

Mental Disabilities Board of Visitors

SITE REVIEW REPORT

Western Montana Mental Health Center
Kalispell, Montana

January 10-11, 2008

Gene Haire

Gene Haire, Executive Director

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**Mental Disabilities Board of Visitors
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January 10 - 11, 2008**

OVERVIEW

Mental Health facility reviewed:

Western Montana Mental Health Center - Kalispell (WMMHC-K)
Kalispell, Montana

Sheila Smith, LCPC – Director, Stillwater Therapeutic Services
Shirley Howell, LCSW, LAC – Director, Adult Services

Facility Type: Mental Health Center

Authority for review:

53-21-104, Montana Code Annotated, 2007.

Purpose of review:

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

BOV review team:

Staff:

Gene Haire, Executive Director
Craig Fitch, Legal Counsel

Board:

Sandy Mihelish
Teresa Lewis, LCSW
Susan Duffy

Consultants:

Pat Frawley, LCSW
Jacki Hagen, PharmD
Eve Franklin, MSN, RN, CS*

* Ms. Franklin is the Mental Health Ombudsman for the State of Montana

Review process:

- | | |
|--|---------------------------------------|
| ▪ Interviews with WMMHC-K staff | ▪ Informal discussions with consumers |
| ▪ Observation of treatment activities | ▪ Inspection of physical plant |
| ▪ Review of written descriptions of treatment programs | ▪ Review of treatment records |

ASSESSMENT OF SERVICES

Children's Services – Stillwater Therapeutic Services

Individual & Family Counseling

Brief Overview of Services (from WMMHC literature):

- *"Licensed professional counselors/social workers provide psychotherapy for children, adolescents, families, and patients. Counseling is provided within a family systems context with specialized treatment for children with serious emotional disturbance and adolescents."*

Staffing

- One Clinical Director
- Four Therapists

Children's Case Management

Brief Overview of Services (from WMMHC literature):

- *"Serves children and adolescents with serious emotional disturbance and their families with the ultimate goal of family preservation. The case manager assesses the child and family, develops a care plan in cooperation with the family and all concerned professionals, and coordinates communication and services."*

Staffing

- One Supervisor
- Seven Case Managers

Therapeutic Foster Care

Brief Overview of Services (from WMMHC literature):

- *"A program for children and adolescents with serious emotional disturbance whose special needs can best be met through a comprehensive plan of services specifically designed to provide treatment within a therapeutic foster home setting. The program's goal is to teach adaptive pro-social skills, ameliorate family difficulties, and promote emotional growth in order for children and their families to deal effectively with conditions or situations that created the need for out-of-home treatment."*

Staffing

- One Supervisor
- Two Treatment Managers
- Two Community-Based Psychosocial Rehabilitation Workers
- 14 foster families

Family-Based Services

Brief Overview of Services (from WMMHC literature):

- *“An in-home family treatment program provided by staff with specialized training and experience working with families in their homes. The goal is to prevent out-of-home placement of children and adolescents with serious emotional disturbance through intensive clinical intervention designed to assist the family in making needed changes that will enable the at-risk child to remain in the home and to teach new problem-solving skills to prevent further crises.”*

Staffing

- One Supervisor
- Two Treatment Managers

Psychiatric Services

Brief Overview of Services (from WMMHC literature):

- *“Consultative psychiatric services including medication evaluation and management for Stillwater Therapeutic Services’ consumers who are active in other agency programs.”*

Staffing

- One Psychiatrist

Therapeutic Group Home – Sinopah House

Brief Overview of Services (from WMMHC literature):

- *“An eight-bed, intensive level therapeutic group home for adolescent girls with serious emotional disturbance who may be dealing with issues of abuse, neglect, and/or family difficulties. The program provides individual, group, and family therapy within a safe, structured, therapeutic milieu with the goal of family reunification, independent living, or placement in foster care..”*

Staffing

- One Program Manager
- One Program Therapist
- Three Supervisors
- Five Youth Care Workers
- Relief Staff

Comments / Analysis - Stillwater Therapeutic Services

Overall impressions about the quality of services.

STRENGTHS:

- Enthusiastic, committed staff devoted to children's services as evidenced by length of employment and the atmosphere of living area (Sinopah House).
- Staff are well educated, well supported, well led, and receive good supervision.
- Caseload sizes are reasonable.
- Having a number of services clustered on a single campus contributes to better communication and more coordinated approaches.
- Excellent coordination with other systems and agencies in the community.
- Both by their own subjective accounts and by objective observations, it is clear that families are meaningfully involved in all phases and aspects of treatment.
- Child and adolescent consumers were able to tell BOV clearly why they were there and what they were trying to achieve.
- Staff can clearly articulate the mission in their work with children and families.
- Staff are clear about the clinical resources available to them within the agency and appear to use clinical resources in formal team planning meetings as well as informally as clinical issues arise that need immediate consultation.
- There is a pervasive sense of collegiality and trust among clinical staff.
- Standard tool (CAFAS) is used in assessing /screening children and adolescents as one factor in informing clinical work.
- Staff have been relatively stable thus providing continuity in treatment planning and execution.
- Both supervisory staff and frontline staff can state the basic goals that they seek to meet and how to implement them.
- Community –Based Psychosocial Rehabilitation (CBPR) program staff expresses an energetic and thoughtful approach to working with consumers.
- The fact that staff are able to articulate issues, primarily overarching public policy issues that affect their ability to serve consumers is an indication of a high level of sophistication in relation to the work understanding the socio-economic factors that affect family health.
- An agency decision seeks to keep caseloads manageable although staff are aware of the ethical tension between limiting caseloads and the demand for services.
- Parents expressed that they experience services as supportive, sensitive, and a positive force in defining treatment needs and implementing those interventions.
- Meeting with parents made it evident that Children's Services are highly valued and they offered many anecdotal examples of ways in which services had effectively met their needs.

CONCERNS:

- While it is understood that the Community-Based Psychosocial Rehabilitation services (Therapeutic Foster Care - CBPR) are focused primarily on working intensively with children, it was not clear to BOV whether planning and interventions are fully integrated between CBPR and families.
- Other than the Stillwater psychiatrist, there are no child/adolescent psychiatrists in the area responding to after-hours crises.

SUGGESTION:

- Consider involving families in a more formal way (for example on a Family Advisory Board) to provide feedback to program leadership about ways to improve services from a consumer perspective.

Comments Specific to Sinopah House:**STRENGTHS:**

- Sinopah House uses a clinical framework which is strong in responding to the complex needs of seriously emotionally disturbed adolescents.
- The presence of on-site supervisory staff with professional clinical credentials sets a high bar for the quality of day-to-day interventions by group home staff.
- The clinical staff person interviewed was clear on the mission of her organization and was able to articulate the focus and processes used to achieve therapeutic goals. She exhibited a strong sense of comprehension and commitment to the therapeutic aims of Sinopah House.
- Clinical and supervisory staff have longevity which provides continuity for staff as well as the opportunity to evaluate policies and practices and make adjustments based on experience.
- If a client remains in Flathead County, the Sinopah House therapist continues to provide individual and family therapy for 6 months following discharge. If further therapy is needed, the Sinopah therapist will contact the community therapist for referral purposes.

Comments Specific to Psychiatric Services:**STRENGTHS:**

- The Stillwater psychiatrist has very positive working relationships with other physicians involved in each child's care.
- Non-pharmacological methods are tried before a child is prescribed psychiatric medications.

CONCERNS:

- Other than the Stillwater psychiatrist, there are no child/adolescent psychiatrists in the area responding to after-hours crises.

Adult Services

Adult Day Treatment – Lamplighter House

Brief Overview of Services (from WMMHC literature):

- *“Lamplighter House is a rehabilitation program designed to help adults with mental illnesses to address independent living skills, coping with mental illness, pre-vocational training, socialization, and recreation and leisure activities. Programming includes symptom management, relapse prevention, safety awareness, volunteer/pre-vocational activities, work experience, community outings and structured activities.”*

Staffing

- 1 Clinical Coordinator
- 2.5 Day Treatment Workers
- 1 Volunteer Coordinator

Adult Case Management

Brief Overview of Services (from WMMHC literature):

- *“Case Management Services assist adults with serious, disabling mental illnesses to function at the highest degree possible in the community. We seek new clients, focusing on those who are homeless, isolated and/or unable to utilize community resources as a result of their disability. Case Management will assess and assist consumers to identify and prioritize goals in social, economic, vocational, and housing and health related domains by closely monitoring client progress, coordinating services, advocating with community agencies, and linkage with needed services.”*

Staffing

- 1 Clinical Coordinator
- 3 Adult Case Managers
- 1 PATH Community Outreach Worker

Mental Health Professional Services

Brief Overview of Services (from WMMHC literature):

- *“Crisis Intervention: 24 hours/7 days per week. MHP's respond to mental health crises within the community. MHP's are highly trained to crisis intervention and make appropriate referrals to inpatient or outpatient mental health treatment. MHP's assess for mental illness, suicidality, lethality, and need for appropriate treatment.”*

Staffing

- 3 Mental Health Professionals

Crisis Residential Facility - Safe House

Brief Overview of Services (from WMMHC literature):

- *“Safe House is a short-term residential crisis stabilization program providing an alternative to psychiatric hospitalization. Safe House provides 24-hour care for persons experiencing a psychiatric crisis that can be managed in a less restrictive setting. Upon admission, the client receives a psychiatric evaluation, daily medication monitoring, individual therapy and group therapy focusing on stabilization and safety goals. Admission criteria for the Safe House include adults 18 years or older, voluntary admission, willingness to sign no self-harm contract, drug/alcohol free and medically stable.”*

Staffing

- 1 Clinical Coordinator
- 5 Crisis Workers

Independence House

Brief Overview of Services (from WMMHC literature):

- *“Independence House is a transitional living program to help people develop skills to live independently in the community. Residents typically move from higher levels of service to apartments owned by the Center. Residents must be able to live independently without direct supervision. Daily living activities focus on shopping, laundry, budgeting, housekeeping, food preparation, and social and recreational activities.”*

