Mental Disabilities Board of Visitors

SITE REVIEW REPORT

Shodair Psychiatric Services

Helena, Montana

March 29 – 30, 2007

Gene Haire

Gene Haire, Executive Director

TABLE OF CONTENTS

Mental Disabilities Board of Visitors
Site Review Report
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OVERVIEW

Mental Health Shodair reviewed :

Shodair Psychiatric Services (Shodair)
Helena, Montana
Jack Casey - CEO

Patient/residential Treatment Center
Hospital

Authority for review :

Montana Code Annotated, 53-21-104

Purpose of review :

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

BOV review team :

Staff:	**Board:**	**Consultants**:
Gene Haire, Executive Director	Teresa Lewis, LCSW Sandy Mihelish	Bill Docktor, PharmD Irene Walters, RN

Review process :

- Interviews with Shodair staff
- Informal discussions with patients/residents
- Observation of treatment activities
- Inspection of physical plant
- Review of written descriptions of treatment programs
- Review of treatment records

ASSESSMENT OF SERVICES

Medical Services

Staffing

- One Medical Director (Child/Adolescent psychiatrist)
- Four Child/Adolescent psychiatrists – one each for Acute, Children's, and two Adolescent treatment units

Medical Services	Comments / Analysis
Overall impressions about the quality of services provided by psychiatrists	**STRENGTHS:** ▪ Psychiatrist/RN leadership team on each unit. ▪ Integrated psychiatric care team. ▪ Each psychiatric assessment includes a history of substance use, which is confirmed with the patient and guardian. Substance use and dependence is integrated into overall individualized patient treatment. ▪ Shodair currently has 2 psychiatrists who are Board certified in addiction treatment. ▪ Shodair is working to expand general chemical dependency education for all staff. **SUGGESTIONS:** ▪ Consider more thoroughly integrating treatment for substance use disorders into the overall treatment approach, beginning with focused patient/family education. ▪ Consider adding one psychiatrist who specializes in addiction medicine – whose duties are exclusively focused on this area of treatment (without other administrative or unit psychiatric duties).
Do services provided by psychiatrists appear to be well-coordinated with other Shodair services?	**YES** **STRENGTHS:** ▪ There appears to be free flow of information among the medical disciplines; psychiatrists expressed a strong preference for a team approach and team decisions. ▪ Staff generally describe psychiatrists as approachable and involved.
Do psychiatrists have good working relationships with the other professionals in Shodair?	**YES**
Do Psychiatrists appear to be knowledgeable about each patient/patient/resident's illness and needs?	**YES** **STRENGTHS:** ▪ Psychiatrists demonstrate clear awareness of specific patient needs and treatment. ▪ Psychiatrists are positive and hopeful about patient outcomes.
Do the Psychiatrists appear to be aware and confident of their role as mental health professionals and mentors?	**YES** **STRENGTHS:** ▪ Psychiatrists provide continuous incidental staff education during treatment team meetings.

Do Mental Health Technicians appear to respect and look to the psychiatrists as leaders and mentors?	**YES**
Did you observe psychiatrists out on the units interacting with Mental Health Technicians and with patients/residents?	**NO**
At Shodair is the mental health of patients/residents seen as essential for overall health?	**YES** **STRENGTHS:** ▪ Medical chart notes whether immunizations are up to date. ▪ A History & Physical exam by a primary care physician is completed within 24 hours of admission. ▪ If the nurses or psychiatrist request a consultation with the primary care physician, this occurs within 24 hours. ▪ Rapid response to medical needs. **CONCERN:** ▪ The population served by Shodair is at significant risk for human papillomavirus (HPV). **SHODAIR RESPONSE** *The Hospital is evaluating new information regarding sub-types and effectiveness of the present vaccination. The Hospital will refer high risk patients for the vaccine.* **SUGGESTION:** ▪ With the recent availability of HPV vaccine, Shodair should seriously consider whether administration of this vaccine should be started in the hospital. It is a three dose vaccine over six months which makes it difficult to do in this setting and would require follow up in the community after discharge. It is expensive (around $350 per patient/patient/resident cost of vaccine), but is quite effective in preventing cervical cancer and venereal warts.

Nursing Services

Staffing

- One Director of Nursing
- One RN Manager for each unit
- Staff RNs and LPNs for each unit per census
- Mental Health Technicians for each unit per census
- One Ward Clerk for each unit
- One Staff Education Coordinator (RN)

Nursing Services	Comments / Analysis
Overall impressions about the quality of services provided by Nurses?	**STRENGTHS:** ▪ Staff interviewed by BOV described the Director of Nursing as stellar and the best they have ever seen. Kudos. ▪ Rich nursing staffing. ▪ Relational aspect of nurse interactions with youth appears to be sincere and effective. ▪ Nurse Manager on each unit promotes team ownership.
Do services provided by Nurses appear to be well-coordinated with other Shodair services?	**YES** **STRENGTHS:** ▪ Communication between nurses, unit staff, and other departments is strong. ▪ Partnership with psychiatrists is strong.
Does Nursing Services have a good working relationship with the other departments at Shodair?	**YES**
Do nurses appear to be knowledgeable about each patient/resident's illness and needs?	**YES** **STRENGTHS:** ▪ Unit Communication book and weekly milieu meetings promote staff knowledge of individual patient/resident treatment approaches.
Do the nurses appear to be aware and confident of their role as supervisors and mental health professionals and mentors?	**YES**
Did you observe Nurses out on the units interacting with Mental Health Technicians and with patients/residents?	**YES** **STRENGTHS:** ▪ In all BOV team observations, most of the nursing staff was out on the units either doing work at the stations or circulating. ▪ Relational emphasis is apparent; staff actively engaged in communicating respectfully with youth. ▪ Calm, safe, enriching environment. ▪ No overt evidence of power struggles.
Did the Mental Health Technicians appear to respect and look to the nurses as leaders and mentors?	**YES**

Psychology

Staffing

- One psychologist

Psychology	Comments / Analysis
Overall impressions about the quality of Psychology Services?	The psychologist is the champion of the. Problem Solving (CPS) model (see **Treatment and Support – General**, p. 38). She also does neuropsychological testing which is vital to such a facility. BOV was impressed with her knowledge and attitude. **STRENGTHS:** ▪ Plans to become a Collaborative Problem Solving[SM] 1 Center of Excellence ▪ It is vital to have a knowledgeable person to champion a new program (CPS) and also to have the authority to facilitate its implementation.
Does the Psychologist have a good working relationship with the other departments at Shodair?	**YES**
Do Psychology Services appear to be well-coordinated with other Shodair services?	**YES** **STRENGTHS:** ▪ Psychology services are well-coordinated with educational testing. **CONCERN:** ▪ It appears that one psychologist to cover the needs for the entire facility may be a little thin. **SUGGESTION:** ▪ Consider hiring another psychologist. **SHODAIR RESPONSE:** *The Hospital has a psychology intern who will be here for the next year working with the psychologist.*
Do Psychologists appear to be knowledgeable about each patient/patient/resident's illness and needs?	The psychologist has responsibilities for all treatment units at Shodair. Through frequent treatment team meetings, she stays current as much as possible with individual illnesses and treatment, and develops necessary awareness on cases that require her current attention. At the time of this review, there was one psychology intern.
Does the Psychologist appear to be aware and confident of her role as mental health professionals and mentors?	**YES** **STRENGTHS:** ▪ The psychologist has embraced the mentor role in the CPS program.
Did you observe the Psychologist out on the units interacting with Mental Health Technicians and with patients?	**YES**
Do Mental Health Technicians appear to respect and look to the psychologist as a leader and mentor?	**YES**

1 http://www.explosivechild.com/

Social Services

Staffing

- One Director of Social Services

Social Services	Comments / Analysis
What are your overall impressions about the quality of services provided by Therapists?	**STRENGTHS:** ▪ Mental Health technicians were very appreciative that the Social Services were located close to the patients and readily available for crisis and provided case management. **SUGGESTION:** ▪ Some psychiatric staff suggested that each team could use an additional therapist.
Do Therapists have a good working relationship with the other departments at Shodair?	**YES**
Do services provided by Therapists appear to be well-coordinated with other Shodair services?	**YES** **STRENGTHS:** ▪ Very team oriented— good systems perspective.
Do Therapists appear to be knowledgeable about patients'/residents' illnesses and needs?	**YES** **STRENGTHS:** ▪ Therapists were able to give good examples of CPS in action.
Do Therapists appear to be aware and confident of their role as mental health professionals and mentors?	**YES** **STRENGTHS:** ▪ Therapists are very enthusiastic—even when unit was short 1 therapist.
Did you observe Therapists out on the units interacting with Mental Health Technicians and with patients/residents?	**YES** **STRENGTHS:** ▪ Therapist offices are located close to common area for intervention/crisis.

