

Western Montana Mental Health Center

Missoula, Montana

November 16

2021

Site Inspection Conducted by the Mental Disabilities
Board of Visitors

Jeremy Hoscheid

Jeremy Hoscheid, Executive Director

OVERVIEW

Mental Health Facility reviewed:

Western Montana Mental Health Center Missoula, Montana

Levi Anderson, Chief Executive Officer

Authority for review:

Montana Code Annotated, 53-21-104

Purpose of review:

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

Site Review Team:

Board:

Dan Laughlin, Board Member

Mary Luinstra, Board Member

BOV Staff:

Craig Fitch, Attorney

Jeremy Hoscheid, Executive Director

Dennis Nyland, Mental Health Ombudsman

Consultant:

Andi Daniel, Consumer Consultant

Review process:

- Remote via TEAMS interviews with the WMMHC staff.
- Review of treatment activities via remote interviews with staff.
- Review written description of treatment programs.
- Review written policies and procedures, organizational structure.

Introduction

Western Montana Mental Health Center (WMMHC) provides comprehensive health services and housing options to people of all ages facing mental health and substance use disorders who live in Montana. Created by the State Department of Institutions as one of five regional mental health clinics, WMMHC originally was housed in the basement of the Student Health Center at the University of Montana. Since opening their doors in 1971, WMMHC has continued to evolve as a healthcare provider and respond to the needs of the communities and counties in Western Montana it serves. The importance of providers such as WMMHC is noted by the recent SAMSHA grants awarded to WMMHC. One of these grants specifically is to transition the organization into a Certified Community Behavioral Health Center, to provide primary healthcare in addition to the behavioral health services already provided. By moving to this model, WMMHC will be better positioned to serve those in need by providing a more complete whole-person approach to an individual's healthcare needs.

This Mental Disabilities Board of Visitors (BOV) inspection focused on the residential services, crisis services, and PACT and Day Treatment program in Missoula. Overall, WMMHC services include:

- Mental Health Treatment programs include an assessment of inpatient crisis stabilization, individual therapy, group therapy, residential housing, jail diversion, psychiatric/medication management, and peer support services.
- Substance Abuse Treatment programs include an initial assessment, inpatient treatment, partial hospitalization, Medication Assisted Treatment (MAT), residential housing, individual therapy, group therapy and community support.
- Psychological assessment and treatment which includes evaluation, consultation, and treatment.
- Out-patient clinics and offices in several Western Montana communities.

The BOV was unable to physically inspect WMMHC due to the increasing number of COVID-19 cases within the area. The BOV conducted virtual interviews with staff and consumers of WMMHC. During this site inspection, the BOV team was impressed by the strength of the systems and WMMHC's commitment to providing a wide range of quality services. Each staff interviewed had a clear, strong understanding about services the agency provides, how the quality of those services is measured, and the singular importance of each staff in delivering those services. Staff training is thorough and consistent. This in turn has enabled WMMHC to employ a highly professional staff committed to serving those in need of care and treatment.

Organizational Planning and Quality Improvement

Strategic Plan

WMMHC has a Strategic Plan that discusses its mission to “build thriving communities through compassionate, whole-person expert care” “WMMHC wants to be the premiere community provider, employer, and partner in comprehensive behavioral health services.” Their values of “Empathy, Integrity, Respect, and Growth are very responsive to the community needs. WMMHC has gathered data at all levels to discuss topics that center around the Strategic Plan. WMMHC is proud of the high level of involvement at all levels that goes into their strategic plan. WMMHC has input from their internal Leadership Team, Board of Directors, 14 Community Stakeholders, and 118 consumers. The process of developing the Strategic Plan came from a needs assessment and consumer interviews. All stakeholders reported were involved, and it is an ongoing process with the strategic plan being reviewed annually. Over the past 18-24 months, WMMHC has been focused on adjusting their strategic plan toward becoming a Certified Community Behavioral Health Center (CCBHC). WMMHC has focused their strategic plan toward fulfilling the requirements of a CCBHC which includes providing primary care services. As part of the SAMSHA grant application process, WMMHC utilized care coordination and evidence-based practices to create an organization that can provide whole person care (primary care and behavioral health) rather than the traditionally siloed behavioral health services. Staff are trained to the expectations laid out in the grant. WMMHC was one of three Montana providers who were awarded this grant.