Staffing

- 1 Clinical Coordinator

Adult Foster Care

Brief Overview of Services (from WMMHC literature):

- *“Adult Foster Care is for individuals whose level of functioning is significantly impaired and require 24-hour supervision for safety and personal care. AFC is appropriate for individuals with marked impairment in personal care, non-compliance with medication and treatment goals, difficulty in independent living, repeated hospitalization, and poor execution of social and problem-solving skills.”*

Staffing

- 2 Adult Foster Homes (each licensed for 4 clients)

Group Home – Lone Pine Lodge

Brief Overview of Services (from WMMHC literature):

- *“Lone Pine group home is our most intensive residential service. It is staffed 24 hours and residents are usually transitioned from a psychiatric inpatient facility, on long-term commitment status, or require intensive supervision for safety. Without group home placement individuals typically are long-term residents of institutions, incarcerated victims of crime, and/or repeatedly hospitalized for inability to care for self or a danger to self.”*

Staffing

- 1 Residential Coordinator
- 1 Home Manager
- 4 Residential Workers

Program of Assertive Community Treatment - PACT

Brief Overview of Services (from WMMHC literature):

- *“The PACT team provides direct treatment, rehabilitation, and support services to adults with severe and disabling mental illnesses. Outreach, relationship building, individualization of services, and long-term continuity of care are emphasized. Services are provided 24-hours a day, seven days a week, and 365 days a year. The team provides a majority of services in the community and within the team itself. Applicants must have primary diagnosis of schizophrenia, bipolar disorder, or other psychotic disorder. The illness must seriously impair the clients ability to function in the community; living with persistent symptoms; be at high risk of hospitalization, homelessness or criminal justice involvement; reside in an inpatient facility or supervised community residence.”*

Staffing

- 1 Team Leader/Clinical Coordinator/APRN
- 2 Registered Nurses
- 1 Therapist
- 4 Case Managers
- 1 Peer Specialist

Psychiatric / Medication Services

Brief Overview of Services (from WMMHC literature):

- *“Psychiatric services conduct evaluation and medication management services. Nursing staff assists clients in setting up medication organizers, education, monitoring compliance, and obtaining prescriptions. For clients vulnerable to forget medications, medications can be delivered to the home both morning and night increasing compliance.”*

Staffing

- 1 Full-Time Psychiatrist
- 1 Psychiatrist – one day per week
- 1 Registered Nurse
- 1 Licensed Practical Nurse

Outpatient Therapy Services

Brief Overview of Services (from WMMHC literature):

- *“Master’s level therapists are available to provide individual and group therapy focusing on recovery from mental illness and co-occurring substance disorders. Treatment goals focus on reduction of symptoms, enhancement of personal goals, relapse prevention, skill building, problem solving, and maximum recovery from illness.*

Staffing

- 2 Outpatient Therapists
- 1 Intake Coordinator/Outpatient Therapist

Comments / Analysis - Adult Services

Overall impressions about the quality of services.

STRENGTHS:

- There is good communication among the staff and between staff and administration.
- Those providing the adult services seem very comfortable approaching supervisors and administration.
- Adult consumers seemed very comfortable with the services and appreciative of the assistance they are receiving.
- Several of the staff BOV spoke with said "this is the best job I have ever had" or "this is the best place I have ever worked."
- Lamplighter house is relaxed, safe atmosphere, free of stigma or pressure.
- Staff in service trainings and education are offered liberally and encouraged by WMMHC-K.
- Staff feel that the work environment is friendly and supportive and there appears to be a high degree of job satisfaction.
- The close proximity of the services on the campus makes communication and continuity much better.
- The Group Home is comfortable and well-maintained, with common areas that are well-kept.
- Each person in the Group Home has his/her own room to relax and have time to him/herself.
- The staff at the Safe House seem to be well-organized.
- Consumers from the Safe House participate in Lamplighter House activities between 9am and 3pm.
- The PACT program throughout the state is an excellent way to deliver services and WMMHC-K seems to be doing a good job with PACT.
- WMMHC-K has a wonderful, long-standing working relationship with Sykes Pharmacy. The pharmacy not only fills med boxes, it does everything it can to ensure that consumers get required medications. This often includes allowing the consumers to have charge accounts. The pharmacist also comes to WMMHC-K and reviews medication changes and makes med list comparisons to avoid medication errors. This assures that consumers are receiving appropriate medications and doses.
- WMMHC-K maintains a good supply of medication samples.
- Progress notes are provided from primary physician visits and placed in the chart.

CONCERNS:

- The PACT Team reports having a difficult time finding appropriate activities to occupy the day time hours for PACT consumers.
- Shortage of available housing for PACT consumers.
- High turnover of staff on the PACT Team.
- PACT does not have an Advisory Group. (Advisory Groups are recommended in the PACT Standards.)
- While the PACT team leader is an excellent, dynamic person who is an Advance Practice Registered Nurse with prescriptive authority, the PACT team does not include a psychiatrist – as required by national PACT standards.

	- WMMHC-K consistently asks for conditional releases for consumers coming from Montana State Hospital, and will not accept someone into their programs if they will not sign the release. Although this does give them some leverage when people return to the community, and can very well be a positive thing for keeping people from going back into the hospital, it seems the consumers that won't sign a release must be discharged to whatever other community that will take them, not necessarily their community of origin. <u>SUGGESTIONS:</u> - Consider ways to reduce the high turnover of PACT staff. - Consider developing a PACT Advisory Committee which would include consumers of PACT services, family members of PACT consumers, local housing person, local businessmen, police and sheriff representation, and representatives of other human services organizations. This committee could assist PACT with issues like looking for activities for PACT consumers to do during the day, transportation, and housing. - Consider providing vans for the PACT program. <u>RECOMMENDATION 1:</u> (Adult Services) Assign or recruit a psychiatrist part time for the PACT Team as required by national PACT standards¹.
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¹ National Program Standards for ACT Teams : http://www.nami.org/Template.cfm?Section=ACT-TA_Center&template=/ContentManagement/ContentDisplay.cfm&ContentID=50248

MENTAL DISABILITIES BOARD of VISITORS STANDARDS

Organizational Structure, Planning, Service Evaluation

Structure:

Are the lines of authority and accountability in both the organizational chart and in practice:

- simple and clear for all staff?
- lead to a single point of accountability across all sites, programs, professional disciplines and age groups?

YES

STRENGTHS:

- The lines of authority and chain of command in both children and adult services are well articulated by staff and reflect their understanding of the clinical and supervisory resources available to them.
- Staff demonstrates an understanding of how to access supervision in a sequential and logical way.

Does WMMHC-K have a structure that identifies it as a discrete entity within the larger system of mental health services?

YES

STRENGTHS:

- There is a clear identification of the separate structure that exists for adult and children's services, and there appears to be a collegial relationship between Directors of Adult and Children's Services.
- The Directors have a good understanding of the financial and structural relationship with state government as well as other community mental health and other resources.

Does structure of WMMHC-K:

- promote continuity of care for consumers across all sites, programs, and age groups?
- reflect / support a multidisciplinary approach to planning, implementing, and evaluating care?

YES

STRENGTHS:

- There is a sense of respect that results in good interdisciplinary work among staff.
- There is a good understanding of how consumer needs may be met along a continuum of care.

Planning:

Does WMMHC-K produce and regularly review a strategic plan that is made available to the defined community?

NO

RECOMMENDATION 2:

(Adult Services & Stillwater) Develop a strategic plan in consultation with staff at all levels, consumers, family members/carers, and community partners. Even though this recommendation is specific to its review of WMMHC services in Kalispell, BOV recommends that WMMHC develop an overarching strategic plan for its entire organization, with "sub-plans" for each satellite office/program. *

- * BOV's 2006 review of WMMHC's Gallatin Mental Health Center in Bozeman and its 2007 review of WMMHC's Riverfront Counseling and Support Services in Hamilton indicates that in 2006 there was the beginning of an agency-wide strategic planning process in 2006, but that in 2007 a strategic plan was not in place.

Is the strategic plan developed and reviewed through a process of consultation with staff, consumers, family members/carers, other appropriate service providers and the defined community?	NO see comments above
Does the strategic plan include:	
➤ consumer and community needs analysis	see comments above
➤ strategy for increasing the use of evidence-based practices	see comments above
➤ strategy for the measurement of health and functional outcomes for individual consumers	see comments above
➤ strategy for maximizing consumer and family member / carer participation in WMMHC-K	see comments above
➤ strategy for improving the skills of staff	see comments above
Does WMMHC-K have operational plans based on the strategic plan, which establish time frames and responsibilities implementation of objectives?	NO see comments above

Evaluation:	
Does WMMHC-K have and use a process of continuous quality improvement to evaluate and improve all of its activities related to services to consumers and families?	NO STRENGTHS: - WMMHC conducts 'quality assurance' reviews of client files in all of its offices. These reviews look at completion of documentation required by the Department of Public Health and Human Services under its mental health center license. This appears to be an excellent process for monitoring the agency's performance relative to documentation. CONCERN: - The process described above is not a "process of continuous quality improvement to evaluate and improve all of its activities related to services to consumers and families". RECOMMENDATION 3: (Adult Services & Stillwater) Develop a process of continuous quality improvement to evaluate and improve all activities related to services to consumers and families.
Are designated staff accountable and responsible for the evaluation of all aspects of the service?	YES It appears that – functionally - the Directors are responsible for evaluation of services. STRENGTHS: Formal Leadership is intensely engaged in both the day to day operations of the center as well as implementing policy.