Education

Staffing

- One Director of Education
- Seven Teachers (six certified special Education teachers, one working on certification)
- One Teacher Aide
- One Librarian

Education	Comments / Analysis
What are your overall impressions about the quality of Education Services?	**STRENGTHS:** ▪ The director of education appears to be very capable, very knowledgeable and very concerned about offering a quality education program to the patient/resident. ▪ The atmosphere in classes is relaxed - students seemed to be clear about what they need to do. **SUGGESTION:** ▪ There may be legitimate reasons for starting school classes later than they currently start . Family members are taught that people who are experiencing psychiatric symptoms or who are just coming out of a crises situation need a lot of rest. ▪ Several staff mentioned the kids are easier to get up and participate in social, gym, swimming, craft etc events. Maybe switching the schedule to have fun stuff in the morning and school in the afternoon would be an idea. **SHODAIR RESPONSE:** *The Hospital continually evaluates the education program to address the needs of our patients. These suggestions will be evaluated by the treatment team. Shodair is conducting an ongoing focus review of education programming as part of the Hospital's Performance Improvement Program.The Hospital does have activities in place for children prior to school.*
Do Education Services appear to be well-coordinated with other Shodair services and treatment units?	**YES** **STRENGTHS:** ▪ Education Director appears to do constant coordination with other services.
Do Education Services have a good working relationship with the other departments at Shodair?	**YES**
Do Teachers appear to be knowledgeable about each patient/patient/resident's illness and needs?	**YES**
Do the Teachers appear to be aware and confident of their role as mental health professionals and mentors?	**STRENGTHS:** ▪ Teachers appear to mentor very well and be flexible to the students needs. **CONCERN:** ▪ It does not appear that teachers feel confident with regard to knowledge of serious mental illnesses. **RECOMMENDATION:** **see Recommendation 3** **SHODAIR RESPONSE:**

	Shodair provides ongoing education for teaching staff. The Hospital is revising orientation and training curriculum to place more emphasis on mental illness and learning disabilities.
Are Education Services individualized to patients'/resident's needs?	**YES**
Do Teachers treat patients/residents with dignity and respect?	**YES**

Pharmacy

In addition to reviewing a number issues related to the management of medications (see **Medication**, p. 41), the BOV pharmacology consultant explored the clinical role of the Shodair Pharmacist.

Concerns:

The Shodair pharmacist is strictly a "prescription filler'', and does not function in a clinical role. BOV believes that in a facility such as Shodair, where the use and efficacy of psychotropic medications is so critical, it would be advisable to develop an active clinical role for the pharmacist.

The Shodair pharmacy does not utilize pharmacy technicians who could free up some time for the pharmacist to develop a clinical role.

The pharmacy staff does not appear to have any specific expertise in psychiatric pharmacy.

Suggestions:

Shodair should consider seeking a clinically oriented pharmacist with specialized training in psychiatry. Someone with a specialty psychiatric pharmacy residency and/or who is a Board Certified in Psychiatric Pharmacist would be ideal, but anyone with more clinical expertise would be useful.

Such a person would help to fulfill several niches which need shoring up:

- patient/resident and family education about medications and psychiatric illness
- staff, including nursing, education about medication and psychiatric illness
- drug information services to the psychiatric and medical staff
- consultation about pharmacotherapy issues in problem cases
- evaluating medication errors to identify and improve systems
- pharmacokinetic consultation to maximize the dosage regimen
- formulary recommendations
- assistance with the clinical applications of the cytochrome p450 project
- production of educational programs using print and audiovisual formats for use in family, patient/resident, and staff education
- monitoring of patient/resident response (another set of eyes and ears) for both efficacy and side effects
- precepting pharmacy students who do advanced pharmacy practice experiences at the hospital
- development of programs to address medical issues which present problems for the facility
- assist in meeting JCAHO standards, such as medication reconciliation, dangerous abbreviations, identifying indications for each medication, and range order

SHODAIR RESPONSE:

As census increases, Shodair will consider hiring a clinical pharmacist. The Hospital partners with the University of Montana pharmacy to offer clinical internships. These interns are based in the acute unit and provide research into pharmacologic issues for the treatment team. While expanded pharmacy staff is desirable, it must take place in the context of the fiscal realities of Medicaid reimbursement. In 1992, Shodair spent approximately $35,000 on prescription medications. That number has increased each year to a current budgeted expense of $350,400. However, the reimbursement formula has not been adjusted during those 15 years.

In June of 2007, Shodair will begin cytochrome p450 testing on all patients. This testing, which measures production of enzymes to metabolize drugs will enable the hospital to provide medications for patients that are specifically targeted to the individual's ability to metabolize them. The Hospital's goal is to improve outcomes and reduce adverse medication reactions. Since cytochrome p450 affects 17% of the general population and 25% of all prescription medications, the potential for improvement in patient care is very significant.

General Observations – CPS Implementation on Adolescent Units

- Staff interviewed on the adolescent units reported that CPS is difficult to implement with adolescents because the "Plan B" conversation is more challenging with them, and often even more challenging with American Indian residents who seem more reluctant to talk.
- Some staff and residents interviewed expressed concern for their safety, with examples of being injured on the unit. Some staff appear to believe that the CPS model engenders too much chaos by not better containing challenges to staff responsibilities, and by not consequating repeated unacceptable behaviors. Some residents expressed confusion about the CPS model.
- Some staff reported that they often feel they are forced to tolerate abuse (cussed at, tripped, etc), that the CPS protocol is difficult to apply to these situations, and that CPS protocol may not be indicated for some situations.

Adolescent Unit East

Adolescent Unit East	Comments / Analysis
What are your overall impressions about the quality of the milieu in the Adolescent Unit East?	**Positive** **STRENGTHS:** ▪ Both Adolescent Units appear to be solid ; communication seems to be good among the staff.
Do the staff in the Adolescent Unit East appear to be alert to patient/residents needs, aware of patient/residents treatment plans, and actively engaged in interacting in positive and helpful ways with patients/residents?	**YES** **STRENGTHS:** ▪ Staff participate in daily report between shifts to facilitate "hand-off" communication. ▪ Weekly milieu meetings focus on specific patient's needs and education for staff. ▪ Shodair is conducting a house-wide review of hands-off communication and patient safety. **CONCERN:** ▪ Some of the afternoon staff seem to be less informed, but there is a debriefing between shifts.
Is there an atmosphere in the Adolescent Unit East that indicates professionalism, active support, and expertise about mental illnesses and their treatment?	**YES** **STRENGTHS:** ▪ Staff are working very hard on learning and implementing the CSP model. **CONCERN:** ▪ see Concerns, **Staff Competence, Training, Supervision, Relationships with Patients/Residents**, p. 32
Are staff and supervisors in the Adolescent Unit East out of the nursing station and on the unit most of the time?	**YES**
Does it appear that patients/residents and staff in the Adolescent Unit East have mutually respectful relationships?	**see General Observations – CPS Implementation on Adolescent Units** (above) See **Treatment and Support**, p. 38
If you were a patient/resident in the Adolescent Unit	**see General Observations – CPS Implementation on Adolescent**

East, do you think you would feel confident that you were in a place where you would receive good medical / mental health care?	**Units** (above) See **Treatment and Support**, p. 38

Adolescent Unit West

Adolescent Unit West	Comments / Analysis
What are your overall impressions about the quality of the milieu in the Adolescent Unit West?	**Good** **STRENGTHS:** ▪ Both Adolescent Units appear to be solid ; communication seems to be good among the staff.
Do the staff in the Adolescent Unit West appear to be alert to patients'/residents' needs, aware of patients'/residents' treatment plans, and actively engaged in interacting in positive and helpful ways with patients/residents?	**STRENGTHS:** ▪ Communication among staff appears good; they keep each other informed about what is going on with each patient/resident. ▪ Staff are open to guidance for how to implement CPS. **SUGGESTION:** ▪ Provide more support and *in situ* guidance to Mental Health Technicians when engaging adolescents in CPS protocol ("what's up? can we talk about this?" / plan B technique).
Is there an atmosphere in the Adolescent Unit West that indicates professionalism, active support, and expertise about mental illnesses and their treatment?	**YES** **STRENGTHS:** . ▪ Staff are working very hard on the CSP. **CONCERN:** ▪ see Concerns, **Staff Competence, Training, Supervision, Relationships with Patients/Residents**, p. 32
Are staff and supervisors in the Adolescent Unit West out of the nursing station and on the unit most of the time?	**YES**
Does it appear that patients/residents and staff in the Adolescent Unit West have mutually respectful relationships?	**see General Observations – CPS Implementation on Adolescent Units** (p. 11) See **Treatment and Support**, p. 38
If you were a patient/patient/resident in the Adolescent Unit West, do you think you would feel confident that you were in a place where you would receive good medical / mental health care?	**see General Observations – CPS Implementation on Adolescent Units** (p. 11) See **Treatment and Support**, p. 38

Children's Unit

Children's Unit	Comments / Analysis
What are your overall impressions about the quality of the milieu in the Children's Unit?	**Good** **STRENGTHS:** ▪ Very attractive, safe atmosphere. ▪ Well-coordinated staff activities.
Do the staff in the Children's Unit appear to be alert to patients'/residents' needs, aware of patients'/residents' treatment plans, and actively engaged in interacting in positive and helpful ways with patients/residents?	**YES** **STRENGTHS:** ▪ Director of Psychology has focused initial efforts to implement the CPS model on the Children's unit. BOV team observed excellent examples of creative interventions using CPS to improve insight with children that increased positive interactions with other people.
Is there an atmosphere in the Children's Unit that indicates professionalism, active support, and expertise about mental illnesses and their treatment?	**YES** **STRENGTHS:** . ▪ Staff are working very hard to learn and implement the CSP model. **CONCERN:** ▪ see Concerns, **Staff Competence, Training, Supervision, Relationships with Patients/Residents**, p. 32
Are staff and supervisors in the Children's Unit out of the nursing station and on the unit most of the time?	**YES**
Does it appear that patient/resident and staff in the Children's Unit have mutually respectful relationships?	**YES**
If you were a patient/patient/resident in the Children's Unit, do you think you would feel confident that you were in a place where you would receive good medical / mental health care?	**YES**

