

South
Central
Montana
Mental
Health
Center

March 14

2015

Site Inspection of Satellite Offices in
Big Timber, Hardin, Lewistown, and
Red Lodge

Montana
Mental
Disabilities
Board of
Visitors

OVERVIEW

Mental Health Facility reviewed:

South Central Montana Mental Health Center
Big Timber, Hardin, Lewistown, Red Lodge

Barbara Mettler, Executive Director

Authority for review:

Montana Code Annotated, 53-21-104

Purpose of review:

- 1) To learn about services provided by South Central Montana Mental Health Center
- 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:

Jim Hajny
Brodie Moll

BOV Staff:

Janette Reget, LCSW
Craig Fitch, Attorney

Review process:

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

South Central Montana Mental Health Center (SCMMHC) Satellite Offices

Big Timber, Hardin, Lewistown, Red Lodge

On March 14-15, 2016, Board of Visitors (BOV) site inspectors visited four SWMMHC satellite offices. These offices are managed by the SWMMHC main offices in Billings, MT, and abide by the center's policies and procedures. Satellite office staff is trained through the agency.

BIG TIMBER

The satellite office in Big Timber, Montana serves approximately 10-12 clients for mental health treatment, and 10-12 clients for substance use treatment. The mental health therapist is dually licensed and primarily works out of the Columbus, Montana office. The Big Timber office is open three days per week. According to staff, there are limited services in Big Timber; people travel to Columbus or Billings for other services. There is a psychiatrist available in Livingston. The Big Timber satellite office has a good relationship with Pioneer Medical Clinic, which triages a number of local residents in crisis so they can avoid hospitalization.

There has been a certain amount of staff turnover in this office. The secretary is an Emergency Medical Technician with connection to the community of Big Timber. Staff is aware of the potential cultural needs for people served; there is a homogenous population in Sweetgrass County.

The satellite office is in the county office building, and a client would pass by several offices and the county commissioners' conference room. County employees and officials can see anyone who comes into the building. This may be a deterrent from seeking services for some people, and may compromise confidentiality.

LEWISTOWN

SCMMHC satellite office in Lewistown, Montana is clean, spacious and inviting. It is conveniently located next to the local hospital. This satellite office serves approximately 66 open clients, fairly evenly divided between mental health and substance use disorder treatment. The office has a full time case manager that also travels to Harlowtown to provide services. This office has full time mental health

and addictions counselors. These services are provided to both adults and children. The case manager and the office manager are able to assist clients with a variety of services, including locating housing, employment, and registering for benefits. This office has a tele-psychiatry program. This office recently lost two therapists to private practice, so is short-staffed at this time.

Staff at both the Big Timber and Lewistown offices stated they are satisfied with access to their supervisors, the support they receive, and with their employment situations. Staff were pleasant and informative. Based on interview with the therapist who serves both Big Timber and Columbus, the addition of a part time case manager in Columbus would help with providing services to clients with SDMI diagnosis.

HARDIN

The staff at the satellite office in Hardin, Montana is energetic, with innovative ideas about treatment services and delivery. The therapist is dually-licensed as an LCPC and LAC. The majority of the clients she serves are court-ordered for substance use treatment. Assessment, Course, and Treatment (ACT) program is provided to this group of clients. The secretary has extensive work experience as a school counselor, and brings a sense of quiet competence to the office.

Staff reported that about 80% of clients are Native American. The site inspection team discussed with them re-designing the office/waiting room area to reflect more cultural awareness and positive native images and art to reflect pride in native heritage. One interviewed client who is from Crow Agency reported that he preferred to come to this office for treatment, because of stigma and lack of confidentiality on the reservation.

RED LODGE

The therapist at the Red Lodge office is recently licensed. She is establishing a client base of 46 open clients. She provides mental health services to adults, children and families. This office does not have a case manager. A Licensed Addictions Counselor provides services one day per week. The secretary conducts ACT for court-ordered clients.