	<u>CONCERN:</u> There are no defined service quality/outcome standards and no formal process of evaluation based on such standards.
Does WMMHC-K involve the following in the evaluation of its services:	
➤ consumers?	<u>YES</u> <u>STRENGTHS:</u> - Satisfaction surveys are either given or mailed to adult consumers and families of child/adolescent consumers. <u>SUGGESTION:</u> - Consider using completed surveys by summarizing the positive comments and suggestions, and by addressing them during staff meetings. - When an agency-wide quality improvement process is in place, consider ways to make consumer input a more dynamic part of the evaluation and improvement of services.
➤ family members / carers?	<u>STRENGTHS:</u> Stillwater: - Consumer satisfaction surveys are available at the front reception desk – families are asked to complete them regularly. - Families of Sinopah House clients are given satisfaction surveys and asked to complete them at the time of discharge.
➤ WMMHC-K staff?	<u>NO</u> <u>STRENGTHS:</u> Per the above comment that Directors evaluate services, their staff provide input informally. The excellence of the staff, the mutual respect among staff and leaders, and everyone's commitment to excellent services makes this – in the absence of a formal process - an effective approach.
➤ other service providers?	<u>NO</u>
Does WMMHC-K routinely measure health and functional outcomes for individual consumers using a combination of accepted quantitative and qualitative methods?	<u>YES</u> <u>STRENGTHS:</u> - In Stillwater services, Child-Adolescent Functional Assessment (CAFAS), a nationally recognized and structured tool, is used to establish quantitative guidelines. The qualitative measures appear to be expressed in team discussion and sharing of professional observations. - In Adult Services, case managers stated they had a system in place for measuring improvements in recovery, goal oriented planning, and goals and objectives for graduation from case management services. <u>CONCERN:</u> - Qualitative measures are not formally reflected in documentation. Without documented functional health measures, it is not possible to determine whether in fact

	qualitative outcomes are occurring. Demonstration of a qualitative approach to health outcomes is important in evaluating response to interventions and consumer progress. <u>SUGGESTION:</u> Consider standardizing the descriptive, narrative charting. If this were accomplished it would then be possible to evaluate the interaction of qualitative and quantitative measures
Does WMMHC-K routinely measure its consumers' use of higher levels of service including residential services for children, community hospital inpatient psychiatric hospital admissions (length of stay and recidivism), and Montana State Hospital admissions (length of stay and recidivism)?	NO <u>STRENGTHS:</u> - Sinopah House does keep a data base of referrals after completion of treatment. <u>SUGGESTION:</u> - Consider developing a system for measuring consumers' use of higher levels of service including residential services for children, community hospital inpatient psychiatric hospital admissions length of stay and recidivism), and Montana State Hospital admissions (length of stay and recidivism).
Does WMMHC-K routinely measure its consumers' encounters with law enforcement including legal charges related to mental illness and time in jail and/or prison?	NO
Is WMMHC-K able to demonstrate a process of continuous improvement regarding health and functional outcomes for individual consumers?	Nothing formal. See comments above.

Rights, Responsibilities, Safety, and Privacy

<i>Rights, Responsibilities</i>	
Does WMMHC-K define the rights and responsibilities of consumers and family members/carers?	YES
Does WMMHC-K actively promote consumer/family member/carer access to independent advocacy services?	YES - However, while all of the case managers had heard of the Montana Advocacy Program (MAP) and the Mental Health Ombudsman, few really seemed to have heard of BOV or knew for sure what MAP, the Ombudsman, or BOV do. SUGGESTION: - Consider providing more information to staff and consumers/family members/carers about what the advocacy agencies do.
Does WMMHC-K have an easily accessed, responsive, and fair complaint/grievance procedure for consumers and their family members/carers to follow?	YES STRENGTHS: Grievances and list of rights easily accessible at front desk and at the day treatment office.
Does WMMHC-K provide to consumers 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 rights and responsibilities?	yes
➤ 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 WMMHC-K display in prominent areas of WMMHC facilities:	
➤ a written description of consumers' 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, advocacy services available, and the complaint/grievance procedure?	rights and responsibilities - YES complaint/grievance procedure - YES advocacy services available - NO SUGGESTION: see above suggestion regarding information about advocacy services
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Safety	
Does WMMHC-K protect consumers from abuse, neglect, and exploitation by its staff and agents?	YES STRENGTH and CONCERN: - All staff are aware that there are policies and that these issues would be taken seriously, but everyone seemed a little vague as they haven't had a grievance or abuse/neglect allegation in the entire time they had been working. SUGGESTION: - Consider scheduling discussions periodically during staff meetings that address abuse/neglect, exploitation, the Montana laws that address these areas, relevant agency policies, and staff and agency reporting and investigation responsibilities. Adult Services Comment <i>Since the site review, Adult Services has started education/discussions once per month during staff meetings.</i>
Has WMMHC-K fully implemented the requirements of 53-21-107, MCA?	YES see above comments
Are the mental health service staff trained to understand and to appropriately and safely respond to aggressive and other difficult behaviors?	YES STRENGTHS: Staff receive annual Mandt training.
Do staff members working alone have the opportunity to access other staff members at all times in their work settings?	YES STRENGTHS: Everyone praised supervisors and staff for the flexibility in making sure staff feel safe and supported.
Does WMMHC-K utilize an emergency alarm or other communication system for staff and consumers to notify other staff, law enforcement, or other helpers when immediate assistance is needed?	YES STRENGTHS: All four buildings on the WMMHC-K campus have a security system that includes internal alarms via "panic buttons" in each office (or carried by staff), external alarms (via "panic buttons" and wall key pads) connected directly to the police department, fire department and ambulance, and building security alarms that include door alarms, glass break alarms and motion sensor alarms. The internal alarm procedure

	includes an "all-call" intercom feature on the telephone system for notifying all staff in all areas of the buildings of an emergency.
Do consumers of WMMHC-K have the opportunity to access staff of their own gender?	YES
Does WMMHC-K have a procedure for debriefing events involving restraint, seclusion, or emergency medications; aggression by consumers against other consumers or staff; and consumer self-harm; and for supporting staff and consumers during and after such events?	YES informal
Does WMMHC-K conduct appropriate criminal background checks on all prospective staff?	YES
Does WMMHC-K conduct appropriate driving record checks on all prospective staff whose duties involve transporting consumers in either personal or agency vehicles?	YES
<i>Privacy and Confidentiality</i>	
Does WMMHC-K staff maintain consumers' wishes regarding confidentiality while encouraging inclusion of support system members?	YES
Does WMMHC-K provide consumers with the opportunity to communicate with others in privacy unless contraindicated for safety or clinical reasons?	YES
Do locations used for the delivery of mental health care ensure sight and sound privacy?	YES
Does WMMHC-K provide consumers with adequate personal space in both indoor and outdoor care environments in residential and inpatient settings?	YES
Does WMMHC-K supports consumers in exercising control over their personal space and personal effects in residential and inpatient settings?	YES

Informational Documents

Does WMMHC - K have and proactively provide to consumers and/or family members/carers at the time of entering services in a way that is understandable to them written information about the following	Children's Services		Adult Services	
	Have	Provide	Have	Provide
➤ information about consumer rights and responsibilities including complaint & grievance procedure?	yes	yes	yes	yes
➤ information about outside advocacy services available including assistance available from BOV in resolving grievances	yes	yes	yes	yes
➤ descriptions of program services?	yes	yes	yes	yes
➤ mission statement ?	yes	no	yes	no
➤ information about all mental health/substance abuse treatment service options available in the community?	no	no	yes	yes
➤ information about psychiatric & substance use disorders and their treatment?	no	no	yes	yes
➤ information about medications used to treat psychiatric disorders?	yes	yes	yes	yes
➤ information about opportunities for consumer & family member / carer participation in management and evaluation of the service?	yes	yes	yes	yes
➤ staff names, job titles, and credentials?	yes	no	yes	yes
➤ organization chart ?	yes	no	yes	no
➤ staff code of conduct ?	yes	no	yes	no

Suggestion: Consider developing an information package to provide to consumers and families/carers that includes all of the above information.

Consumer / Family Member Participation

Does WMMHC-K recognize the importance of, encourage, and provide opportunities for consumers to direct and participate actively in their treatment and recovery?	YES <u>STRENGTHS:</u> <u>Adult Services:</u> ▪ The consumers BOV talked with seemed satisfied with their services and said they were doing better than they were prior to their involvement with WMMHC-K. ▪ Consumers' participation is tracked to identify those who have not attended Day Treatment per their usual schedule; these consumers are then contacted directly. <u>Children's Services:</u> ▪ BOV interviewed three families representing a good cross-section of children/families in services. These families were extremely honest about services received and overwhelmed with gratitude towards providers at WMMHC-K. It was clear that each family was directly involved with participating actively in their children's treatment plans. <u>Observation:</u> ▪ <u>Adult Services:</u> It appears that not all consumers participate in the groups and activities they signed up for. It appears that a number of consumers come to lunch, then go home without participating in services. <u>Adult Services Comment:</u> <i>We offer/encourage clients to participate in programming. We routinely assess client's interests in programming and make available groups and/or activities to promote and encourage participation. When a client is willing to come to the Center, if only for lunch, this give us an opportunity to engage them, assess for stability and areas of need.</i>
Does WMMHC-K identify in the service record consumers' family members/carers and describe the parameters for communication with them regarding consumers' treatment and for their involvement in treatment and support?	YES <u>STRENGTHS:</u> ▪ A significant percentage of the participants in Adult Services have families involved in their lives and interested in their care, but not necessarily included by WMMHC-K as active partners in center services. ▪ The Adult Services psychiatrist reaches out to include families when he feels it is appropriate. <u>CONCERN:</u> ▪ <u>Adult Services:</u> There does not appear to be a consistent, proactive procedure for identifying interested family members and formally reaching out to and including them as active partners in consumers' services. <u>RECOMMENDATION 4:</u> (Adult Services) Develop a consistent, proactive procedure for identifying interested family members and formally reaching out to and including them as active partners in consumers' services.
Does WMMHC-K promote, encourage, and provide opportunities for consumer and family member/carer	NO

participation in the operation of WMMHC-K (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 consumer peer support)? Does the service have written descriptions of these activities?	<u>SUGGESTION:</u> Consider ways to promote, encourage, and provide opportunities for consumer and family member/carer participation in the operation of WMMHC-K (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 consumer peer support).
Does WMMHC-K promote, encourage, and provide opportunities for consumer and family member/carer participation in the evaluation of WMMHC-K (ex: evaluation of 'customer service', effectiveness of communication with consumers and family members/carers, measurement of outcomes)? Does the service have written descriptions of these activities?	Consumers and family members/carers do not participate in the evaluation of WMMHC-K services, per se, beyond being asked to fill out satisfaction surveys. <u>CONCERN:</u> - There is no formal distribution or collection of consumer/family satisfaction surveys. - Staff does not actively encourage people to fill satisfaction surveys out. <i>see Adult Services comment above</i> <u>SUGGESTION:</u> - Consider ways to more formally distribute, collect, and evaluate satisfaction surveys; and to implement suggestions for improvement that seem reasonable. - Consider developing more dynamic roles for consumers and family members/carers in the evaluation of WMMHC-K services.