Acute Unit

Acute Unit	Comments / Analysis
What are your overall impressions about the quality of the milieu in the Acute Unit?	**Good** **STRENGTHS:** ▪ Calm, safe environment. ▪ Staff actively engaged with patients. ▪ Good coverage by cameras. ▪ Innovative space design enhancing line-of-sight into all areas. ▪ Private rooms.
Do the staff in the Acute Unit appear to be alert to patients'/residents' needs, aware of patients'/residents' treatment plans, and actively engaged in interacting in positive and helpful ways with patients/residents?	**YES**
Is there an atmosphere in the Acute Unit that indicates professionalism, active support, and expertise about mental illnesses and their treatment?	**YES**
Are staff and supervisors in the Acute Unit out of the nursing station and on the unit most of the time?	**YES** **STRENGTHS:** ▪ Nurse managers office is in central area of unit that allows supervisor to be aware of milieu.
Does it appear that patients/residents and staff in the Acute Unit have mutually respectful relationships?	**YES** **STRENGTHS**: ▪ Kids were observed interacting positively with staff.
If you were a patient/resident in the Acute Unit, do you think you would feel confident that you were in a place where you would receive good medical / mental health care?	**YES**

MENTAL DISABILITIES BOARD of VISITORS STANDARDS

Organizational Structure, Planning, Service Evaluation

Criteria	Comments
Organizational Structure	
Are the lines of authority and accountability in both the Shodair organizational chart and in practice:	
➢ simple and clear for all staff?	**YES** **STRENGTHS:** ▪ Leadership structure seems to be well delineated. Staff have good understanding of chain of command and support.
➢ lead to a single point of accountability for Shodair across all sites, programs, professional disciplines and age groups?	**YES** **STRENGTHS:** ▪ Accountability within each department's chain of command is clear. ▪ CEO is actively involved as the final "point of accountability".
Does Shodair have a structure that identifies it as a discrete entity within the larger system of mental health services?	**YES** **STRENGTHS:** ▪ BOV commends Shodair for its goal to become a Center of Excellence for the Collaborative Problem Solving program. (see **Psychology**, p. 7) ▪ BOV commends Shodair for the cytochrome p450 research project.
Does structure of Shodair:	
➢ promote continuity of care for patients/residents across all services? ➢ reflect / support a multidisciplinary approach to planning, implementing, and evaluating care?	**YES**

Planning	
Does Shodair produce and regularly review a strategic plan that is made available to the defined community?	**YES** **STRENGTHS:** ▪ Shodair appears to do a very good job of strategic planning. The administration, trustees, and staff participate in development of the strategic plan. ▪ Shodair's strategic plan was developed based on data and input collected at a strategic planning retreat in October of 2004. Prior to the retreat, the Hospital collected data on patient admissions, denials and availability of services elsewhere in Montana. Review of this information at the planning retreat resulted in the decision to expand acute care services.
Is the Shodair strategic plan developed and reviewed through a process of gathering information from: ➢ patients/residents? ➢ staff? ➢ family members/carers? ➢ other appropriate service providers and the defined community?	patients/residents **YES** staff **YES** family members/carers **YES** other appropriate service providers and the defined community **YES** **STRENGTHS:** ▪ Shodair conducts written surveys with referral sources to assess patient/family need and satisfaction with treatment. The information from this survey is incorporated into strategic planning. ▪ Shodair regularly hosts briefings with external agencies, including Department of Public Health and Human Services, FirstHhealth, Office of Public Instruction, and local law enforcement. ▪ Shodair is developing a discharge survey for patients and families. ▪ Every level of the organization is included in strategic planning during a planning retreat held every three years.
Does the Shodair strategic plan include:	
➢ patients/residents needs analysis?	**YES**
➢ community needs analysis?	**YES** **STRENGTHS:** ▪ Shodair's Board participated in a Strategic Planning retreat in October, 2004. The Hospital is preparing for another planning retreat and will formalize the process of identifying need throughout the State of Montana.
➢ Strategy for increasing the use of evidence-based practices?	**NO** **Shodair Response:**

	Shodair is committed to increasing the use of evidence based practices in the treatment of patients. However, psychiatric evidence based practice for children and adolescents is limited. Research to date supports collaborative problem solving becoming evidence based practice and Shodair will consider incorporating a written statement of this commitment into the next strategic plan.
➢ strategy for the measurement of health and functional outcomes for individual patients/residents?	**YES** **STRENGTHS:** ▪ Shodair measures patient outcomes using the "Basis 32 assessment", which is administered on admission and discharge.This data is reported toJCAHO as a performance improvement indicator, which enables the hospital to benchmark it's outcomes to a national data base. Quarterly Performance Improvement reports on this outcome data are reviewed by the Performance Improvement Council and the Board of Directors.
➢ strategy for maximizing patient/resident and family member/ carer participation in the mental health service?	**NO** **Shodair Response** *Shodair places a strong emphasis on patient and family involvement in treatment as a critical component of a high quality continuum of care. The Hospital will consider specifically articulating patient, family and care giver participation in the new strategic plan which will be developed late in 2007. Shodair continues to evaluate how best to involve patients and families in care. Acute families participate in family therapy twice weekly. Residential patients receive family therapy weekly. Additionally, all families are provided with information on expectations and responsibilities at the time of admission.*
➢ trategy for improving the skills of staff	**YES** **STRENGTHS:** ▪ Goal 5 of the strategic Plan specifically targets workforce development. The goal includes the following operational objectives; 1. Ensure that employee benefits and compensation are competitive with the market 2. Develop staff skills in the use of information technology 3. Exlore entry level positions and develops training strategies. ▪ Shodair provides education on collaborative problem solving for all staff. ▪ Shodair is conducting a focused performance review project on recruitment and retention. Part of this review will include evaluation of orientation and training programs.
Does Shodair have operational plans based on the strategic plan which establishes time frames and responsibilities implementation of objectives?	**YES** **STRENGTHS:** ▪ Shodair maintains a written plan for services which is updated annually. This plan contains operational goals for each department that support the strategic plan. The plan is currently being updated for 2007.

Rights, Responsibility, Safety, and Privacy

Criteria	Comments
Rights and Responsibility	
Does Shodair define the rights and responsibilities of patients/residents and family members/carers?	**STRENGTHS:** ▪ Parent books are provided with patients rights and responsibilities defined. **CONCERN:** ▪ Rights books do not describe the rights and responsibilities of family members/carers. **Shodair Response:** *Shodair has posted information on family rights and responsibilities and has provided this information verbally to families. Shodair will formalize written material provided to families and care givers on rights and responsibilities.*
Does Shodair actively promote patient/resident /family member/carer access to independent advocacy services?	**YES** **STRENGTHS:** ▪ Parent books list the independent advocacy services.
Does Shodair have an easily accessed, responsive, and fair complaint/ grievance procedure for patients/residents and their family members/carers to follow?	**YES**
Does Shodair display in prominent areas of Shodair's facilities:	
➢ a written description of patients/residents' 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 complaint/ grievance procedure?	**NO** **Shodair Response:** *Shodair will post the complaint/grievance poster.*
Does Shodair provide to patients and their family members/carers at the time of entering services in a way that is understandable to them:	
➢ A written and verbal explanation of their	**YES**

rights and responsibilities?	
➢ Information about outside advocacy services available?	**YES**
➢ information about the complaint/ grievance procedure	**YES**
➢ information about assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances?	**YES**
Does Shodair display in prominent areas of its facility:	**YES**
➢ 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 complaint/ grievance procedure?	**YES**
Are staff trained in and familiar with:	
➢ rights and responsibilities?	**YES**
➢ advocacy services available?	**YES**
➢ complaint/ grievance procedure?	**CONCERN:** ▪ Several staff interviewed were not familiar with the complaint/grievance procedure. **Shodair Response:** *Complaint/grievance procedures will be reviewed at the next mandatory staff in-service.*
Safety	
Does Shodair protect patients/residents from abuse, neglect, and exploitation by its staff and agents?	**YES** **STRENGTHS:** ▪ Shodair's extensive and sophisticated camera system enhances safely and accountability. ▪ Incident reports are responded to appropriately.
Has Shodair fully implemented the abuse / neglect reporting requirements of 53-21-107, MCA?	**YES** **STRENGTHS:** ▪ Staff have a good understanding of their obligations and responsibilities in reporting. ▪ Shodair's staff investigator does an excellent job conducting abuse/neglect investigations and following up with BOV.
Are Shodair staff trained to understand and to appropriately and safely respond to aggressive and other difficult behaviors?	**YES**