As at the other offices, the staff in Red Lodge is positive, energetic, and enthusiastic. The therapist is exploring different evidence-based practice models, including art therapy and yoga. The community of Red Lodge is beginning to address the mental health and addiction concerns, but currently it seems there is some disconnect between agencies and providers. Red Lodge does not have crisis services, and there is limited communication between the mental health center office and Beartooth Billings Clinic.

OBSERVATIONS/RECOMMENDATIONS

Overall, these small satellite offices are providing meaningful and important services to their communities. Staff is dedicated and genuinely concerned about the people they serve. There are problems with isolation in these communities, with a lack of other resources that could help enhance service delivery. The primary resource that is missing is psychiatric services. Lewistown is the only program to provide tele-psychiatric services; clients in the other communities must travel to Billings for these services. People in crisis must be transported to Billings for crisis intervention services. The crisis line that the mental health center provided to the BOV team was an “800” number that rang to an answering service. The crisis line was selection #8 on the answering service, and that line was answered by a receptionist who would take information, and then try to locate a therapist to call the person in crisis. This does not provide adequate crisis response.

There appears to be a lack of public awareness of the services provided by these offices. Information about mental health and addiction services is not readily available in the communities. SCMMHC should create greater public awareness of their services through advertising, attending public events, and health fairs. The brochures reviewed by the BOV team were old and need to be updated. Local advisory councils (LACs) in Carbon County and Big Horn County can help the mental health centers network and access resources, as well as increase community awareness of mental health services that are available.

New clients receive the client’s right form for review. There appears to be different client’s rights forms in different offices—for example, the BOV team obtained a different client’s rights form than the one provided by SCMMHC in the Billings office. The Hardin office didn’t have any of these forms available for new clients

to review. In addition, staff understanding of the procedures for handling grievances and complaints is not clear, and there was uncertainty about how to respond to allegations of abuse and neglect.

All offices are using electronic medical records (EMR), which allow for greater continuity of care throughout the south central Montana region. Staff seems comfortable using EMR. A review of mental health treatment plans indicate that goals and objectives are not measurable or attainable, and they do not refer back to the presenting problems. The EMR treatment plan form appears restrictive, and does not allow for narrative or comments. It is unclear if this is due to the EMR format itself, or due to the person developing the treatment plan. However, the substance use treatment plan meets all treatment plan criteria.

All interviewed staff indicated they would like to receive further training, especially in suicide assessment, intervention, and treatment, Mental Health First Aid and cultural effectiveness. Despite the isolated settings of the satellite offices, staff feels that they receive good, supportive supervision, and are able to access their supervisors easily. The satellite offices provide important and necessary mental health services to these under-served areas, and it is essential to make every effort to keep them staffed with qualified and dedicated personnel.

SUGGESTIONS:

- 1) Consider relocating the Big Timber office to a place that does not have so much visibility and exposure to the public.
- 2) Display American Indian artwork and posters that portray positive images of American Indian culture in waiting rooms and offices.

RECOMMENDATIONS:

- 1) Increase community awareness of mental health services available at the satellite offices, through networking, participation in health fairs and other public events, meetings with hospitals and clinics, commissioners, churches, etc. Participate in LAC meetings, and increase advertising through newspapers, posters, and brochures.

- 2) Increase psychiatric coverage at the satellite offices, through tele-psychiatry and/or face-to-face services on a weekly or monthly basis. In Lewistown, coordinate face-to-face psychiatry with the psychiatrist who provides psychiatric services to the Montana Mental Health Nursing Care Center.
- 3) Revise EMR to improve treatment plans, so goals and objectives are measurable and attainable, and recovery based. Train staff in writing recovery-focused treatment plans.
- 4) Provide a “real person” crisis line number, so those in crisis can immediately reach a live person who can provide crisis services.
- 5) Provide Mental Health First Aid, crisis response, cultural competency, and other trainings to staff.