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

Promotion of Mental Health

Does WMMHC-K work collaboratively with state, county, and local health promotion units and other organizations to conduct and manage activities that promote mental health?

YES

STRENGTHS:

- Stillwater is involved collaboratively through membership and/or Board participation in multiple organizations: Kids Management Authority, Youth Service Network, Montana Children's Initiative, Child Information Team, Flathead County Multi-Disciplinary Team, 11th Judicial District Accountability Court, Flathead County Child Advocacy Center, Youth Placement Committee, Child & Family Services Division Foster Care Review Committee, and United Way. Individual staff members are Board members of CASA, The Nurturing Center and Headstart.

Does WMMHC-K provide to consumers and their family members/carers information about mental health support groups and mental health-related community forums and educational opportunities?

YES

Promotion of Physical Health

Does WMMHC-K recognize the connection between physical and mental health?

YES

STRENGTHS:

- WMMHC-K approach is holistic, including an acknowledgement of the relationship between mental illness and addiction.
- Reproductive health is recognized as a part of overall health.

For all new or returning consumers, does WMMHC-K perform a thorough physical / medical examination or ensure that a thorough physical / medical examination has been performed within one year of the consumer entering / re-entering the service?

YES

STRENGTHS:

- Each chart has a progress note from a medical examination done within the last year.
- Case managers and PACT are a great resource and make sure consumers get the medical care that they require.
- There was an expressed commitment to obtaining dental care for consumers which is a challenging effort since there are few dentists willing to see underserved multi problem populations, or who take Medicaid as a payment source.

SUGGESTION:

- Consider ways to improve the integration of physiologic and psychiatric –mental health care.

Does WMMHC-K link all consumers to primary health services and ensure that consumers have access to needed health care?

YES

STRENGTHS:

- Medical care and dental care appears to be obtained when needed.
- All Stillwater clients in Therapeutic Foster and Group Home Care are linked to, and have appointments with, a primary care physician and dentist within 30 days of admission.

	- Adult Service clients who see the psychiatrist/APRN are required to have an annual physical. Labs are routinely monitored and information shared with their PCP by the prescribers. Clients are routinely referred to specialists when indicated and results are reviewed and added to the chart. <u>CONCERN:</u> - Beyond the documentation of a medical exam noted above, charts contained little if any information that reflected integration of physiologic and psychiatric care nor an indication that primary medical care is included as part of entry to services. - There does not appear to be a policy requiring linkage of all consumers to primary health services. - Adult Services has done everything conceivable to identify dentists who will serve their clients – including contacting the Montana Dental Association. The only dentist within a reasonable area who will serve people on Medicaid is in Libby – a 90 mile drive from Kalispell <u>RECOMMENDATION 5:</u> (Adult Services) Develop a policy and process for routinely linking all consumers to primary health services.
Does WMMHC-K proactively rule out medical conditions that may be responsible for presenting psychiatric symptoms?	<u>YES</u> <u>STRENGTHS:</u> - This appears to be accomplished through medical examinations and good psychiatrist to primary physician communication. - Professional staff express a strong commitment to quality individualized care which may suggest attention to ruling out medical problems.
Does WMMHC-K ensure that consumers have access to needed dental care?	<u>YES</u> <u>STRENGTHS:</u> - Staff has worked hard to identify dentists who will see mental health center consumers. - Leadership staff have been extremely aggressive in efforts to find dentists in the Northwest region of Montana who are willing to work with mental health consumers. <u>CONCERN:</u> - Staff drive consumers to Libby, MT (180 miles round trip) for dental care - the closest dentist that accepts Medicaid patients. Obtaining dental care for consumers is one of the most significant struggles for WMMHC-K staff.

Prevention of Exacerbation of Mental Illness

Does WMMHC-K actively and assertively identify and appropriately reach out to vulnerable individuals in the defined community, including 'unattached' individuals with mental illnesses, mentally ill older adults, and minor children of mentally ill consumers who are parents?

YES

STRENGTHS:

- WMMHC-K Adult Services PATH staff person goes to the homeless shelters, the jail, and the emergency room to see individuals who appear to require mental health care. This effort extends to other places where homeless people are known to frequent.

Does WMMHC-K assist each enrolled consumer to develop a relapse management plan that identifies early warning signs of relapse and describes appropriate actions for WMMHC-K, consumers, and family members/carers to take?

YES

STRENGTHS:

- Some treatment plans have relapse management components.

CONCERN:

- There does not appear to be a relapse management plan as a standard component of each consumer's treatment plan.

Adult Services Comment:

Previous versions of our treatment plans included Wellness Management Plans. We are adding this component to our treatment plans again.

Cultural Competence

Does WMMHC-K ensure that its staff are knowledgeable about cultural, ethnic, social, historical and spiritual issues relevant to the mental health of and provision of treatment of mental illness relevant to all people in the defined community, with a specific emphasis on American Indian people?

STRENGTHS:

- WMMHC-K has initiated the process by sending children's case managers and their supervisor to a cultural training at Confederated Salish and Kootenai Tribes on the Flathead Reservation (S-K).
- Children's Case Managers have excellent skill levels and are extremely helpful and open to learning about issues relevant to American Indian clients.
- Adult Services has arranged with a consumer/board member from S-K to train staff and present to clients in June/July 2008.

CONCERN:

- Not all staff have had cultural training.

SUGGESTIONS:

- Develop a cultural competency resource book as a staff resource to be kept in all service areas.

RECOMMENDATION 6:

(Adult Services & Stillwater)

- a) Develop comprehensive, ongoing cultural competence training for WMMHC-K staff that includes information relevant to all the Indian tribes in Montana and their individual cultures – as well as historical factors that affect the mental health of American Indians such as racism, forced migration, boarding schools, and multi-generational unresolved grief.²
- b) Consult with the Montana-Wyoming Tribal Leaders Council for assistance³.

In the planning, development, and implementation of its services, does WMMHC-K consider the needs of, promote specific staff training for, and involve representatives of relevant cultural / ethnic / religious / racial groups, with a specific emphasis on American Indian people?

YES

STRENGTHS:

- Stillwater has invited Indian Health Services staff in Ronan and S-K health services staff to case management meetings at the Sinopah House for coordination of care for an American Indian youth.
- Sinopah House staff work closely with Glacier High School to investigate and resolve any complaints of racism that may be raised by Sinopah clients.

² 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>

³ www.mtwytlc.com/

Does WMMHC-K investigate under-utilization of mental health services by people in minority cultural / ethnicd racial groups, with a specific emphasis on American Indian people?	NO CONCERN: ▪ In addition to serving American Indians, Directors report an increase in the number of African American and Hispanic people, however WMMHC-K does not collect data to better understand the need for and access to services by "non-majority" people. SUGGESTION: ▪ Obtain census and other demographic data for minorities from the state of Montana for the area served to establish a percentage of American Indian and other "non-majority" people who live in the catchment area.
Does WMMHC-K employ specialized treatment methods and communication necessary for people in minority cultural / ethnicd racial groups, with a specific emphasis on American Indian people?	NO STRENGTHS: ▪ Clients in Therapeutic Foster and Group Care services have cultural goals in their treatment plans (in a separate section of the plan specific to cultural issues), Parents, clients, and Tribal Social Services workers participate in the development of treatment plans for American Indian children, including the establishment of treatment goals that enhance cultural identity. SUGGESTIONS: ▪ Identify ways to empower the American Indian consumers by providing examples of opportunities specific to American Indians: ➤ provide a list/schedule of pow-wows to American Indian consumers ➤ educate the eligible (enrolled) American Indian consumers 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 ☐ <u>Upward Bound</u>⁴ ☐ Urban Indian activities available ➤ educate American Indian residents about the tribal enrollment process ➤ subscribe to the on-line Native Youth Magazine⁵ (lists many opportunities and resources for American Indian youth).

⁴ <http://www.ed.gov/programs/trioupbound/index.html>

⁵ <http://www.nativeyouthmagazine.com/>

Does WMMHC-K deliver treatment and support in a manner that is sensitive to the cultural, ethnic, and racial issues and spiritual beliefs, values, and practices of all consumers and their family members/carers, with a specific emphasis on American Indian people?	YES STRENGTHS: - There is a high level of interest and respect among WMMHC-K staff for cultural issues that are relevant to their clients. - Sinopah House contains numerous items of décor that represents awareness of and respect for cultural diversity. There are 8 pictures, posters, and other art on the walls in the main area and bedroom hallways of Sinopah House that is specific to American Indian women. The Program Manager's office contains two large photos of American Indian young women as well as a large American Indian blanket wall hanging. There is a large dream catcher hanging in the group room and a "talking stick" that is used during group therapy. - At Stillwater, there is a large painting of an American Indian father and son on the wall in the upstairs hallway; the Clinical Director's office contains many pieces of culturally diverse artwork. - Stillwater plans to add artwork that reflects multiple cultures in the near future. CONCERN: - There is not an overarching, organized approach to ensuring that staff have a defined level of knowledge, that necessary working relationships with cultural experts is established, or that dynamic working relationships with Indian health providers/programs are in place. SUGGESTIONS: - Obtain the following book for the WMMHC-K library and incorporate into staff cultural competency training: <u>A Gathering of Wisdoms Tribal Mental Health: A Cultural Perspective by Swinomish Tribal Mental Health Project</u>⁶. - Consult the website <u>Traditional Indian Games</u>⁷ for ideas for culturally relevant activity and cross-culture exposure. - Utilize the medicine wheel in formulating treatment goals for American Indian children.
Does WMMHC-K employ staff and develop links with other service providers / organizations with relevant experience and expertise in the provision of treatment and support to people from all cultural / ethnicd religiousd racial groups represented in the defined community, with a specific emphasis on American Indian people?	NO STRENGTHS: - One WMMHC consumer Board member is American Indian and is very active in promoting understanding and support of issues related to all cultural groups. - There are no American Indian staff in WMMHC-K. CONCERN: - There are no American Indian staff in WMMHC-K.