	STRENGTHS: ▪ Restraints and emergency medications are the last resort options. ▪ All staff are trained in the Crisis Prevention Institute2 method. ▪ Implementation of the CPS model has caused a measurable reduction in the use of "hands on" interventions. **SUGGESTION:** ▪ Consider conducting restraint debriefing immediately post incident with involved team, as well as weekly. Waiting for weekly meeting may allow too much time to elapse in order for learning to be effective. **Shodair Response:** *Debriefings are conducted as soon as logistically possible after seclusion and restraint. The Hospital goal is to conduct all debriefings within 24 hours. Seclusion and restraint episodes are also discussed with all staff at weekly milieu meetings in order to identify trends and discuss improvements to systems of care.*
Do Shodair staff members working alone have the opportunity to access other staff members at all times in their work settings?	**YES**
Does Shodair utilize an emergency alarm or other communication system for staff and patients/residents to notify other staff, law enforcement, or other helpers when immediate assistance is needed?	**YES** **CONCERN:** ▪ No emergency alarm in Social Service offices. ▪ Several staff weren't sure about the emergency call system. ▪ List emergency protocol on the back of identification cards. **SUGGESTION:** ▪ Consider listing emergency protocol on the back of plastic staff identification badges. **SHODAIR RESPONSE:** Risk Safety Committee will review the recommendations regarding alarms/emergency protocols on name badges and make recommendations to Administration.
Does Shodair utilize an emergency alarm system for staff and patients/residents to notify other staff, law enforcement, or other helpers when immediate assistance is needed?	**YES** **SUGGESTION:** ▪ Consider developing in-house "crisis response" teams – with built-in staffing plans - to intervene in crises rather that pulling staff as needed from one unit to respond to another unit.
Do patients/residents have the opportunity to access staff of their own gender?	**YES**
Does Shodair have a procedure for debriefing events involving **restraint**, **seclusion**, or **emergency medications**; **aggression** by patients/residents against other patients/residents or staff; and patient/resident **self-harm**; and for supporting staff and patients/residents during and after such events?	**YES** **STRENGTHS:** ▪ Restraint are debriefed at weekly milieu meetings. ▪ A variety of debriefing mechanisms are used for any incident which puts a patient or staff member at risk. Debriefings take place as soon as possible after the incident. These include unit debriefings, team meetings and milieu meetings. Additionally, all patient incidents are reviewed by the Hospital's Director of Nursing Services and risk Manager. A root cause

2 http://www.crisisprevention.com/

	analysis is conducted for serious incidents and clusters of similar incidents.
Does Shodair conduct appropriate driving record checks on all prospective staff whose duties involve transporting patients in either personal or agency vehicles?	**YES**
Consent and Privacy	
Does Shodair provide to patients/residents and their family members/carers if applicable verbal and written information about consent to treatment and informed consent generally?	**YES**
Do Shodair staff maintain patients'/residents' wishes regarding confidentiality while encouraging inclusion of support system members?	**YES**
Does Shodair provide patients/residents with the opportunity to communicate with others in private unless contraindicated for safety or clinical reasons?	**YES** **STRENGTHS:** ▪ Rooms are spacious even with double occupancy. ▪ Acute unit has private rooms.
Do confidential processes exist by which patients and family members/carers can regularly give feedback to the mental health service about their perception of services and the care environment?	**YES**

Informational Documents

Does Shodair have and proactively provide to patients and/or family members/carers at the time of entering services in a way that is understandable to them written information about the following :	HAVE	PROVIDE

➢ patient rights and responsibilities?	yes	yes
➢ complaint / grievance procedure?	yes	yes
➢ outside advocacy services available?	yes	yes
➢ assistance available from the Mental Disabilities Board of Visitors in filing and resolving grievances?	yes	yes
➢ program services?	yes	yes
➢ mission statement?	yes	yes
➢ all mental health/substance abuse treatment service options available in the planned discharge community?	yes	yes
➢ psychiatric / substance use disorders and their treatment?	yes	yes (as indicated)
➢ medications used to treat psychiatric disorders?	yes	yes
➢ opportunities for patient/ family member/ carer participation in evaluation of SHODAIR services?	yes	yes
➢ key staff names, job titles, and credentials?	yes	yes
➢ organization chart ?	yes	yes (as requested)
➢ staff code of conduct ?	yes	posted in facility

Resident / Patient / Family Member Participation

Criteria	Comments
Does Shodair recognize the importance of, encourage, and provide opportunities for	-YES-

patients/residents to direct and participate actively in their treatment and recovery?	**STRENGTHS:** ▪ The patient/resident is present at the treatment planning and review meetings. Level of participation is not documented. ▪ Treatment teams seek involvement from families. ▪ Psychiatrists express strongly the desire to return kids to families and the need to treat both for this to be effective. ▪ Staff report that patients/residents do have input into their treatment and recovery.
Does Shodair identify in the service record patients'/residents' family members/carers and describe the parameters for communication with them regarding patients'/residents' treatment and for their involvement in treatment and support?	**-YES-** **STRENGTHS:** ▪ Family members/carers are identified in the admitting documents. ▪ Family members/carers are included, usually by telephone, in treatment planning and review. ▪ Family sessions are routine.
Does Shodair:	
➢ promote, encourage, and provide opportunities for patient/resident and family member/carer participation in the ***operation*** of Shodair (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/resident peer support)?	**-NO-**
➢ promote, encourage, and provide opportunities for patient/resident and family member/carer participation in the ***evaluation*** of Shodair (ex: evaluation of 'customer service', effectiveness of communication with patient/residents and family members/carers, achievement of outcomes)?	**-YES-** **STRENGTHS:** ▪ Shodair uses both a Basis 32 assessment and patient satisfaction toll to gain input from patients on discharge. **CONCERN:** ▪ It appears that Shodair does not follow-up after discharge with the families or children. **SUGGESTION:** ▪ Considering conducting satisfaction/life quality surveys immediately post-discharge, and again six months to a year after discharge. **SHODAIR RESPONSE:** *The Hospital will develop a survey tool to be given to parents/care givers at the time of patient discharge. The Hospital will consider a post discharge survey however; HIPPAA privacy rules make it difficult to maintain contact with many patients.*

Promotion of Community Understanding of Mental Illness

Criteria	Comments
Does Shodair work collaboratively with community partners to initiate and participate in a range of activities designed to promote acceptance of people with emotional disturbances and mental illnesses by reducing stigma in the community?	**-YES-** **STRENGTHS:** ▪ Shodair participates in the Local Advisory Council. ▪ Shodair has a strong presence at Health Fairs and public forums, both in Helena and statewide. ▪ Shodair's Director of Social work provides education programs around Montana regarding suicide prevention. ▪ Members of the Management Team and Administration provide programs to clubs and civic organizations regarding Shodair services and mental health issues.

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

Criteria	Comments
Promotion of Mental Health	
Does Shodair work collaboratively with state, county, and local health promotion units and other organizations to conduct and manage activities that promote mental health?	**-YES-** **STRENGTHS:** ▪ Shodair initiates frequent contact with stakeholder groups regarding a variety of mental health issues. Meetings held during the last year include Office of Public Instruction, First Health, Helena area law enforcement, County Attorneys, Probation Officers and Public Defenders.
Does Shodair provide to patients/residents and their family members/carers information about mental health support groups and mental health-related community forums and educational opportunities?	**-YES-** **STRENGTHS:** ▪ Information on the Montana Advocacy Program (MAP) and Parents Let's Unite for Kids (PLUK) is provided to patients and families on discharge. All patients are referred to a local NAMI contact at the time of discharge.
Promotion of Physical Health	
For all new or returning patients/residents, does Shodair perform a thorough physical / medical examination or ensures that a thorough physical / medical examination has been performed within one year of the patient/resident entering / re-entering the service?	**-YES-** **STRENGTHS:** ▪ All patients receive a comprehensive physical assessment within 24 n hours of admission.
Does Shodair link all patients/residents to primary health services and ensures that patients/residents have access to needed health care?	**-YES-**
Does Shodair proactively rule out medical conditions that may be responsible for presenting psychiatric	**-YES-**

symptoms?	
For all new or returning patients/residents, does Shodair make arrangements for a thorough dental examination or ensure that a thorough dental examination has been performed within one year of the patient/resident entering / re-entering the service?	**-YES-** **STRENGTHS:** ▪ All patients are referred for a dental examiniation at the time of admission.
Does Shodair ensure that patients/residents have access to needed dental care?	**-YES-**

Cultural Competence

Criteria	Comments
Does Shodair ensure that its staff are knowledgeable about unique cultural, ethnic, and spiritual issues relevant to all people in the defined community, with a specific emphasis on American Indian people?	**STRENGTHS:** ▪ Shodair staff are sensitive to cultural competence issues. ▪ Shodair has developed a Power Point presentation to educate staff about cultural, ethnic, and spiritual issues relevant to American Indian people. **CONCERN:** ▪ Shodair has not defined the level of knowledge about cultural, ethnic, and spiritual issues relevant to American Indian people that it expects staff to have. ▪ There is no formal process for ensuring that staff have attained a defined level of cultural competency. ▪ Initial cultural competency training for new staff is limited to one hour, conducted soon after new staff are hired, and annually thereafter; this level of training is insufficient. ▪ None of the staff interviewed appeared familiar with the cultural competency Power Point presentation provided to BOV; staff did acknowledge having received training, but couldn't provide specific information. ▪ Staff interviewed on the adolescent unit said CPS is difficult to implement with American Indian adolescents because they won't talk. This may indicate a need for better education of Shodair staff about how to work with Indian children rather than an inherent limitation of CPS . **SUGGESTION:** ▪ Consider implementation of monthly training on American Indian tradition, values, and beliefs specific to each tribe in Montana. ▪ Develop a cultural competency resource book to be kept on each unit. ▪ In initial and subsequent cultural competency training, provide information to staff about the historical factors that affect the mental health of American Indians such as racism, forced migration, boarding schools, multi-generational unresolved grief, etc. ▪ Identify ways to empower the American Indian patients by providing examples of opportunities specific to American Indians: ➢ provide a list/schedule of pow-wows to American Indian patients/residents ➢ educate the eligible (enrolled) American Indian patients/residents about Indian preference for hiring by introducing them to the Indian Health Service scholarships loan repayment, and employment opportunities ☐ Bureau of Indian Affairs employment ☐ tribal jobs ☐ scholarships ☐ Upward Bound[3] ☐ Urban Indian activities available ➢ educate American Indian patients/residents about the enrollment process; ask the Helena Indian Alliance for assistance ➢ subscribe to the on-line **Native Youth Magazine**[4] (lists many opportunities and resources for American Indian youth)

