

Center for Mental Health, Helena

March 30-31

2017

Site Inspection of Center for Mental Health,
Helena, Montana

Mental Disabilities
Board of Visitors

OVERVIEW

Mental Health Facility reviewed:

Center for Mental Health, Helena, Montana

Michelle Cuddy, Executive Director

Authority for review:

Montana Code Annotated, 53-21-104 et seq.

Purpose of review:

- 1) To learn about services provided by Center for Mental Health, Helena
- 2) To assess the degree to which the services provided are humane, consistent with professional standards, and incorporate Board of Visitors standards for services.
- 3) To recognize excellent services.
- 4) To make recommendations for improvement of services.
- 5) To report to the Governor regarding the status of services.

Site Review Team:

Board:

Consultant:

Michelle Blair, BA PharmD

BOV Staff:

Daniel Ladd
Lisa Swanson
Craig Fitch

Review process:

- Interviews with staff and clients
- Observation of treatment activities
- Review written description of treatment programs
- Inspection of the physical plant
- Review treatment records, policies and procedures, organizational structure, allegations of abuse/neglect

Introduction

The Center for Mental Health (CMH) in Helena provides mental health services to clients in the Helena and surrounding areas. These services include adult group homes, Program for Assertive Community Treatment (PACT), outpatient/group and family therapy, adult drop-in center, day treatment, adult and youth case management, foster care services, vocational services, and medication management services. The Mental Disabilities Board of Visitors (BOV) conducted a site inspection of the facilities in Helena on March 30-31, 2017.

The BOV site inspection team was impressed with the attractive, well-kept administration/outpatient buildings, homes and facilities. Each one was nicely landscaped and welcoming with a space to relax. Homes were individualized and comforting, and none felt institutional. Most staff were positive and enthused about their programs and the services they provide. They expressed a genuine caring and concern for the clients they serve.

Organizational Planning and Quality Improvement

Planning:

CMH has a five-year vision plan that incorporates some long-term goals for the organization. The more formal strategic plan appears to be done on a year by year basis. The one-year goals are broken down into quarters and have specific staff responsibilities. Many of the quarterly goals have quantifiable expectations, but there are a few that could benefit from a more measurable target.

Quality Improvement:

CMH has been steadily improving their QI capabilities over the past five years since the last BOV site inspection. The center has a dedicated QA director that assembles data across the entire CMH service area. Data from individual regions can be analyzed independently. Data includes bi-annual survey reports from clients.

Rights, Responsibilities, and Safety

Rights and Responsibilities:

CMH does a good job of providing verbal and written information about rights to the clients and their families. Information is disseminated at the time of intake/admission. In addition, information regarding advocacy services is posted around the facilities and information regarding the Ombudsman/BOV is included within the information packet.

CMH is following state guidelines for the grievance process and clients seemed aware that a grievance process is available if they should want to use it. All staff could identify the grievance process, but few knew how it worked or who was responsible for the decision-making process.

CMH has its own grievance procedure established in policy/procedure that is fair, responsive, and easy for clients and their family members to follow. The clients can easily access the grievance form anywhere within the facility upon request. Clients sign these forms to indicate that they have reviewed and are familiar with them and a copy of this is placed in the client's chart. Staff and clients were aware of the grievance form and the process although very few staff had ever fielded a complaint that utilized a grievance form. Interviewed clients indicated that if they had complaints or concerns, staff were available and responsive. Clients reported that they were satisfied with the resolutions of these complaints.

Safety:

Staff readily recited the requirements for mandatory reporting of suspected abuse or neglect of children or disabled persons under statute. Staff were less certain about the abuse and neglect requirements found in the statutes specific to mental health service providers. In addition, some staff were unable to identify the person responsible for investigating allegations, although everyone readily identified that concerns are to be reported directly to their supervisor. Some of the confusion regarding the abuse/neglect investigation process was due to the fact that most staff had never had the need to report any abuse or neglect concerns or been part of an investigation process.

All staff are trained in C.P.I. de-escalation training and report feeling safe at work.

Management investigates all reported incidents. CMH program does not use restraints or other extraordinary behavior controls. Debriefings are provided as needed.

Staff Competence, Training, Supervision and Relationships with Individuals

Competence and Training:

CMH policies define the optimum knowledge, qualifications and competence expectations for all personnel working with individuals with mental illness. In addition, CMH ensures that all staff are trained in a certified de-escalation program called MANDT. Prior to starting work with CMH all employees start with an intensive 2 day training that includes administrative and clinical information. After the initial training session staff are closely followed by supervisors as they learn all of the skills necessary to succeed.