⁶ Swinomish Tribal Mental Health Project. (1991). *A Gathering of Wisdoms, Tribal Mental Health: A Cultural Perspective*. La Conner, Washington: The Swinomish Tribal Community. For information contact: Swinomish Tribal Community, 950 Moorage, LaConner, Washington 98257

⁷ <http://www.traditionalnativegames.org/>

	▪ There are currently no organizations or providers in Flathead County dedicated to the provision of treatment and support to American Indian people. In the past, there was one such organization that Stillwater collaborated with, but it is no longer in existence. The Clinical Director at Stillwater has extensive experience and knowledge regarding mental health treatment for American Indian people; his expertise is utilized on a consistent basis. ▪ Stillwater utilizes the expertise of Tribal Social Workers and other representatives from various tribes with which its clients may identify. <u>SUGGESTIONS:</u> ▪ Consider creating a dedicated staff position or positions to be filled by American Indian people. ▪ Consider developing one staff position that is a cultural specialist to enhance cultural competence of WMMHC-K services.
With regard to its own staff, does WMMHC-K 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?	YES ▪ Consider ways to communicate proactively with American Indian consumers in a way that will support them in letting WMMHC-K staff know if anyone at WMMHC-K (staff or consumers) has treated them disrespectfully because of their race.

Integration of Services

Within the Organization

Does WMMHC-K ensure service integration and continuity of care across its services, sites, and consumers' life spans?	YES <u>STRENGTHS:</u> Integration is increased through the clustering of adult and child, residential and outpatient services - including the Safe House, Sinopah House, and the inpatient facility at Pathways (about 5 blocks away).
Does WMMHC-K convene regular meetings among staff of each of its programs and sites in order to promote integration and continuity?	YES <u>STRENGTHS:</u> - Communication among staff and supervisors is a great strength within WMMHC-K. - Regular meetings take place not just within administrative or clinical circles, but in a crossover fashion as well. Clinicians understood the business side of mental health, and administrative staff are able to articulate an understanding of the clinical functions of their business.

Within the Community

Does WMMHC-K actively participate in an integrated human services system and nurture inter-community links and collaboration?	YES <u>STRENGTHS:</u> - Mental Health Professionals take calls from anyone in the community not just the consumers of WMMHC-K. - Stillwater's connections with Youth Court and Youth Probation, and the local school districts are impressive. - Stillwater's working relationships with the Confederated Salish and Kootenai Tribes (see additional comments under Cultural Competence, page 29) and medical community are also strong. - The feedback BOV received from the community is that the WMMHC-K's work and staff are respected and enjoy a very positive reputation. This standing appears to be the result of years of effort, and is clear evidence of a long term investment by the WMMHC-K.
Are WMMHC-K's staff knowledgeable about the range of other community agencies available to consumers and family members/carers?	YES

Within the Health System

Is WMMHC-K part of the general health care system and does it promote and support comprehensive health care for consumers, including access to specialist medical resources, and nurtures inter-agency links and collaboration?	YES
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Staff Competence, Training, Supervision, and Relationships with Consumers

Competence and Training

Does WMMHC-K define minimum knowledge and competence expectations for each staff position providing services to consumers?

Beyond generic requirements in position descriptions, minimum knowledge and competence expectations for each staff position are not defined.

STRENGTHS:

- RE: Cultural Competence: WMMHC-K staff appear very interested and motivated to learn about issues relevant to working with American Indians and want to improve service to that population.
- Even though expectations do not appear to be specifically defined, Stillwater has established a high level of expectation for its staff - including at least a bachelor level educational background for all case management staff – and an impressive functional process for selecting high-level individuals when openings occur. As a result of this program culture, turnover in key positions has been very low.
- Adult Services is committed to assisting staff to become licensed. Adult Services provides training twice a month for licensed staff and general education once a month.
- In Adult Services professional staff competence expectations go beyond commonly accepted minimal levels. For example, therapists are expected to not simply be "license eligible" but, in fact, licensed. Adult Services focuses particular effort on licensed staff becoming dually licensed, i.e., Licensed Clinical Social Worker (LCSW)/Licensed Clinical Professional Counselor (LCPC) and Licensed Addiction Counselor (LAC).

CONCERN:

- Knowledge and competence expectations for issues relevant to working with American Indians are not defined. (see **Cultural Competence**, page 29)
- Knowledge and competence expectations appear particularly vague for staff positions in Adult Services. There is some on-the-job training but the parameters are not defined, responsibilities for conducting the training are not assigned, and attainment of knowledge and skills is not assessed.

RECOMMENDATION 7:

(Adult Services) Define minimum written knowledge and competency expectations for each Adult Services staff position providing services to consumers.

Does WMMHC-K have written training curricula for new staff focused on achieving minimum knowledge and competence levels defined for each position providing services to consumers?

NO

BOV did not see evidence of written training curricula.

STRENGTHS:

- RE: Stillwater: Even though there is no formal written training curricula, after BOV discussed with the Program Director, supervisors, and line staff all appear very clear about their process for increasing competence levels through personal and professional growth and development.

CONCERN:

	- Consistence and adherence to knowledge and competence standards over time will be compromised without established, written definitions and curricula. <u>SUGGESTION:</u> - Consider arranging for all staff to participate in NAMI's Provider Education. - Consider developing a position for and hire a staff training specialist. <u>RECOMMENDATION 8:</u> (Adult Services & Stillwater) Based on minimum knowledge and competency expectations, develop a written training curriculum and provide training for new staff focused on achieving minimum knowledge and competency levels. This training should include basic information about all major mental illnesses and serious emotional disturbances.
Does WMMHC-K train new staff in job-specific knowledge and skills OR require new staff to demonstrate defined minimum knowledge and competence prior to working with consumers?	This does not appear to be formalized – see comments above. <u>STRENGTHS:</u> - New workers receive more intense supervision, and are assigned a "mentor" for an initial period of time. <u>CONCERN:</u> - On-the-job training is ad-hoc, and only as good as the co-workers/trainers skills. - It appears that Adult Services staff receive very minimal education about serious mental illnesses.
Does WMMHC-K 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.?	<u>YES</u> <u>STRENGTHS:</u> - Everyone interviewed praised the supervisors and facility for being supportive and encouraging of ongoing education and training. - Select WMMHC-K staff participate in the Minkoff/Cline series on co-occurring disorders and AMDD-sponsored Dialectical Behavioral Therapy (DBT) training. <u>SUGGESTION:</u> - Consider more consistent and assertive efforts to encourage and support staff participation in NAMI-MT Mental Illness Conferences, Mental Health Association trainings, Department of Public Health and Human Services trainings, and professional conferences. <u>RECOMMENDATION 9:</u> (Adult Services) Arrange with NAMI-MT⁸ to present Provider Education Course to the Adult Services staff, including the PACT staff.
Does WMMHC-K periodically assess current staff and identify and address knowledge and competence deficiencies?	<u>YES</u> <u>STRENGTHS:</u> WMMHC-K appears to take seriously the process of annual performance reviews.

⁸ 406-458-9738

Supervision

Does WMMHC-K provide active formal and informal supervision to staff?

YES

STRENGTHS:

- Active supervision appears to be one of WMMHC-K's great strengths. It occurs in a blended manner of formal and "in the moment" interactions. Individual, group and team supervision formats are used.

Does WMMHC-K train supervisors and hold them accountable for appropriately monitoring and overseeing the way consumers are treated by line staff?

YES

STRENGTHS:

- Children's Case Managers described the open-door policy at all times and really appreciate their Program Director.
- The lines of authority and responsibility within this organization seem clear.
- Part of the Stillwater Clinical Director's performance review includes an examination of his own process of management and supervision – this represents a high-level of sophistication and commitment to excellence in supervision, self-examination, and quality generally.

Does WMMHC-K train supervisors and hold them accountable for appropriately monitoring, overseeing, and ensuring that defined treatment and support is provided effectively to consumers by line staff according to their responsibilities as defined in treatment plans?

YES

Relationships with Consumers

Do mental health service staff demonstrate respect for consumers by incorporating the following qualities into the relationship with consumers: positive demeanor, empathy, calmness, validation of the desires of consumers?