[3] http://www.ed.gov/programs/trioupbound/index.html
[4] http://www.nativeyouthmagazine.com/

	RECOMMENDATION 1: **a) Develop comprehensive, ongoing cultural competency training that includes information relevant to all the Indian tribes in Montana (and others served by Shodair) and their individual cultures.[5]** **b) Consult with the Montana-Wyoming Tribal Leaders Council for assistance[6].**
In the planning, development, and implementation of its services, does Shodair consider the unique needs of, promote specific staff training for, and involve representatives of relevant cultural / ethnic~~d~~ religious~~d~~ racial groups, with a specific emphasis on American Indian people?	**YES**
Does Shodair investigate ~~under~~ utilization rates of mental health services by, the role of family and community in, and specialized treatment methods and communication necessary for people in all cultural / ethnic~~d~~ racial groups, with a specific emphasis on American Indian people?	**-NO-** **CONCERN:** Admission of American Indian children comprise 20%-30% (between 3 and 5 times the percentage of American Indian people in the general Montana population) of the total Shodair admissions. This statistic is comparable in other children's residential treatment programs in Montana. It illustrates the need statewide to develop deeper insight into the ~~actual~~ reasons for the disproportionate representation of Indian children in residential mental health treatment. **SUGGESTIONS:** ▪ Track number of admissions of Indian children that were involved in therapy and whose referrals to Shodair were planned and coordinated by the community therapist - versus how many admissions were crisis-oriented and initiated by a local emergency room or law enforcement. ▪ Establish a dialogue with referral sources for Indian children in order to better understand the level of pre-admission mental health services, general medical services, and post-discharge support available. ▪ Consider arranging for an expert on American Indian cultural competency as it relates to emotional disturbance and mental illness to consult with and present to Shodair staff specifically about the reasons for over-representation of Indian children in residential treatment. **SHODAIR RESPOPNSE:** *Shodair tracks both planned (residential) and emergent (acute) admissions. In FY 2007, 14% of residential admissions and13 per cent of acute admissions were Indian. The intake process assesses whether patients have received out-patient services prior to admission As part of a comprehensive program if indialn cultural competency, Shodair will evaluate mechanisms for ongoing dialogue with mental health providers on reservations. The Hospital is working with the Office of Public Instruction to develop ways to provide more post discharge support in schools.*

5 see U.S. Department of Health and Human Services. (2001). *Mental Health: Culture, Race, and Ethnicity—A Supplement to Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. http://download.ncadi.samhsa.gov/ken/pdf/SMA-01-3613/sma-01-3613A.pdf

6 www.mtwytlc.com/

Does Shodair deliver treatment and support in a manner that is sensitive to the unique cultural, ethnic, and racial issues and spiritual beliefs, values, and practices of all patients/residents and their family members/carers, with a specific emphasis on American Indian people?	**STRENGTHS:** ▪ Staff appear open to the idea of developing comprehensive cultural competency training and to implementing treatment that thoroughly incorporates cultural awareness. **SUGGESTIONS:** ▪ Recruit and hire one American Indian clinician. ▪ View the website **Traditional Indian Games**[7] for group activity. ▪ During family sessions utilize family recipe for fry bread into treatment goals for girls. ▪ Investigate traditional pow wow dancing with adolescents. ▪ Utilize medicine wheel into treatment goals. **SHODAIR RESPONSE:** As part of a program of cultural competency, Shodair will evaluate Indian Games, Pow Wow activities and other cultural opportunities.
Does the mental health service employ specialized treatment methods and communication necessary for people in minority cultural / ethnic/ racial groups, with a specific emphasis on American Indian people?	**YES** **STRENGTHS:** ▪ Director of Psychology provided a good example of specialized treatment by recognizing an adolescent unresolved grief work was related to her family not participating in a ceremony to honor the deceased after one year. ▪ Shodair arranges for a quarterly drum group from Butte to participate with youth. ▪ Shodair maintains an updated database of Native American contacts for each reservation, tribe, and a number of Native American service agencies throughout Montana. **CONCERNS:** ▪ The Native American drum group activity that was scheduled for the last quarter was canceled - there were no arrangements made for a replacement activity. ▪ There was ambiguity among staff about what constitutes cultural competence, what American Indian culture-specific activities were offered by Shodair, and about what personal and experiential credentials qualify someone as the American Indian resource person.
	SUGGESTIONS: ▪ Consider making a special effort to investigate new and current employees' previous work experience with American Indians in a mental health setting and knowledge of American Indian cultural issues relevant to mental health treatment in order to recruit people who are interested in developing an in-house cultural diversity team (more than one person to ensure continuity, support, and back-up). ▪ Consider utilizing the Helena Indian Alliance resources (The Alliance's Wakina Sky Library has approved American Indian books). ▪ Consider sponsoring a pow-wow activity at Shodair. ▪ Investigate what smudging means to them. ▪ Investigate how to utilize the four directions to motivate change. ▪ Consider incorporating specialized treatment goals for American Indian patients/residents into treatment plans to include patients/residents listing what they like/dislike about being American Indian, what their tribal affiliation is, etc . ▪ Identify and develop an ongoing consultative relationship with an American Indian cultural specialist who has knowledge of how cultural issues are relevant to mental health treatment; include this person in the database for Native American contacts.

[7] http://www.traditionalnativegames.org/

	RECOMMENDATION 2: **Identify and develop an ongoing consultative relationship with an American Indian cultural specialist who has knowledge of how cultural issues are relevant to mental health treatment; include this person in the database for Native American contacts. (Contact the Helena Indian Alliance and the Montana-Wyoming Tribal Leaders Council for assistance.)**
Does Shodair employ staff or develops links with other service providers / organizations with relevant experience and expertise in the provision of treatment and support to people from all cultural / ethnic / religious / racial groups represented in the defined community, with a specific emphasis on American Indian people?	**see previous comments – Shodair Response**
With regard to its own staff, does Shodair monitor and address issues associated with cultural / ethnic / religious / racial prejudice and misunderstanding, with a specific emphasis on prejudice toward and misunderstanding of American Indian people?	Shodair reports that Collaborative Problem Solving probes patients about being disrespected, regardless of the reason. **SUGGESTIONS:** ▪ Consider communicating proactively with Indian patients/residents in a way that will support them in letting Shodair staff know if anyone at Shodair (staff or residents) has treated them disrespectfully because of their race.

Integration and Continuity of Services

Criteria	Comments
Within the Organization	
Does Shodair ensure service integration and continuity of care across its services?	-YES-
Does Shodair convene regular meetings among staff of each of its programs and sites in order to promote integration and continuity?	-YES-
Within the Community	
Does Shodair actively participate in an integrated **human services system** serving the defined community, and nurture inter-community links and collaboration?	-YES-
Are Shodair staff knowledgeable about the range of other community agencies available to patients/residents and family members/carers?	-YES-
Does Shodair support its staff, patients/residents, and family members/carers in their involvement with other community agencies wherever necessary and appropriate?	-YES-
Within the Health System	
Is Shodair part of the general health care system and does it promote and support comprehensive health care for patients/residents (including access to specialist medical resources) and nurture inter-agency links and collaboration?	-YES-
Are Shodair staff knowledgeable about the range of other health resources available to patients/residents and provide information on and assistance in accessing other relevant services?	-YES-
Does Shodair ensure continuity of care for patients/residents referred outside the mental health service for a particular therapy?	-YES-
Does Shodair ensure continuity of care for patients/residents following their discharge?	-YES- **STRENGTHS:** ▪ Shodair appears to devote a good deal of time and effort on the discharge planning and coordination for the patients/residents. **SHODAIR COMMENT:** *Staff make post discharge appointments so that continuity of care continue. Shodair is working with the Office of Public Instruction to identify mechanisms for post discharge follow-up with schools.*

Staff Competence, Training, Supervision, Relationships with Patients/Residents

Criteria	Comments
Competence and Training	
Does Shodair define minimum knowledge and competency expectations for each staff position providing services to patients/residents?	**-YES-** **STRENGTHS:** ▪ Job descriptions are clear.
Does Shodair have a written training material for new staff focused on achieving minimum knowledge and competency levels?	**-YES-**
Does Shodair train new staff in job-specific knowledge and skills OR require new staff to demonstrate defined minimum knowledge and competency prior to working with patients/residents?	**-YES-** **STRENGTHS:** ▪ Shodair has one dedicated staff position (Registered Nurse) for staff education. ▪ Staff are paid to come in on days off for education. ▪ Solid basic standardized training for new employees. ▪ Extensive system of training and education for the implementation of the CPS model. ▪ Good basic understanding of emotional disturbances. ▪ Director of Psychology indicated there is a plan to offer specialized CPS training to night shift. **CONCERN:** ▪ Even though a significant percentage of the total Shodair census at the time of this review had a primary diagnosis of serious mental illness (42% - bipolar disorder, 49% - depression/other mood disorder, 9% - psychosis), Shodair staffe- especially MHTs - have very limited knowledge of serious mental illnesses. ▪ No "disease-specific" training. Staff training appears to focus on general understanding of *behaviors* that are exhibited by children with emotional disturbance and mental illness - and staff response to behaviors - but little or no understanding of the underlying disorders. ▪ It is often difficult for staff who are "on shift" to participate in ongoing training when staffing levels do not allow for leaving the unit (which is relatively often). Staff are not required to come in for training when they are "off shift"; even with pay for coming in for training (see comment above), this is a limiting factor. ▪ Even though there is a high level of enthusiasm among the professional staff and leadership about the change to the CPS model, it appears that buy-in among the direct-care staff is somewhat tenuous. ▪ As with most mental health service provider organizations, there is a high turnover among direct-care staff. ▪ There is no meaningful career path for Mental Health Technicians. ▪ Nursing staff expressed a need for more education about mental illnesses. ▪ Psychiatrists expressed the desire for direct-care staff training to be improved. ▪ Limited ongoing training to encourage new ideas and facilitate higher learning.
	SUGGESTION: ▪ Consider developing a comprehensive plan to create a meaningful career path for Mental Health Technicians. For example: ➢ Create several "levels" of MHT positions with progressively