CMH requires all personnel assisting clients with medication administration to be trained. These personnel are assessed on an annual basis by re-training to identify and address knowledge and competence deficiencies. All medication trained personnel were aware of the education booklet and were able to reference it when asked. When asked by the BOV team, some medication personnel were unsure the process around controlled substances and refrigerated medications.

The Program Manager at each facility reviews each client's medication record for appropriate administration of medications. Each month, the Program Manager reviews each medication sheet and initials it to indicate completion of the review. The personnel appear to be satisfied with the level of supervision received.

Active Engagement with Individuals:

Clients at CMH had many positive things to say about the services and support they receive. They appeared to be satisfied with the services provided and reported feeling safe in the day program. Clients also provided positive reports about their experiences living in the adult group homes and/or adult foster care/recovery homes. The staff was present around the facility and appeared to have good relationships with the clients. The staff interacted with the clients in a positive and calm manner.

Treatment and Support

General:

All clients applying for services at CMH are asked to complete an intake packet that includes an intake screening form, medical history, an insurance information form,

policies addressing aggressive behaviors, clients' rights, and the grievance process. The intake packet includes the crisis line number, with encouragement to use it if necessary. A clinical assessment is scheduled upon receipt of the completed intake packet. During the clinical assessment, the clinician makes referrals to the program that could best meet the client's needs. The clinician also completes the initial treatment plan within the first 20 days.

Written treatment and discharge plans in the electronic medical record were identified in the select client charts that were reviewed. LIPs are responsible for ensuring the notes were forwarded to a client's primary care provider and that a complete physical and medical examination had been completed. When a client is transferred to another level of care including the crisis center, hospital, inpatient psychiatric unit, state hospital, etc., the appropriate records are printed and sent with the client to insure continuity of care.

Maybe the most impactful program BOV reviewed was the Program for Assertive Community Treatment (PACT) serving clients currently living independently in the community. At the time of the inspection, the PACT Team was serving 53 clients in Helena.

The PACT team meets five days a week, Monday through Friday, for a check-in and then meet again from 12-1:30. The morning is a quick 15-minute meeting to see who's on-board-to-do-what for the clients such as deliver medications, take people shopping, or whatever is needed that day. The Team delivers medications to clients seven days a week.

Treatment Planning:

Written treatment and discharge plans are in place for every individual client at CMH. Treatment plans are implemented and updated while the client is receiving services at CMH. CMH utilizes treatment planning to promote continuity of care and ensure clients have access to an array of primary care services. This allows for a thorough physical and medical examination at least once a year and proactively rules out medical conditions that may be responsible for presenting psychiatric symptoms.

Trauma Informed Care- Evidence-Based Services

CMH staff are trained in and utilize Trauma Informed Principles of care. The BOV noted the concerted effort to include a Trauma Informed Care (TIC) approach to their daily activities such as: Using the Adverse Childhood Experience (ACE) questionnaire for consumers of services, increasing workforce knowledge and competence in TIC,

conducting ongoing TIC education and training for all staff, and implementing TIC policies/procedures and standards of practice.

CMH continues to expand on their goal of utilizing TIC principles with clients who have been impacted by ACE's and continue to learn, heal, grow, and make peace with the help of Trauma Informed Care principles.

Housing:

The Helena area continues to have an abundance of adult foster care providers. CMH also has a pair of adult group homes. Nonetheless, like most community mental health providers, CMH struggles with the ability to provide adequate housing options for clients. Staff and clients alike expressed a significant frustration at the extended length of stays that most clients experience at both foster care and group home placements. Apparently, most clients have no idea that they have the right to request assistance in transferring to independent living and it appears as if the prevailing culture at CMH Helena is one that fails to fully support independence as a primary component of the recovery process.

Education and Employment:

Most youth attend classes in area public schools. CMH has developed successful relationships with schools to allow their clients to remain in class and receive a structured, effective school setting.

CMH is supportive of client's employment opportunities. Case managers often work closely with clients to help them find some type of meaningful employment. CMH has Daily Living Skills trainings for clients to help them take more control of their own lives, with the goal of living more undependably.

Co-Occurring Psychiatric and Substance Use Disorders:

CMH does not provide segregated substance use disorder treatment, but often provides co-occurring treatment when appropriate. They provide co-occurring treatment in all phases of services throughout their services when appropriate. A client in need of segregated substance use disorder treatment is referred to outside community resources. The State of Montana has dissimilar licensing requirements for mental health and chemical dependency treatment programs, which is a barrier to providing effective co-occurring treatment.