YES

STRENGTHS:

- Adult Services: Good relationship between consumers and staff. The staff are friendly, stopped to talk to consumers and mixed with them quite well. There doesn't seem to be any uneasiness between consumers and staff. The consumers seemed comfortable to talk and joke with the staff. The relationships that BOV observed seemed very relaxed and non-critical.
- Children's Services: Staff members have very positive relationships with the people they serve. There was a calmness that appears to stem from professional competence and confidence. Children's and family members' feedback was universally positive about the staff. Many family members pointed to being positively received, listened to, understood, taken seriously and fully involved in the process

Assessment, Treatment Planning, Documentation, and Review

General

Does WMMHC-K have a treatment plan in place for each consumer?	YES STRENGTHS: - WMMHC-K uses an innovative tool to guide therapeutic staff in developing treatment plans. CONCERN: Adult Services: - Treatment plans are on a generic computerized form in which boxes with very sparse information are checked. There is a short statement at the bottom of the treatment plan that is specific to each consumer. The form seems congested and tedious and it is difficult to follow the progress. SUGGESTION: - Consider ways to strengthen the treatment plan format by improving the degree to which the current format prompts for individualization and specificity. Have them reflect the planning and outcomes for consumers.
Does WMMHC-K ensure the implementation of treatment plans?	YES
Does WMMHC-K use a multidisciplinary approach in its treatment planning and review process?	YES

Assessment

When a diagnosis is made, does WMMHC-K provide the consumer and, with the consumer's consent, family members/carers with information on the diagnosis, options for treatment and possible prognoses?	YES
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Do assessments

Include thorough medical evaluations that determine the nature of consumers' current medical and dental needs, and rule out or identify medical disorders – as contributing to or causing psychiatric symptoms?	NO Charts do not indicate that this is done.
Identify specific ethnic background, including unique cultural, ethnic, spiritual, and language needs relevant to consumers and their families, with a specific emphasis on American Indian people (including consumer identified nation/tribe and relevant tribal contact information)?	Inconsistently.

Treatment Planning	
Does WMMHC-K proactively involves consumers, and with consumers' consent, family members/carers, and others in the development of initial treatment plans?	YES STRENGTHS: - Staff does a good job of involving consumers and encouraging the support and participation of important people in their lives. - Families who are consumers of Stillwater services indicated that they were involved in planning and felt included. CONCERN: - Charts do not consistently document consumer/family involvement in development of treatment plans.
Do mental health service treatment plans focus on interventions that facilitate recovery and resources that support the recovery process?	YES
Does WMMHC-K work with consumers, 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 consumers and family members/carers to take?	YES STRENGTHS: All of the records BOV reviewed contained very behaviorally specific Crisis Management Plans which were signed off by staff, consumer and family.
Does WMMHC-K proactively provide consumers, and with consumers' consent, family members/carers a copy of the treatment plan?	Inconsistently.
Documentation	
Does WMMHC-K use an electronic, computerized health record system with online capability for recordkeeping and documentation of all mental health services provided to all of its consumers?	WMMHC is planning to implement an electronic medical record.
Is there clear congruence among assessments, service plans, discharge plans, service plan revisions, and treatment documentation?	NO STRENGTHS: - WMMHC conducts 'quality assurance' reviews of client files in all of its offices. These reviews look at completion of documentation required by the Department of Public Health and Human Services under its mental health center license. This appears to be an excellent process for monitoring the agency's performance relative to documentation. - There is an abundance of detailed documentation in the clinical records. Evaluations are thorough. - The Child & Adolescent Functional Assessment Scale (CAFAS) is used to assess functioning and measure change and progress. CONCERN: - The quality assurance process does not appear to examine the degree to which documentation reflects a coherence of the flow of services as a whole. - In BOV's limited review of charts, it was difficult for BOV to see a clear connection among identified problems, interventions specific to problems, and goal attainment.

	- Documentation does not appear to reflect interventions described in treatment plans. - Treatment plan goals are not consistently dated to indicate when consumers have achieved the goals. 'Treatment and Transfer Summaries' do not indicate clear rationale or functional behaviors that led to a change in service. <u>SUGGESTION:</u> - Consider revising the planning/documentation system so that it promotes increased clarity and active continuity from treatment planning to service implementation to plan revision to goal achievement.
For children, Is there clear documentation of a proactive approach to involving consumers' parents / carers / guardians in the service planning and revision?	YES <u>STRENGTHS:</u> - Feedback from staff, families, and review of records substantiate that a broad base of participation goes into the development of children's treatment plans and progress reviews. <u>CONCERN:</u> - Documentation does not reflect what is apparently happening in this area.
Review	
Do WMMHC-K treatment progress reviews support conclusions with documentation?	YES <u>STRENGTHS:</u> - The CAFAS used by Stillwater documents and substantiates progress in treatment. <u>CONCERN:</u> - It was difficult for BOV to see the process used by WMMHC-K for identifying and documenting areas of progress – and for adjusting clinical interventions based on this kind of process.
Are WMMHC-K treatment progress reviews conducted with the treatment team and the consumer present?	Inconsistent. <u>STRENGTHS:</u> - In some charts, there was evidence of consumer and family/caregiver presence and participation in the review process. <u>CONCERN:</u> - There was not consistent evidence in documentation that this in fact does occur. - Some families of children served reported that they do not feel included in the <u>review</u> process. <u>SUGGESTION:</u> - Evaluate the degree to which this does in fact occur and determine if this is a clinical issue or a documentation issue.

Treatment and Support	
<i>Evidence-Based Services</i>	
Does WMMHC-K Adult Services use the following evidence-based practices (EBP) ⁹ ?	
➤ <u>Illness Management & Recovery</u>	Services are provided in the spirit and with knowledge of the concepts of recovery. The specific components of Illness Management and Recovery described by SAMHSA are not used.
➤ <u>Assertive Community Treatment</u>	-YES-
➤ <u>Family Psychoeducation</u>	-NO- RECOMMENDATION 10: (Adult Services) Use the SAMHSA information to develop psychosocial education for families ¹⁰ .
➤ <u>Supported Employment</u>	-NO- RECOMMENDATION 11: (Adult Services) Use the SAMHSA information to develop a comprehensive in-house employment effort based on the Supported Employment model ¹¹ .
➤ <u>Integrated Treatment for Co-Occurring Disorders</u>	-YES-

⁹ For the purposes of its Standards for Site Reviews of Mental Health Facilities, BOV references criteria based on evidence-based practice guidelines developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS). Detailed information is on the following website:

¹⁰ <http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/family/>

¹¹ <http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/employment/>

Medication	
Is the medication prescription protocol evidence-based and reflect internationally accepted medical standards?	YES
Is medication prescribed, stored, transported, administered, and reviewed by authorized persons in a manner consistent with legislation, regulations and professional guidelines?	YES STRENGTHS: - Sykes Pharmacy provides weekly and daily medication boxes with names and doses of the medications. WMMHC-K medical staff review and distribute the boxes. CONCERN: - The directions on medication boxes use medical terminology such as "BID" and "PO". RECOMMENDATION 12: (Adult Services) Begin using lay terms on medications boxes similar to standard prescription bottle labels.
Are consumers 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?	YES
Are medications administered in a manner that protects the resident's dignity and privacy?	YES
Does WMMHC-K ensure access for consumers to the safest, most effective, and most appropriate medication and/or other technology?	YES
Does WMMHC-K consider and document the views of consumers and, with consumers' informed consent, their family members/carers and other relevant service providers prior to administration of new medication?	YES
Does WMMHC-K acknowledge and facilitate consumers' right to seek opinions and/or treatments from other qualified prescribers and WMMHC-K promotes continuity of care by working effectively with other prescribers?	YES STRENGTHS: WMMHC psychiatrists appear to welcome second opinions, and appear to have excellent relationships with other health care providers.
Where appropriate, does WMMHC-K actively promote adherence to medication through negotiation and the provision of understandable information to consumers and, with consumers' informed consent, their family members/carers?	YES STRENGTHS: Medications boxes help promote adherence. Also, the psychiatrists seem to be very good about discussing the importance of adherence and the side effects that may deter consumers from taking their medications.
Wherever possible, does WMMHC-K not withdraw support or deny access to other treatment and	YES

support programs on the basis of consumers' decisions not to take medication?	
For new consumers, 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 medication treatment?	YES
For current consumers, does WMMHC-K provide regularly scheduled appointments with a psychiatrist or mid-level practitioner to assess the effectiveness of prescribed medications, to adjust prescriptions, and to address consumers' questions / concerns in a manner that neither compromises neither clinical protocol nor consumer – clinician relationship?	YES <u>STRENGTHS:</u> Regular appointments are scheduled at least every 3 months, and more often depending on individual consumer need.
When legitimate concerns or problems arise with prescriptions, do consumers have immediate access to a psychiatrist or mid-level practitioner?	YES <u>STRENGTHS:</u> - There is always psychiatrist on call. - Two community psychiatrists who share on-call responsibilities specialize in child/adolescent psychiatry. - Even though the regular Stillwater psychiatrist works part-time, he is available at all times to the Stillwater staff when a concern or problem arises. - The Stillwater psychiatrist is available for consultation to the Adult Services psychiatrist when he is on call.
Are medication allergies and adverse medication reactions well documented, monitored, and promptly treated?	YES <u>STRENGTHS:</u> RN's monitor for side effects and ask questions pertaining to medication efficacy when consumers come for their med boxes. Any concerns are brought to the attention of the psychiatrist immediately
Are medication errors documented?	YES
Is there a quality improvement process in place for assessing ways to decrease medication errors?	YES <u>STRENGTHS:</u> - Med errors are avoided in several ways. The pharmacist from the Sykes Pharmacy comes in once weekly to both PACT and Adult Services to review the medications and compare medication documentation. Nurses review the boxes after they are filled and go over them with the consumer. - All medication errors are required to be documented on an Incident Report form that is reviewed by the Program Director, Deputy Director, and Executive Director. This information is entered in a data base at WMMHC administration and is aggregated and disseminated to all Program Directors. Any trend in medication errors triggers a corrective action plan or a professional standards review to ensure that recommended changes occur.