	increasing knowledge, skill, and supervisory expectations and responsibilities - and pay. ➢ Establish Shodair-supported continuing education options for MHTs to encourage academic and professional development - with reciprocal staff commitment to employment at Shodair. ▪ Consider developing additional incentives for staff when they come in on their own time for education opportunities. ▪ Develop ongoing, comprehensive, in-house "disease-specific" education for staff. **Shodair Response:** *Staff training is focused on behavior, not disease. Staff are taught that diagnosis is less crucial in their interaction with patients than skills that are lacking. Information specific to disease and diagnosis is provided during daily rounds and at weekly team meetings.* *Staff development and training is an ongoing issue, especially with turnover. Shodair is taking the following steps to improve recruitment, retention and training of a strong workforce:* *1. Creation of a taskforce to make recommendations for recruitment and retention* *2. Revision of orientation and ongoing training to put more emphasis on a disease focus* *3. Emphasis on patient specific disease focus in milieu meetings (just in time training)* *Shodair does require attendance at some training programs.*
Does Shodair 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?	**-NO-** **CONCERN:** ▪ Interviewed staff report that they do not have access to these training opportunities. **SUGGESTION:** ▪ Consider developing a systematic plan for supporting staff at all levels in attending training provided by the NAMI-MT Mental Illness Conference, Mental Health Association trainings, Department of Public Health and Human Services trainings, and professional conferences. **RECOMMENDATION 3:** **Make arrangements with the Montana Chapter of the National Alliance on Mental Illness (NAMI) to conduct NAMI's Provider Education Course for Shodair staff.**
Does Shodair periodically assess staff and identify and addresses knowledge and competence deficiencies? Does Staff Education staff spend time out on the units interacting with Mental Health Technicians to informally assess staff education needs?	**-YES-** **STRENGTHS:** ▪ When staff competency concerns arise, Shodair does an excellent job of assessing and addressing them.
Supervision	
Does Shodair provide active formal and informal supervision to staff?	**-YES-**
Are Shodair supervisors trained and held accountable for appropriately monitoring and overseeing the way patients/residents are treated by line staff, and for ensuring that treatment and support is provided effectively to patients/residents by line staff according to their responsibilities as defined in treatment plans?	**-YES-**

Relationships with Patients/Residents	
Do Shodair staff members demonstrate respect for patients/residents by incorporating the following qualities into the relationship with patients/residents: positive demeanor, empathy, calmness, validation of the experiences, feelings, and desires of patients/residents?	-YES-

Assessment, Treatment Planning, Documentation, and Review

Criteria	Comments

General	
Does the Shodair use a multidisciplinary approach in its treatment planning and review process?	**-YES-** **STRENGTHS:** ▪ Treatment teams function well and include the psychiatrist, two therapists, Mental Health Technicians, Nurse Unit Manager, patients/residents, family members/carers, case manager, utilization review, and other outside professionals.
With patients/residents' consent, do Shodair assessments, treatment planning sessions, and treatment reviews proactively include the participation of and provision of information by family members/carers, other service providers, and others with relevant information?	**-YES-**
Assessment	
Are Shodair 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-** **STRENGTHS:** ▪ Intake assessments include tribal affiliation. **CONCERN:** ▪ Intake assessment does not address unique cultural, ethnic, spiritual language needs of American Indian children. **RECOMMENDATION 4:** **Incorporate American Indian-specific aspects of the attached assessment tool into Shodair's intake/assessment.**
When a diagnosis is made, does Shodair provide to patients/residents and, with the patient/resident consent, family members/carers with information on the diagnosis, options for treatment and prognosis?	**-YES-**
Do Shodair assessments:	
➢ include thorough medical evaluations that determine the nature of patients/residents' current medical and dental needs, and rule out or identify medical disorders – as contributing to or causing psychiatric symptoms?	**-YES-**
➢ include assessment of abuse/neglect?	**-YES-**
➢ identify factors that place the patient/resident / patient/patient/resident at high risk for suicide, violence, victimization, medical disorders such as HIV, gambling, or substance abuse?	**-YES-**
➢ include detailed family history, including family history of mental illness and/or substance abuse?	**-YES-**

Treatment Planning	
Does Shodair work with patients/residents, and with patients/residents' consent, family members/carers, and others to develop initial treatment plans?	**-YES-**
Does Shodair work with patients/residents, 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/residents and family members/carers to take?	**-YES-**
Are patients/residents, and with patients/residents' consent, family members/carers are given a copy of the treatment plan?	**-YES-**
Documentation	
Does Shodair 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/residents?	**-NO-** **CONCERN:** ▪ The medical record is all paper. Shodair employs four transcriptionists and have trouble keeping up. An electronic system would improve efficiency and allow much more complete data collection and evaluation. **SHODAIR RESPONSE:** *Shodair will begin implementation of an electronic medical record inSeptember,2007, using the Patient Care Systems module of Meditech.*
Is the computerized health record system is capable of coordinating information with other health care providers?	**-NO-**
Is treatment and support provided by Shodair recorded in an individual clinical record that is accessible throughout the components of the mental health service?	**-YES-**
Is Shodair documentation a comprehensive, sequential record of patients'/residents' conditions, of treatment and support provided, of patients'/residents' progress relative to specific treatment objectives, and of ongoing adjustments made in the provision of treatment and support that maximize patients'/residents' potential for progress?	**-YES-**
Does SHODAIR 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

➢ patient satisfaction with services?	yes
Review	
Do Shodair treatment progress reviews actively solicit and include the input of patients/residents, family members / carers, all Shodair practitioners involved in the patient's/resident's services, and outside service providers?	**-YES-**
Are Shodair treatment progress reviews conducted with the treatment team members and the patient/resident / patient/patient/resident present?	**-YES-**

Treatment and Support

General	
Is treatment and support provided by Shodair evidence-based ?	Shodair has been in the process of learning about and implementing the practice of Collaborative Problem Solving for about two years. CPS is a cognitive-behavioral approach for working with aggressive children and adolescents that emphasizes training staff to understand the role that cognitive skills, or lack thereof, contribute to aggressive behavior, and to teach and work with patients/residents to solve problems collaboratively with staff. One primary goal of CPS is to reduce the use of seclusion and restraint. According to the CPS model developers (with whom Shodair works directly), CPS strives to "*...comprehensively assess and... teach - specific cognitive skills that may be contributing to difficulties in... the global domains of flexibility, frustration tolerance, and problem solving.*" and by focusing "...on assessing and teaching skills primarily in the context of ongoing staff-resident interactions rather than in cognitive skills groups."[8] skills primarily in the context of ongoing staff-resident interactions rather than in cognitive skills groups."[9] **STRENGTHS:** ▪ The shift to CPS has brought a significant degree of focus to a consistent implementation of a comprehensive treatment approach across all units at Shodair. ▪ Shodair's professional staff, administrators, and unit leaders are very enthusiastic about and committed to implementation of CPS. ▪ Shodair's data indicate that significant reductions have occurred in the use of seclusion and restraint since implementation of CPS. **CONCERNS:** ▪ While there is clear buy-in by a number of direct care staff into the CPS approach, there are others who question whether it is the best model to use in all situations. ▪ As with any model selected by any mental health program, there is a tendency to see CPS as "one size fits all". CPS demonstrably works well with patients/residents "explosive children", but... ➢ It is unclear to BOV whether CPS is the optimum treatment approach for patients/residents with depression, bipolar disorder, and psychotic disorders (in the current Shodair population, 42% are diagnosed with bipolar disorder, 49% with depression/other mood disorder, 9% with psychosis). Are the compromised abilities of patients/residents with these disorders taken into account with the CPS approach? ➢ It appears that CPS may have limitations in working with patients/residents who repeatedly engage in behavior that is abusive to staff (cursing, tripping, etc.) and when 'Plan B' is attempted, refuse to or are unable to engage in the CPS process. ▪ CPS requires such a staff/carer-specific skill set that it may be difficult for the problem-solving that patients/residents learn at Shodair to generalize after discharge in home, school, or other treatment settings where other approaches are employed. **SUGGESTIONS** ▪ Consider whether it may be necessary to use other therapeutic interventions – including established evidence-based interventions - with patients/residents whose disorders may compromise either their ability to benefit from or the efficacy of the CPS approach (see **Staff Competence, Training, Supervision, and Relationship with Patients/Residents** p. 32). ▪ Consider developing education and training for parents, schools,

[8] Ross W. Greene, J. Stuart Ablon, and Andrés Martin. *Innovations: Child & Adolescent Psychiatry: Use of Collaborative Problem Solving to Reduce Seclusion and Restraint in Child and Adolescent Inpatient Units*. Psychiatric Services, May 2006; 57: 610 - 612.