Quality Improvement

The quality improvement (QI) process uses information and data gathered from surveying the patients and their parents/guardians to create a QI plan that responds to service needs with specific goals and objectives. The survey is examined by WMMHC Quality Council twice a year and adjusted according to the needs assessment. The Quality Council reaches out to stakeholders and discusses new topics. The CCBHC grant has forced the issue of quality improvement. The needs assessment incorporates the goals and objectives developed, and they use a team approach to address issues. WMMHC has developed a 4 person QI team which includes a policy and accreditation specialist, clinical director, and two individuals collecting and inputting data. This information offers the organization, problem severity, and functioning level outcomes for patients. The CCBHC grant has been a major factor in driving WMMHC QI process. WMMHC primary goal is access to services. WMMHC has spent time and resources looking at ways to decrease the organizations No Show Rate. WMMHC would look to see if clients were being scheduled for services that were not necessarily wanted or needed by the individual. By focusing on creating enough access WMMHC can move from volume based focused to individual outcome focused. When COVID-19 pandemic hit, WMMHC worked with Blackfoot Technologies to ensure internet access for their clients. WMMHC also implemented a HIPPA

text messaging program, so they are able to have increased real time communication with their clients.

Rights, Responsibilities and Safety

Rights and Responsibilities

The facility defines individual rights and responsibilities and provides this information verbally and in writing to patients and parents /guardians. This information is provided to clients and parents/guardians as part of the client's admission process. WMMHC utilizes their PATH (Project for Assistance in Transition from Homelessness) program as a good entry point for an individual to receive services. The admission process includes a clinical assessment at which point the individual may also be assigned a primary care provider which links the individual to other healthcare services. During interviews it was noted that WMMHC has displayed in the entrance and in-take areas information regarding independent advocacy services (BOV, MH Ombudsman, Disability Rights of Montana). Due to the virtual nature of this review, the BOV will have to take WMMHC at its word regarding the displayed information. WMMHC has a grievance process that is fair and responsive. The grievance process is a three-step process with the organization's CEO exercising discretion at the end. There is no form for parents or patients to fill out, and grievances can be verbal or written (including e-mail and fax). WMMHC staff are expected to move any complaint into a grievance category if no employee can satisfy the complaint quickly. For example, if a complaint requires further investigation, it is turned over to the proper authorities. Clients that feel they have been taken advantage of seems to be the main complaint that WMMHC receives. WMMHC seems to communicate great with partners such as the Homeless Shelters, Police Department, and local providers. They have reported fewer than expected complaints. WMMHC does not offer representative payee services any longer.

Individual, Family Member, Guardian Participation

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In general, family participation is consumer driven, meaning that participation is guided based upon the individual consumer's needs. As part of the admission process, WMMHC has implemented a new form that asks for consumers to list "People who support me" which has been useful in helping people list their family or friends that are helpful and supportive in their

treatment goals. It appears that family and additional support systems are encouraged to help in treatment goals, but it is unclear how routine this practice is.

The two consumers that we spoke with stated that they get to help create their treatment plans. Their involvement in services varies depending on their needs. WMMHC uses consumer input when guiding treatment plans and treatment decisions.

There is a liberal day pass policy for those in group homes. Overnights are limited based on Medicaid rules which limits the number of overnight stays a client may have when admitted into a group home.

Group home residents are involved in day-to-day operations such as cooking meals for the house. Individual residents enjoy cooking for themselves and their roommates. This sort of activity leads to increased comradery within the group home environment. Some residents have employment outside the group homes as well. WMMHC supports these individuals in their employment and being involved within the local community.