Are appropriate consumers screened for tardive dyskinesia?	YES <u>STRENGTHS:</u> There is no documentation in the charts, but staff reports that consumers are tested using the Abnormal Involuntary Movement Scale (AIMS) at least every 3 months at their medication appointments. <u>RECOMMENDATION 13:</u> (Adult Services & Stillwater) Begin to document AIMS tests.
Is the rationale for prescribing and changing prescriptions for medications documented in the clinical record?	YES <u>STRENGTHS:</u> The charts have a section labeled "med notes" where all medications changes and rationale are documented by prescribers.
Is medication education provided to consumers including "adherence" education?	YES
Is there a clear procedure for the use of medication samples?	YES <u>STRENGTHS:</u> - PACT and child services keep samples in locked cabinets and keep logs documenting distribution of each medication. - Adult service keeps samples in a locked cabinet in the locked med room. <u>CONCERN:</u> - Adult Services does not document samples and do not have a current log. <u>RECOMMENDATION 14:</u> (Adult Services) Develop a "medication sample log" to be completed by a licensed healthcare professional (MD, RN, LPN) that accounts for all samples received by WMMHC-K, specific quantities of samples that are distributed to consumers, and dates of distribution; this log should clearly indicate running totals of sample medication on hand.
Are unused portions of medications disposed of appropriately after expiration dates?	NO <u>CONCERN:</u> - Medications are dumped from the bottle and the label is removed. They are double bagged and wrapped up tightly with packaging tape and thrown in the trash. <u>RECOMMENDATION 15:</u> (Adult Services & Stillwater) - Obtain a sharps container and pour all expired and unused medications in it. When full, take to a local pharmacy to be disposed of properly. - Develop a log that accounts for all unused/expired medications.

Are there procedures in place for obtaining medications for uninsured or underinsured consumers?	YES <u>STRENGTHS:</u> ▪ Samples are provided by pharmaceutical companies. ▪ Sykes Pharmacy allows consumers to charge medications when necessary to provide access to medications. ▪ Pharmaceutical company assistance programs are used.
Is assertive medication delivery and monitoring available to consumers based on need for this service?	YES
<i>Case Management</i>	
Based on individualized needs assessment, does WMMHC-K provide or facilitate access to assertive community treatment based on the ACT© model (PACT)?	YES
Are caseload sizes are monitored to ensure that excessive caseload sizes do not compromise service quality or consumer access to case managers?	NO <u>STRENGTHS:</u> ▪ The dedication of case managers and a good team approach with lots of support from co-workers and supervisors appear to mitigate problems associated with increasing caseload size. <u>CONCERN:</u> ▪ While there appears to be an understanding that when caseload size is too high service quality is compromised, WMMHC-K does not appear to use a specific management tools to ensure caseloads don't get too high, or to define parameters that are indicative of excessive caseload size. ▪ Caseload sizes appear to have crept up over time, and the amount of time case managers spend face-to-face with consumers has been slowly reduced (case managers report a reduction over the past several years in face-to-face time they spend with consumers from 75% to 50%). <u>SUGGESTION:</u> ▪ Consider developing service quality measures that address the effect of increasing caseload size. ▪ Consider developing a specific process – based on service quality-caseload size measures - that allows for limiting caseload size.

Employment

	GENERAL COMMENTS: - WMMHC-K Adult Services states that "lots of consumers work". It appears that a significant number of these consumers who work either were employed at some level when they entered services, or obtained employment on their own after entering services. - Consumers who are employed receive general support from staff if needed, but this does not appear to be an organized, evidence-based approach. - Case Managers are responsible to make referrals for Day Treatment consumers who want to work. STRENGTHS: - Adult Services has an extremely well-developed daily effort to engage consumers in volunteer experiences throughout the community. These activities are organized and carried out by a full-time "Volunteer Services Coordinator". A tremendous level of resources is committed to this project. - Three adult consumers are employed by WMMHC-K as drivers. CONCERNS: - The Day Treatment program does not focus -as a <u>central</u> component of its services – on employment. - Day Treatment staff and leaders do not appear to be knowledgeable about the basics of Supported Employment. - The prevailing thinking in the Day Treatment program about employment appears to be that consumers are extremely limited in their ability to work, that – for the most part – they are not interested in working, and that most consumers require rather extensive involvement in "employment readiness" activities before they can succeed in employment. This approach is not consistent with the literature or with model program outcome data^{12, 13}. See Recommendation 11, page 40.
Does WMMHC-K Adult Services identify employment needs and desires of consumers in the service plan, and assists consumers in defining life roles with respect to work and meaningful activities?	NO- STRENGTHS: Consumers who state the desire to work have access to outside agencies that provide Supported Employment (it is not clear if this service is consistent with the Substance Abuse and Mental Health Services Administration (SAMHSA) EBP standards) .

¹² **Supported employment for people with severe mental illness** . The Lancet , Volume 370 , Issue 9593 , Pages 1108 - 1109 P . Gold , G . Waghorn (September 29, 2007) :

<http://www.bhrm.org/guidelines/Supported%20Employment%20for%20People%20with%20Severe%20Mental%20Illness.pdf>

"All clients are encouraged to consider employment and are offered supported employment, but the client ultimately determines if and when to participate. **Eligibility is not based on determinations of readiness**, abstinence from alcohol or drug use, low levels of symptoms, lack of criminal history, or other criteria that have been used by professionals for years to exclude people from employment services. Clients who believe they are ready for work are often able to overcome these and other barriers." [emphasis added]

¹³ *Supported Employment Outcomes of a Randomized Controlled Trial of ACT and Clubhouse Models* :

<http://psychservices.psychiatryonline.org/cgi/content/full/57/10/1406> ; *What Predicts Supported Employment Program Outcomes?*: <http://www.springerlink.com/content/2663n71732q57702/>

	CONCERN: ▪ This is done only if a specific consumer initiates the conversation about his/her desire to work, not as a routine, proactive part of developing comprehensive recovery plans. If a consumer states this desire, there is no organized approach to assertively assisting him/her to find and keep employment. ▪ While consumers have access to job coaches at Flathead Industries (primarily a developmental disabilities provider) and one free-lance job coach, the relationship of these services to consumers' primary mental health connection – Lamplighter House – appears weak. RECOMMENDATION 16: (Adult Services) a) Begin to routinely and proactively identify employment needs and desires of consumers in each service plan. b) Using the treatment planning process, begin to routinely and proactively assist consumers in defining life roles with respect to work and meaningful work-related activities.
Does WMMHC-K Adult Services assist consumers to find and keep competitive employment through a supported employment approach. ¹⁴ ?	-NO- Consumers are referred to job coaches at Flathead Industries (primarily a developmental disabilities provider) and one free-lance job coach.
Does WMMHC-K Adult Services emphasize a focus on rapid attachment to the workforce in integrated settings and support for consumers in obtaining and keeping integrated employment in community settings. ¹⁵ ?	-NO- see comments above
Does WMMHC-K Adult Services works closely with employers to ensure that consumers do not lose their jobs during periods of hospitalization or other temporary out of community treatment?	-NO- see comments above
Co-Occurring Psychiatric and Substance Use Disorders	
	Strengths: ▪ WMMHC-K is participating in co-occurring disorders treatment system change project sponsored by AMDD and is moving in the direction of developing an integrated approach to treating people with co-occurring psychiatric and substance use disorders. ▪ The Adult Services Director appears highly committed to a fully- developed co-occurring service.
In assessing each individual, does WMMHC-K assume that co-occurring psychiatric and substance use disorders exist, and orient assessments and uses tools and methodologies that proactively confirm either the presence or absence of co-occurring psychiatric and substance use disorders?	YES see above

¹⁴ Information on Supported Employment at <http://www.mentalhealthpractices.org/se.html>

¹⁵ Bond, G.R., Becker, D.R., Drake, R.E., Rapp, C.A., Maller, N., Lehman, A.F., et al. (2001). Implementing supported employment as an evidence-based practice. *Psychiatric Services*, 52(3), 313-322.

Does WMMHC-K provide integrated, continuous treatment for consumers who have co-occurring psychiatric and substance use disorders according to best practice guidelines adopted by the state?	<u>STRENGTHS:</u> ▪ Adult Services offers co-occurring groups. ▪ Consumers have access to an AA group that meets at the facility.
Does WMMHC-K use one service plan and one relapse plan for each consumer with co-occurring psychiatric and substance use disorders?	YES
If the co-occurring psychiatric and substance use disorders are being treated by more than one professional, does WMMHC-K ensure that communication and treatment integration between these personnel is maximized?	YES
<i>Crisis Response and Intervention Services</i>	
Does WMMHC-K operate a 24 hour day, 7 day week crisis telephone line?	YES <u>STRENGTHS:</u> ▪ The Mental Health Professionals (MHP) in Kalispell are on 24X7. This approach to having dedicated MHP positions with an attractive work schedule is very innovative. ▪ MHPs are empowered to make decisions about inpatient referrals and commitment referrals. ▪ MHPs are certified by the local hospital to do admissions to the psychiatric unit (Pathways Treatment Center) directly through the emergency room. ▪ The MHPs and WMMHC-K in general have an excellent working relationship with Pathways Treatment Center. <u>CONCERN:</u> ▪ When BOV made a test call to the crisis line, the MHP was busy at the hospital emergency with another call. The person answering the phone advised the BOV caller that she may have to wait quite a while before she would receive a return call as there was only one person available and since they were busy she would have to wait. <u>RECOMMENDATION 17:</u> (Adult Services) Develop a procedure that identifies an alternative mental health professional person to be immediately available to talk with people who call in on the crisis line when the MHP is responding to another call.
Does WMMHC-K respond directly to its own consumers, consumers of other service providers, and to "unattached" individuals who call its crisis telephone line?	YES <u>STRENGTHS:</u> ▪ The response to the entire community is a significant strength of this program. The MHP service is a comprehensive joint venture of WMMHC-K, Flathead County, Kalispell Regional Medical Center, and United Way. <u>OBSERVATION:</u> ▪ Neither the juvenile justice system nor the sheriff's office are involved in this effort on an ongoing basis.