Upon review of the electronic medical records, multiple patients were being appropriately managed with medications for opioid use disorder and alcohol use disorder along with a co-occurring psychiatric diagnosis. Medication Assisted Treatment at CMH appeared to follow the standard of care for management and monitoring, however, no formal protocols were provided.

Medications:

Upon review of the medical records, prescribing at the Center for Mental Health appears to be evidence-based and reflects internationally accepted medical standards. Rationale for prescribing, changing, and tapering/titrating medication therapy as well as medication therapy monitoring (i.e. labs, vitals, rating scales for response, etc.) were consistently documented in the electronic medical record (EMR). Metabolic monitoring with antipsychotic medications based on American Psychiatric Association and American Diabetes Association guidelines were also routinely documented in the EMR. Measures for medication management, monitoring, storage and dispensing of medications by medical staff are in the policies and procedures manual.

Medication allergies, side effects, adverse reactions, and abnormal involuntary movement disorders were documented in the EMR, closely monitored, and promptly treated as appropriate. Monitoring for abnormal involuntary movements was documented using the abnormal involuntary movement scale (AIMS) assessment on all clients taking an antipsychotic medication at baseline and every six months as ordered by the CMS psychiatrist.

Medications are stored, transported, administered and reviewed by an authorized person consistent with laws and regulations. Medications that require refrigeration are stored in a refrigerator marked for medications only which is located in the office area. Temperature is recorded weekly by group home employees for quality control. Sample medications are securely stored in a locked cabinet and are dispensed only at the instruction of, and under supervision of the CMH psychiatrist by the nursing staff. Sample medications are periodically reviewed by nursing and outdated medications are discarded. Medications, including samples, are always destroyed in the appropriate manner and are never kept or used for other clients under any circumstances.

Many clients pick up their own medications and take them independently as instructed or prescribed. Some clients benefit from the CMH medical staff setting up their medication boxes. If medication non-compliance is suspected, this additional supervision may be ordered by the CMH psychiatrist. Medication boxes are filled daily, weekly, or monthly depending on the client's needs. Medication boxes are labeled with the client's name and include a list of medications and directions for use. The original

medication bottle issued by the pharmacy is kept by CMH nursing staff in a secure, locked, dry location, with the original label in place. This excludes scheduled medications. No controlled substances are stored on CMH premises or dispensed by CMH staff. Poor medication compliance is documented in the electronic medical record. The CMH nursing staff promotes medication adherence through negotiation and education. Providers have open conversations with the clients and provide medication education to promote adherence.

Education on specific medications prescribed to the patients are discussed by the providers and nursing staff at each visit (i.e. indication, directions for use, expected results, adverse effects, monitoring, cost, and adherence). The nursing staff educates clients about all medications, including those for medical comorbidities. All client and family questions were assessed and documented appropriately. Medication education groups are conducted by nursing students every semester approximately three times per year, however, there were no other regularly scheduled medication education groups.

Included in the policies and procedures is clear guidelines for how staff are to document medication errors. The medication error is recorded in the client's chart by nursing staff and communicated as soon as possible to the CMH psychiatrist. A medication error form is also filled out within 24-hours and reviewed once a month during Incident Review with the medical director.

Access and Entry and Continuity of Services Through Transitions

CMH has created an open access time on Thursday mornings to make it easier for people to sign up for services. Although, sometimes staff shortages are an issue and can extend the length of time before a prospective client can see some professional disciplines.

The communication/collaboration between St. Peter's Behavioral Health Unit, the local crisis facility, the crisis response team members, and CMH in Helena is challenging at times but is being addressed.

Clients do have immediate access to therapists for initial clinical assessments. There is a slightly longer wait to see a case manager or medical provider. Following the initial assessment, the clinician makes referrals to programs that best meet the client's needs.

CMH has specified transition or continuity of care protocols for all transition services. Transitions within the community seem to be well-coordinated, especially transitions

in/out of community crisis services (which are run by another provider who resides on CMH campus).

OBSERVATIONS/RECOMMENDATIONS:

- 1) Consider quarterly chart review conducted with the pharmacist to assess for medication appropriateness, effectiveness, safety, adherence, and proper administration techniques.
- 2) Analyze the lengths of stay for clients at the adult foster home and adult group home placements and be more proactive in assisting clients who are ready to transition to independent living.
- 3) Consider joining with local hospitals to provide more continuing education opportunities for staff, including Project ECHO.
- 4) Utilize students (i.e. nursing, pharmacy, medical) from surrounding colleges to help provide more medication education groups on a regular basis.