[9] Ross W. Greene, J. Stuart Ablon, and Andrés Martin. *Innovations: Child & Adolescent Psychiatry: Use of Collaborative Problem Solving to Reduce Seclusion and Restraint in Child and Adolescent Inpatient Units*. Psychiatric Services, May 2006; 57: 610 - 612.

	and other treatment providers so that patients/residents discharged from Shodair will have the opportunity to generalize their newly-acquired CPS skills to their usual living environments.

Education:	
Does Shodair identify education needs and desires of patients in the treatment plan?	**YES**
Family and Relationships	
Does Shodair identify needs and desires of patients/residents relative to family relationships in the service plan?	**-YES-** **STRENGTHS:** ▪ No medication is used without parental approval. ▪ Families and patients/residents participate in treatment planning. ▪ Initial workups and follow-ups document these issues.
Does Shodair's treatment and support provide patients/residents with the opportunity to strengthen their valued relationships?	**-YES-** **STRENGTHS:** ▪ Shodair's goal is to help the family learn about the child and how to interact with him/her. ▪ Discharge planning starts on admission and includes family, case managers, and others involved in the child's care. ▪ Shodair pays to bring families in to stay and a motel for a few days to work with the children and the staff before discharge.
Does Shodair ensure that patients/residents and their families have access to a range of family-centered approaches to treatment and support?	**-YES-**
Does Shodair provide education for family members/carers which maximizes the effectiveness of their participation treatment ?	**STRENGTHS:** ▪ There is no formal approach, but this occurs as part of the treatment and review process and family therapy. Nurses discuss medication with families when they call to get permission to use the medication and at discharge when they pick up the child. ▪ Families are encouraged to participate in monthly treatment team reviews, although distance can be a significant impediment to participation in family therapy. ▪ Shodair offers family therapy via telephone and telemedicine. ▪ The Children's unit sends out a family newsletter. ▪ Shodair provides hotel rooms for visiting family. **SHODAIR RESPONSE:** *Shodair will evaluate other methods for families to participate, including telemedicine and use of the internet.*
Social and Leisure	
Does Shodair identify social and leisure needs and desires of patients/residents in the service plan?	**-YES-** **STRENGTHS:** ▪ The social and leisure activities seem to be very positive for the patients/residents.
Does Shodair facilitate patients/residents' access to	**-YES-**

and participation in community-based leisure and recreation activities?	

Medication	
Is the medication prescription protocol evidence-based and reflect internationally accepted medical standards?	Few medications are approved by the FDA for use in children. Much of the use of medication, in psychiatry as well as other childhood specialties, is off label. Medication use as reflected by chart review was consistent with usual and customary practice for psychopharmacotherapeutic treatment of children and adolescents. **STRENGTHS:** ▪ Medication use is conservative. Other treatments are used rather than trying to medicate everything. **CONCERN:** ▪ Psychiatrists expressed the desire to have the pharmacist more involved with patients/residents and be more available for drug information. **SUGGESTION:** ▪ Pharmacists should take the opportunity to be more involved with pharmacotherapy decisions, they should build their expertise in psychopharmacotherapeutics in order to be able to provide useful drug information consult on difficult cases. **SHODAIR RESPONSE:** *The pharmacists will begin participating in treatment team meetings on a regular basis. The Hospital will identify opportunities for pharmacy staff to expand their knowledge of psychiatric drug therapies. The hospital is evaluating the feasibility of employing a clinical pharmacist.*
Is medication prescribed, stored, transported, administered, and reviewed by authorized persons in a manner consistent with legislation, regulations and professional guidelines?	**YES** **STRENGTHS:** ▪ The pharmacy is in charge of most of this and appears to be well within standards. Psychiatrists or physicians order all medications used. Administration was not observed, but is done by licensed nurses.
Are patients/residents 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?	Nurses educate families about medications when they call to obtain permission. The extent of this education was not ascertained. Written information is also provided, usually at discharge. **CONCERN:** ▪ Nurses said they felt a need for more education on psychiatric issues. This is necessarily part of medication education. **SHODAIR RESPONSE:** *Pharmacy interns, based at the University of Montana are developing new patient education materials. Additionally, nurses use Epocrates to provide medication education to patients and families.*
Are medications administered in a manner that protects the patients'/residents' dignity and privacy?	**NO** **CONCERN:** ▪ Each unit has a medication room. Patients/residents come to the doorway and wait in line to receive their medications.

	SUGGESTION: ▪ Individualized medication administration in a private setting would provide a rich environment for education and monitoring on a daily basis. **Shodair Response:** *A private setting for individual medication administration is not always possible due to space constraints. However, medications are frequently administered in the privacy of the patient's room.*
Is "medication when required" (PRN) only used as a part of a documented continuum of strategies for safely alleviating the patient/resident's distress and/or risk?	As far as the BOV consultant was able to determine, no formal protocol or plan is used. All persons interviewed stated that other interventions (e.g. de-escalation and redirection) are used before medication. **SUGGESTION:** ▪ A planned, written procedure is likely to be more effective for those with a reasonable expectation of outbursts. This could be individualized better than the interventions on the spur of the moment which would be dependent on the staff present. **Shodair Response:** *Collaborative Problem solving includes de-escalation techniques, whish are discussed during treatment planning. This includes discussion of both triggers and potential interventions. PRN medications are used only as a last resort.*
Does Shodair ensure access for patient/resident to the safest, most effective, and most appropriate medication and/or other technology?	The facility has a formulary. This was put together by the pharmacist and one of the psychiatrists. The psychiatrists feel that they can get medications they needed. BOV consultant reviewed with the Director of Pharmacy the most commonly used medications in each class. This list seems to cover most needs that needed in this setting.
Does the mental health service consider and document the views of patients/residents and, with patients/residents' informed consent, their family members/carers and other relevant service providers prior to administration of new medication?	As minors, informed consent is not needed to discuss medical issues with the parents or guardians. Parental approval is obtained for all medications used.
Where appropriate, does the mental health service actively promote adherence to medication through negotiation and the provision of understandable information to patients/residents and, with patients'/residents' informed consent, their family members/carers?	**YES** **STRENGTHS:** ▪ No medication is used against the wishes of the patients/residents, except in emergent situations.
Wherever possible, does the mental health service not withdraw support or deny access to other treatment and support programs on the basis of patient/resident' decisions not to take medication?	**YES** **STRENGTHS:** ▪ In one case where the psychiatrist recommended medication but the patient/resident opposed it, education was provided and treatment continued without the medication.
For new patients/residents, is there 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	**YES** **STRENGTHS:** ▪ Psychiatric evaluations are completed within 24 hours.

medication treatment?	
For current patients/residents, does Shodair provide regularly scheduled appointments with a psychiatrist or mid-level practitioner to assess the effectiveness of prescribed medications, to adjust prescriptions, and to address patients'/residents' questions and concerns in a manner that neither compromises neither clinical protocol nor patient/resident – clinician relationship?	**YES** **STRENGTHS:** ▪ Each of the psychiatrists has her/his own way of accomplishing this. Some walk through the unit observing and talking with patients/residents. Others conduct more formal appointments. In all charts reviewed the psychiatric progress notes were frequent and addressed efficacy and tolerability. The psychiatrists discuss the benefits and risks of medication with the patient/resident. The completeness and level of this conversation varies depending on age and maturity of the child. Progress to treatment, including medication, is discussed by the team daily. ▪ Shodair is recruiting for two additional psychiatrists. According to the Medical Director, one of these positions is to help out with the acute unit and with patients/residents in general and the other to provide consultation to physicians around the state who need help managing kids. There is a significant need for this service. **CONCERN:** ▪ It appears that the psychiatrists are keeping up and doing a good job. However, 20 acute patients is a large load. The clients on the residential units are quite sick as well making this load of 22 seem a bit excessive. Each psychiatrist is on call one day a week and every fourth weekend, or six days in each four week period. **Shodair Response:** A fifth psychiatrist has been recruited in will join the staff in late August, 2007. The Hospital is recruiting a sixth psychiatrist
When legitimate concerns or problems arise with prescriptions, does patient/resident have immediate access to a psychiatrist or mid-level practitioner?	**YES** **STRENGTHS:** ▪ Nurses field the question and consults the psychiatrist. The whole treatment team brings up any issue in the daily team meetings.
Are medication allergies and adverse medication reactions well documented, monitored, and promptly treated?	**YES** **STRENGTHS:** ▪ Allergies are documented on admission and on the medication administration record. None of the charts reviewed documented any significant adverse reaction, but the process is in place to identify and treat if needed.
Are medication errors documented?	**YES** **STRENGTHS:** ▪ Medication deviations reports are completed and reviewed. They go up the chain including nursing, director of nursing, psychiatrist and pharmacist.
Is there a quality improvement process in place for assessing ways to decrease medication errors?	**YES** **STRENGTHS:** ▪ Medication errors are reviewed quarterly by the Hospital's Performance Council. The errors are stratified by unit, shift,