WMMHC does provide some peer support services but not necessarily in all areas of services that they provide. It wasn't clear if group home residents have access to peer support regularly. Exit plans for group home residents are based on their skill levels. Group home stays are typically a few months (90 days initial stay, 30 days concurring after) but many patients have longer stays, depending on their treatment goals.

Cultural Effectiveness

Children and families are provided cultural and spiritual opportunities consistent with established national guidelines. Cultural, ethnic, social, and spiritual preferences are identified for each child and family during the admission process and built into the child's Individual Treatment Plan (ITP). There is a separate section in the ITP to identify cultural preferences and needs.

WMMHC does provide training to staff who are working directly with military servicemen and American Indian people. While this training is mentioned in the professional training document, the actual training conducted may not be as relevant to Montana as other states because the Relias Training doesn't have a specific Native American or Indigenous cultural training. The BOV recommends that the facility look for local people who would be willing to help provide training on Indigenous culture rather than relying completely on the national training that may not be as relevant to Montana.

The BOV also recommends that WMMHC would expand their job posting to include cultural effectiveness and expectations. Specifically, regarding the need for staff knowledge about cultural, ethnic, social, historical, and spiritual issues relevant to the treatment of clients, with a specific emphasis on military servicemen and American Indian people. Specific job descriptions were not provided directly to the BOV, but a search of their current job openings on WMMHC

website does not appear to mention cultural competency. WMMHC policies state that cultural issues are included but no treatment plans were reviewed. Staff interviewed did indicate there was an Indigenous therapist on staff, but it is unclear where that person is located and if that is the only Indigenous person involved in treatment. The BOV recommends that WMMHC work with on trying to recruit and expand the involvement of Indigenous staff members within their treatment programs to increase the cultural effectiveness and spiritual issues that are relevant to the clients.

Staff Competence, Training, Supervision, and Relationships with Residents

WMMHC reports a month-long training and orientation program for their new employees. WMMHC uses an online program called RELIAS to train staff and assist in tracking staffs required annual trainings. Basic training appears to be the same for all new staff. Staff at WMMHC are trained with Trauma-Informed Care, HIPPA, and other lessons targeted to special populations and job specific requirements. Trainings are completed annually with all staff members of WMMHC. WMMHC has recently hired a new specialist to coordinate training for the organization. This training specialist position is funded from the SAMSHA CCBHC grant that WMMHC was awarded.

As part of ongoing training and review, new employees are evaluated after six-months in their position and then receive an annual evaluation going forward. If evaluation is unsatisfactory, the employee's supervisor will provide them with additional training opportunities including 1:1 specific training. The Interviewees say they have many opportunities in the community for training as well as the online training offered through RELIAS. When discussing the RELIAS training system, it was noted by WMMHC that in some positions, the training system requires the employee to provide written training responses and not just passing a multiple-choice quiz. Medication training takes two days, and the staff are required to do monthly check-ins with their direct supervisors. It appears that this process is grant-driven, and it benefits the entire staff of WMMHC. The staff that possess licensure have opportunities to earn required CEU's by completing trainings offered by WMMHC. Suicide awareness and behavioral interventions are annual trainings that all staff must complete within the organization.

Interaction between professional staff and direct care staff appears to be more based on scheduled appointments and not necessarily informal connections to clients regularly. The BOV recommends that WMMHC attempt to include professional staff interactions on a more frequent basis as part of the client's treatment. The BOV also recognizes the current staffing issues that organizations such as WMMHC are facing with both professional and direct care staff. The supervisors interviewed did state that professional staff do interact with direct care staff on a regular basis.

One supervisor interviewed was very supportive of the recovery model and engaged with clients and direct care staff from that perspective. Other interviewees did not include specific recovery language, but the BOV did get the impression that WMMHC supervisors encourage the direct care staff to engage with clients in a positive and recovery-oriented approach during their interactions. While reviewing the RELIAS training document provided, it is difficult to determine if training provided is focused on the recovery model. The BOV would recommend that WMMHC provide training to their employees specific to the recovery model.

