occurring psychiatric and substance use disorders
- 13) proactively take responsibility for quality consumer transitions into and out of services, especially to and from higher levels of service

The Addictive and Mental Disorders Division should:

- 14) develop a comprehensive understanding of the sub-group of individuals who represent 50% - 60% of the admissions to Montana State Hospital and who enter mental health services for the first time at that highest and least voluntary level of the mental health system; develop systemic strategies to engage with these individuals earlier in their illnesses

7. Successes and Initiatives at the Montana Developmental Center /Recommendations for the Montana Developmental Center

- The Montana Developmental Center deserves to be acknowledged for increasing referrals of people to community-based living (when this report was published, there were 25 people referred (~40% of the census of MDC).
- The Developmental Disabilities Program has created a new Crisis and Transition Specialist position – a dedicated clinical position to support community placements, facilitate transitions to community placement, and provide technical assistance to community providers when a community placement is in jeopardy.

BOV Recommendations:

- 1) MDC should continue to work with community providers to develop more community-based living options for people when they have achieved maximum treatment benefit at the Montana Developmental Center.
- 2) Reconfigure the current living/treatment environments at the Montana Developmental Center so that consumers have the opportunity to receive treatment in an atmosphere that is conducive to treatment (i.e., fewer residents in each unit and individual bedrooms).
- 3) Implement a viable sex offender treatment program for adults with developmental disabilities in a community-based setting as an extension to the Sex Offender Treatment Program at the Montana Developmental Center.
- 4) Develop long-range strategic and funding planning that evolves the Montana Developmental Center from a long-term residential treatment facility into a specialized, short to medium-term treatment and training facility.

Endnotes:

¹ BOV uses the term “cultural” in a broad, pluralistic context, i.e., to include not only the traditional sense relating to knowledge, experience, beliefs, values, attitudes, meanings, etc. held by a group of people over the course of generations; but also relating to areas such as sexual preference religion/spirituality, and race/ethnicity.

² 2000 census: Montana minority statistics: American Indian – 6.2%; Latino – 2%; Asian - .5%; African American - .3%.

http://ceic.mt.gov/PL2000_mt.asp

³ It is estimated that the incidence of post traumatic stress disorder among American Indians is approximately 22%, compared to 8% for the general population. <http://www.giftfromwithin.org/html/amindian.html>

⁴ Among American Indians ages 15 to 34, suicide is the second leading cause of death.

⁵ The rate of admission of American Indians to chemical dependency programs in Montana (19.8%) is more than three times the percentage of American Indians in the general population (6.2%). <http://www.dasis.samhsa.gov/webt/quicklink/MT07.htm>

⁶ Mental health organizations do a good job in certain of these areas as reflected in individual site review reports, however these areas are generally in need of improvement throughout the system.