	point of error and type of error. Performance improvement teams have worked over the past two years to reduce pharmacy errors, and have implemented a number of changes. Medication errors have decreased over the past year.
Are appropriate patient/resident screened for tardive dyskinesia?	**YES** **Although worthwhile, this population is unlikely to have TD so it is not a necessity. Leaving this to the discretion of the psychiatrist is reasonable.** **A more important monitoring issue is the metabolic consequences of the antipsychotic agents.** **STRENGTHS:** ▪ In the acute unit the psychiatrist has AIMS scales done on all patient/resident taking antipsychotic medication. This is not the case on other units. ▪ A lipid panel, fasting blood sugar, and weight are done on each child on admission. This is important baseline information to monitor these medications.
Is the rationale for prescribing and changing prescriptions for medications documented in the clinical record?	**YES**
Is medication education provided to patient/resident including "adherence" education?	**YES** **STRENGTHS:** ▪ The psychiatrists discuss medications with the patient/resident when they prescribe. Nurses review medication with the patient/resident as well. (see **Pharmacy**, p. 11)
Is there a clear procedure for the use of medication samples?	Samples are not used.
Is there a clear procedure for using and documenting emergency medication use, including documentation of rationale, efficacy, and side effects?	Much of the discussion on prn medications applies here. The psychiatrists state this is rarely needed and they try to avoid it. It is only done by the psychiatrists and only for safety of patient/patient/resident and staff. No written procedure was identified.
Is there a clear procedure for using and documenting 'involuntary' medication use, including documentation of rationale, efficacy, and side effects?	Involuntary medications are not used.
Co-Occurring Psychiatric and Substance Use Disorders	
In assessing each individual, does Shodair assume that a co-occurring mental illness and substance use disorder exists, and orients assessments and uses tools and methodologies that proactively confirm either the presence or absence of a co-occurring	Shodair recognizes that a large percentage (at least 50%) of its adolescent clientele (and to a lesser extent, children) have a co-occurring substance use disorder. Currently Shodair is starting to focus on addressing the need both to more assertively identify the existence of co-occurring substance use disorders, and to develop

psychiatric and substance use disorder?	an integrated, in-house approach to providing concurrent treatment for these as well as emotional disturbance and mental illness. The Children's Mental Health Bureau is in the process of developing a system-wide plan to address co-occurring psychiatric and substance use disorders.

Access / Entry

Criteria	Comments
Access	
Does Shodair ensure equality in the access to and delivery of treatment and support regardless of age, gender, sexual orientation, social / cultural / ethnic / racial background, previous psychiatric diagnosis, past forensic status, and physical or other disability?	-YES-
Are Shodair services convenient to the community and linked to primary medical care providers?	-YES-
Does Shodair inform the defined community of its availability, range of services, and the method for establishing contact?	-YES-
For new clients, does Shodair ensure timely access to psychiatric assessment and service plan development and implementation within a time period that does not, by its delay, exacerbate illness or prolong distress.	-YES-
Entry	
Does Shodair have policies and procedures describing its entry process, inclusion and exclusion criteria, and means of promoting and facilitating access to appropriate ongoing care for people not accepted by Shodair?	-YES-
Is an appropriately qualified and experienced Shodair staff person (mental health professional or case manager) available at all times - including after regular business hours - to assist patients/residents to enter into mental health care?	-YES-
Does the process of entry to Shodair minimize the need for duplication in assessment, service planning and service delivery?	-YES-
Does Shodair ensure that patients/residents and their family members/carers are able to, from the time of their first contact with Shodair, identify and contact a single mental health professional responsible for coordinating their care?	-YES-
Does Shodair have a system for prioritizing referrals	-YES-

according to risk, urgency, distress, dysfunction, and disability and for commencing initial assessments and services accordingly?	

Continuity Through Transitions

Criteria	Comments
Does Shodair ensure that patients'/residents' social workers or other designated staff persons stay in close contact via telephone and personal visits with patients' families and community treatment provider staff while they are patients/residents at Shodair?	-YES-
Do Shodair psychiatrists proactively establish initial communication with patients'/residents' treating psychiatrist or other physician in the community (if there is one), establish consensus regarding hospital treatment, and proactively maintain regular communication with same during patients'/residents' treatment at Shodair?	-YES-
Do patients'/residents' individual service plans include exit plans that that maximize the potential for ongoing continuity of care during and after all transitions from the Shodair to other services?	-YES-
Does Shodair ensure smooth transitions of children into adult services if necessary and appropriate?	-YES-
Does Shodair review exit plans in collaboration with patients/residents and their family members/carers as part of each review of the individual service plan?	-YES-
Does Shodair provides patients/residents and their family members/carers with understandable information on the range of relevant services and supports available in the community when they exit from the service?	-YES-
Leading up to and at the time of discharge, does Shodair communicate and coordinate with community providers in such a way as to ensure continuity of care when patients are discharged from Shodair?	-YES-
When a patient/resident is transitioning to another service provider (the provider that referred the resident/patient to Shodair or a new provider), does Shodair proactively facilitate in person involvement by the service provider in transition planning and the earliest appropriate involvement of the service provider taking over treatment responsibilities?	-YES-
When a patient/resident who is transitioning to another service provider is taking psychotropic medications, does Shodair proactively facilitate the seamless continuation of access to those medications	-YES-

by ensuring that: (1) the patient/resident has an appointment with the physician who will be taking over psychotropic medication management, (2) the patient/resident has enough medications in hand to carry him/her through to the next doctor appointment, and (3) the patient's/resident's medication funding is established prior to the transition?	

STATUS OF BOV 2003 RECOMMENDATIONS

1- Assess the need for training in the area of staff interactions with and behavior toward residents that are unacceptable or inappropriate – and the responsibility that all staff have to report observations of such staff interactions or behavior to supervisory staff immediately. Based on this assessment, implement necessary training.

***2007 Status**: Implementation of the Collaborative Problem Solving model, as well as tireless efforts by the Psychologist, the Nursing Director, and Psychiatrists have addressed this concern. Shodair has accomplished a remarkable culture change with regard to direct care staff's interactions with patients/residents.*

2- Develop a formal grievance policy and procedure for residents that is easily accessible to residents and that builds in progressive appeal levels assuring resolution.

***2007 Status**: This has been completed.*

3- Review direct care staff supervision policies to assess the effectiveness of these policies regarding staff interactions with residents whose behavior is escalating and decisions to intervene physically. Revise policies and procedures so that a licensed nurse directly supervises and verbally approves each decision to put "hands on" a resident (except for genuine emergency situations that require immediate intervention).

***2007 Status**: This has been completed. The Collaborative Problem Solving model addresses these issues.*

4- Refine the records review committee so that it takes an even more comprehensive look at all aspects of maintaining high quality clinical records as well as using plans and documentation as tools to assure treatment progress. Focus on:

a) filing all chart information in a timely manner
b) establishing regular treatment plan writing training
c) training and monitoring writing of progress notes that are integrally tied to treatment plan problems, objectives, and interventions and reflect outcomes of interventions in ways that clearly reflect progress – or if there are impediments to progress, that reflect impediments in a way that facilitates intervention adjustments
d) ensuring that initial treatment plans assertively reflect the immediate treatment needs of the individual resident upon admission

***2007 Status**: Shodair has a records review committee that consists of members from Psychiatry, Nursing, Health Information Management, Education, Social Services, and Psyshology. This committee performs a comprehensive quarterly record review. This process incorporates processes to ensure that treatment plans and progress notes are relevant, reflect treatment activities, and are outcome-oriented.*

RECOMMENDATIONS - 2007

1) a) Develop comprehensive, ongoing cultural competency training that includes information relevant to all the Indian tribes in Montana (and others served by Shodair) and their individual cultures.
b) Consult with the Montana-Wyoming Tribal Leaders Council for assistance.

2) Identify and develop an ongoing consultative relationship with an American Indian cultural specialist

who has knowledge of how cultural issues are relevant to mental health treatment; include this person in the database for Native American contacts. (Contact the Helena Indian Alliance and the Montana- Wyoming Tribal Leaders Council for assistance.)

3) Make arrangements with the Montana Chapter of the National Alliance on Mental Illness (NAMI) to conduct NAMI's Provider Education Course for Shodair staff.

4) Incorporate American Indian-specific aspects of the attached assessment tool into Shodair's intake/assessment.

SHODAIR RESPONSE

1) a) Develop comprehensive, ongoing cultural competency training that includes information relevant to all the Indian tribes in Montana (and others served by Shodair) and their individual cultures.
b) Consult with the Montana-Wyoming Tribal Leaders Council for assistance.

Response:

Shodair will develop a comprehensive program of cultural competency that includes:

- *Resource material on each unit specific to each Indian Tribe and reservation in Montana.*
- *An outreach program that facilitates two way communications between the hospital and health officials on each reservation.*
- *Initial orientation and ongoing training regarding the individual cultures of Indian tribes in Montana.*
- *Availability of spiritual services for Indian patients that is therapeutic, as authorized by parent or guardian.*

2) Identify and develop an ongoing consultative relationship with an American Indian cultural specialist who has knowledge of how cultural issues are relevant to mental health treatment; include this person in the database for Native American contacts. (Contact the Helena Indian Alliance and the Montana-Wyoming Tribal Leaders Council for assistance.)

Response:

Shodair is developing a comprehensive program of Indian cultural competency. The Hospital will seek expertise from representatives of Indian Reservations in development of this program. The Hospital will use available local resources from the Helena Indian Alliance, and will place resource notebooks on each unit with material from the Montana-Wyoming Tribal Council.

3) Make arrangements with the Montana Chapter of the National Alliance on Mental Illness (NAMI) to conduct NAMI's Provider Education Course for Shodair staff.

Response:

Shodair will evaluate this course for managers and key staff. Additionally, Shodair will invite a representative of NAMI to meet with the therapists.

4) Incorporate American Indian-specific aspects of the attached assessment tool into Shodair's intake/assessment.

Response:

Shodair will evaluate this recommendation as part of development of a comprehensive Indian cultural competence program.