Treatment and Support

WMMHC completes a treatment plan for each new client within the first 10 days of admission into service and the treatment plans are regularly reviewed and updated according to regulated timelines. The overall quality and timeliness of the discharge planning process and the discharge plan is less clear.

WMMHC does offer trauma informed care education through the Relias training system. All new hires are expected to take the trauma informed care training. Western maintains several other evidence-based practices. There are multiple PACT and MACT teams. They offer some integrated treatment for co-occurring psychiatric and substance use disorders. They actively follow an illness management and recovery model.

WMMHC does have a suicide hotline clearly posted on their website. WMMHC has recently withdrawn some of their crisis response processes in certain communities/counties. This has led to a number of frustrations from community partners who were relying on the full suite of crisis services Western had previously assumed as part of a contract with these community partners. The frustrations from all parties on both sides of this conflict are real and warranted. Effective crisis response services are an integral part of any effective community mental health system and are critical to providing the best care for people within their home communities. At the same time 24hr crisis response services are difficult to staff – especially across wide geographic expanses with sparse population centers. This is an issue that requires greater attention from the Department of Public Health and Human Services and from the legislature.

The BOV review of clinical interventions (medications and therapy) was superficial during this site inspection, but our interviews suggest that Western has an adequate number of providers, that they store and dispense medication consistent with state and federal regulations, and that all aspects of the clinical programs are appropriately supervised and reviewed within the greater context of a quality assurance program. WMMHC employs a nurse to assist the medical prescribers and to assist in ensuring all clients get access to any necessary primary health services.

Medications

WMMHC's medical director is a board-certified family medicine doctor. WMMHC also employs a psychiatrist as the organization's Assistant Medical Director. Each client receiving services has regularly scheduled appointments with a provider to assess the effectiveness of prescribed medications, adjust prescriptions, and address questions and concerns. Prescribed medications are obtained through a local pharmacy, stored, transported, administered, and reviewed within laws, regulations, and professional guidelines.

WMMHC has a policy for monitoring medication errors and a quality improvement process dedicated to monitoring and addressing any errors. The registered nurse trains direct care staff to properly administer all medications and to document all information in the medication administration record (MAR). The MAR is evaluated monthly, and staff reported the medication error rate of 2% or less in administering medications is consistently met. Medication is administered according to a 5 R's model: right drug, right dose, right route, right time, and right patient. This model is a highly responsible and effective method in reducing errors.

Medications are stored in a locked cabinet that is accessed only by staff. Medication as needed (PRN) treatment at WMMHC is only used for pain management purposes, not as a behavior management tool. Unused medications are disposed of in accordance with laws and regulations.

At discharge, the therapist in charge of arranging discharge plans, ensures that follow up appointments are in place with the provider who will be assuming responsibility for the individual's treatment and care, including medication management. The assigned therapist works with the medical provider to ensure that the individual has enough medications to take them through to the next provider appointment.

At discharge, the medication provider will write a 30-day script and any left-over medications on hand at the time are sent with the individual. Instructions for administering medications is reviewed as part of the discharge communications.

Access and Entry and Continuity of Services Through Transitions

Access and entry point to the WMMHC Missoula offices are available by several means, including local bus routes and within walking distance for many locals of the Missoula area. WMMHC communicates with primary medical care providers and facilities throughout the

entire state and can accept referrals from nearly any of these providers and facilities. All referrals are screened to meet admission criteria based on diagnosis, risk, urgency, and understanding of symptoms, and referrals are also prioritized based on similar criteria. Unfortunately, lingering impact from COVID-19 has exploited an already thin workforce pool creating a shortage that has caused providers to establish substantial wait lists to receive services. The workforce shortage is not limited to WMMHC but is seen across the state in several different industries. Upon admission, a qualified person is available to assist with every admission, and patients receive timely access to a psychiatric examination and a treatment plan. The individual's treatment plan is completed within the first 10 days of the individual being in services. WMMHC provides services that cover patients through the adolescent/adult transition period by keeping the patient in outpatient clinical services if necessary. Before exiting services, WMMHC reviews the patient's treatment progress and outcomes with the patient's parent/guardian.

Overall, the mental health services provided by WMMHC are convenient to the Missoula and smaller surrounding communities. These services are linked to the client's primary medical care providers. Given the overall geographic size of Montana, some of the more rural communities' struggle with the lack of qualified professional providers in the area, making access to services a hinderance.

Staff report that they make regular contacts with other providers in the community, mostly through the local community health centers.

Patients can self-refer on WMMHC website and other community organizations can make referrals directly to WMMHC. Currently there is a waiting list to access most services offered by WMMHC. They do offer walk-in appointments in some locations. There is often an 8-12 week waiting period to access medication management and therapy services. It is reported that WMMHC will sometimes make referrals to other area mental health organizations in these cases to try to get the individual treatment earlier. It doesn't appear that any services are available for those on the waiting list unless they are able to access walk-in appointments.

WMMHC staff are available at the crisis stabilization houses outside of regular business hours. WMMHC also provides a toll-free crisis line to clients. Care coordinators are also available outside of regular business hours, but it is unclear how long the waiting list is for those services.

WMMHC does have a system for prioritizing referrals according to risk, urgency, distress, dysfunction, and disability, and for commencing initial assessments and services accordingly. This system includes contacting those high risk/high needs individuals when cancellations or no-shows occur, and staff have the availability to provide services. WMMHC has also implemented a HIPPA compliant text messaging service to communicate with these individuals. WMMHC reports that this service has led to fewer no-show appointments.

Continuity of Services Through Transitions

The therapist in charge of the client's treatment is also the point person in charge of overseeing a client's transitions through services. The therapist is responsible for ensuring there are appropriate appointments and referrals made for anybody exiting services. Likewise, the therapist is expected to be responsible for ensuring a smooth transition for people that are transferring to other locales and/or other mental health providers and for transfers in and out of higher acuity care facilities such as Providence or Shodair Children's Hospital.

Upon discharge WMMHC ensures that the individual client has medication scripts as needs and appropriate appointments scheduled in their community with local mental health providers.

Recommendations:

- Increase of professional staff interactions with clients during non-treatment/non-appointment times such as within the natural day to day flow of the therapeutic milieu in the day treatment, crisis home, and group home settings.
- Provide specific training to all staff members related to the recovery model
- The BOV recommends that WMMHC work at trying to recruit and expand the involvement of Indigenous staff members within their treatment programs to increase the cultural effectiveness.
- Increased communication between WMMHC and community and county partners. Perhaps a Community Liaison type of position to fulfill this role.

Impressions

WMMHC employs approximately 430 people, and currently has openings for 70 more positions. The worker shortage impacting behavioral health providers across the state has been well noted in recent interim committee meetings.

The staff interviewed seemed caring, kind, and energetic. The management staff wears many hats. Wearing many hats and having many roles can lead to staff burnout and dissatisfaction of the workplace. This virtual visit is only a snapshot of the organization, and unfortunately many questions go unanswered given this limited review.

Overall WMMHC provides a variety of needed behavioral health services in many communities/counties in Western Montana. WMMHC was significantly hampered by the 2017

budget cuts especially to case management services. In addition to these budget cuts there have been significant leadership changes within the organization over the past 3-4 years. These internal changes have led the organization to adapt to the current environment as evidenced by WMMHC shifting their model and becoming a CCBHC.

From a statewide behavioral health system perspective, WMMHC is one of the primary behavioral health providers in Montana. For Montana to improve behavioral health outcomes, the state needs to ensure that providers such as WMMHC have the tools, resources, and opportunities to successfully treat the state's most vulnerable populations.