After responding appropriately to each caller's immediate need, and after addressing life safety concerns, does WMMHC-K carefully refer consumers who call the crisis telephone line and who are engaged in services with another entity to that entity?	YES
After responding appropriately to each caller's immediate need, and after addressing life safety concerns, does WMMHC-K either open the caller for services or carefully refer consumers who call the crisis telephone line and who are not engaged in services with any service provider to another provider?	CONCERN: ▪ MHPs recommend services to callers and refer, but do not follow up. SUGGESTION: ▪ If a consumer is not opened for WMMHC-K services, not hospitalized, or not released to family or friends, consider developing a specific referral and follow-up protocol. RECOMMENDATION 18: (Adult Services) Develop a specific follow-up protocol for crisis callers who are not opened for WMMHC-K services, not hospitalized, or not released to family or friends.
Does WMMHC-K follow-up on crisis line callers whom it refers out to ensure that the outside provider received the referral?	see above comments

Access and Entry

Are mental health services convenient to the community and linked to primary medical care providers?	YES
Does WMMHC-K inform the defined community of its availability, range of services and the method for establishing contact?	YES
For new consumers, is there 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
Is an appropriately qualified and experienced staff person (mental health professional or case manager) available at all times - including after regular business hours - to assist consumers to enter into mental health care?	YES
Does WMMHC-K ensure that consumers and their family members/carers are able to, from the time of their first contact with WMMHC-K, identify and contact a single mental health professional responsible for coordinating their care?	YES
Does WMMHC-K have a system for prioritizing referrals according to risk, urgency, distress, dysfunction, and disability, and for commencing initial assessments and services accordingly?	YES

Continuity of Care Through Transitions

General

Do consumers' individual service plans include exit plans that maximize the potential for ongoing continuity of care during and after all transitions from WMMHC-K?

STRENGTHS:

- While BOV did not see specific documentation in the records about exit planning, it heard much anecdotal evidence from staff and families about the lengths to which Stillwater goes to ensure continuity of care as people transition from WMMHC-K.

Does WMMHC-K ensure smooth transitions of children into adult services if necessary and appropriate?

YES

STRENGTHS:

- Transitioning into and out of care receive much attention by Stillwater staff. Families told BOV that they appreciate that they and their children are never "dumped" or otherwise left to fend for themselves. Again, having a broad range of programs and services clustered onto one campus helps to support transitions

Does WMMHC-K provide consumers 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

When a consumer is transitioning to another service provider, does WMMHC-K work with the consumer and their family members/carers to proactively facilitate coordination and follow-up with the new service provider?

YES

Transition Into and Out of Inpatient / Residential Treatment

Does WMMHC-K offer and assertively explore less restrictive, community-based alternatives to inpatient or residential treatment and support?

YES

STRENGTHS:

- Access to the Safe House and to Pathways gives WMMHC-K the opportunity to offer people more restrictive care, but in their own community.

Does WMMHC-K assume primary responsibility for continuity of care between inpatient or residential treatment and community-based treatment?

YES

Does WMMHC-K ensure that consumers' case managers stay in close contact via telephone and personal visits with consumers while they are in inpatient or residential treatment?

YES

Does WMMHC-K ensure that consumers' case manager, therapist, and psychiatrist participate in hospital intake and assessment, especially regarding medication considerations?

YES

STRENGTHS:

- The WMMHC-K campus - with the close proximity of various services - enables regular visits and good communication.
- The Adult Services psychiatrist indicated that he has good communication with Pathways, the Safe House, and with

	Montana State Hospital. Case managers appear very diligent in their contacts with inpatient staff.
Leading up to and at the time of discharge, do both the community service and the inpatient service / residential treatment service communicate and coordinate in such a way as to ensure continuity of care when consumers are discharged from inpatient residential treatment?	YES <u>STRENGTHS:</u> - When patients are discharged from the State Hospital to the Center in Kalispell they are required to spend at least one night in the Safe House, so they can be evaluated and community services can be set up for them. <u>CONCERN:</u> - WMMHC-K reports some situations when discharge communication from Montana State Hospital is inadequate.
Does WMMHC-K facilitate discharge planning meeting(s) prior to discharge that involve the consumer, family members / carers, and community providers?	YES <u>STRENGTHS:</u> - Attention paid to discharge planning by the staff at Sinopah House. In discussions with a young woman who was about to leave, it was clear that she and her family were very well versed in the issues surrounding successful discharge and transition. <u>CONCERN:</u> - Even though families of adult consumers are invited to treatment and discharge planning meetings, it appears that there are significantly more families involved in some fashion with their family member (26 of the 29 consumers checked) than the number who routinely participate in planning. This leads BOV to wonder whether a more concerted effort to involve families would be helpful. Consumers BOV spoke with confirmed this impression. <u>SUGGESTION:</u> - Review the process for involving family members in discharge and treatment planning meetings; consider ways to increase this involvement.

STATUS OF IMPLEMENTATION OF 2003 RECOMMENDATIONS

No recommendations were made in the last site review report of WMMHC-K services in 2003.

2008 RECOMMENDATIONS

1. (Adult Services) Assign or recruit a psychiatrist part time for the PACT Team as required by national PACT standards.
2. (Adult Services & Stillwater) Develop a strategic plan in consultation with staff at all levels, consumers, family members/carers, and community partners. Even though this recommendation is specific to its review of WMMHC services in Kalispell, BOV recommends that WMMHC develop an overarching strategic plan for its entire organization, with "sub-plans" for each satellite office/program.
3. (Adult Services & Stillwater) Develop a process of continuous quality improvement to evaluate and improve all activities related to services to consumers and families.
4. (Adult Services) Develop a consistent, proactive procedure for identifying interested family members and formally reaching out to and including them as active partners in consumers' services.
5. (Adult Services) Develop a policy and process for routinely linking all consumers to primary health services.
6. (Adult Services & Stillwater)
 - a) Develop comprehensive, ongoing cultural competence training for WMMHC-K staff that includes information relevant to all the Indian tribes in Montana and their individual cultures – as well as historical factors that affect the mental health of American Indians such as racism, forced migration, boarding schools, and multi-generational unresolved grief.
 - b) Consult with the Montana-Wyoming Tribal Leaders Council for assistance.
7. (Adult Services) Define minimum written knowledge and competency expectations for each Adult Services staff position providing services to consumers.
8. (Adult Services & Stillwater) Based on minimum knowledge and competency expectations, develop a written training curriculum and provide training for new staff focused on achieving minimum knowledge and competency levels. This training should include basic information about all major mental illnesses and serious emotional disturbances.
9. (Adult Services) Arrange with NAMI-MT to present Provider Education Course to the Adult Services staff, including the PACT staff.
10. (Adult Services) Use the SAMHSA information to develop psychosocial education for families.
11. (Adult Services) Use the SAMHSA information to develop a comprehensive in-house employment effort based on the Supported Employment model.
12. (Adult Services) Begin using lay terms on medications boxes similar to standard prescription bottle labels.
13. (Adult Services & Stillwater) Begin to document AIMS tests.
14. (Adult Services) Develop a "medication sample log" to be completed by a licensed healthcare professional (MD, RN, LPN) that accounts for all samples received by WMMHC-K, specific quantities of samples that are distributed to consumers, and dates of distribution; this log should clearly indicate running totals of sample medication on hand.
15. (Adult Services & Stillwater)
 - a) Obtain a sharps container and pour all expired and unused medications in it. When full, take to a local pharmacy to be disposed of properly.
 - b) Develop a log that accounts for all unused/expired medications.
16. (Adult Services) a) Begin to routinely and proactively identify employment needs and desires of consumers in each service plan.
b) Using the treatment planning process, begin to routinely and proactively assist consumers in defining life roles with respect to work and meaningful work-related activities.
17. (Adult Services) Develop a procedure that identifies an alternative mental health professional person to be immediately available to talk with people who call in on the crisis line when the MHP is responding to another call.
18. (Adult Services) Develop a specific follow-up protocol for crisis callers who are not opened for WMMHC-K services, not hospitalized, or not released to family or friends.

WMMHC-K RESPONSE

1. Kalispell Adult Services' recruitment of a PACT part-time psychiatrist is ongoing.
2. Kalispell Adult and Children's Services Directors will collaboratively develop a strategic plan for our mental health services in Flathead County. We will involve staff, consumers, and community partners in the development of the plan. Additionally, we will advocate for an overarching strategic plan to be developed by WMMHC that includes "sub-plans" for the agency's satellite offices.
3. WMMHC does have an existing Quality Assurance Program. The Directors of Kalispell Adult and Children's Services will work collaboratively with the WMMHC administration to revise the QA program and to include more consistent implementation of those QA activities necessary for the evaluation and improvement of services.
4. WMMHC Adult Services has incorporated a letter of invitation for family members/significant others identifying educational and support groups they may be interested in attending at WMMHC. This letter is included in initial intake paperwork. Family education/support group will be offered two times per year.
5. Kalispell Adult Services Director will develop a policy which states all clients are required to have an annual physical examination and appropriate lab work drawn. Appropriate referrals will be made to community resources if the client does not have a Primary Care Physician.
6. The Directors of Kalispell Adult and Children's Services will develop ongoing cultural competency training for all employees and will seek consultation in this effort from the Montana Tribal Leaders Council. The Directors will collaborate with the WMMHC administration and all other County Directors to coordinate ongoing cultural competency training region-wide.
7. Kalispell Adult Services Director will develop a checklist of knowledge and competency expectations for each staff position. This will be included with their orientation paperwork.
8. The Directors of Kalispell Adult and Children's Services will develop training curriculum for all new staff. This training will include specific information about all major mental illnesses and serious emotional disturbances. Additionally, this training will include cultural competency training.
9. Kalispell Adult Services Director will work collaboratively with NAMI-MT to facilitate presentation of Provider Education Course to all adult services staff.
10. Kalispell Adult Services staff will incorporate SAMHSA information to develop psychosocial education for families.
11. Kalispell Adult Services staff will incorporate SAMHSA information to develop a comprehensive in-house employment effort based on the Supported Employment model.
12. Kalispell Adult Services staff will work collaboratively with Sykes Pharmacy to create labels on medication boxes using lay terms.
13. Kalispell Adult Services staff with prescribing authority will routinely document AIMS tests and results will be included in client charts. All appropriate Stillwater clients have been screened by the psychiatrist for tardive dyskinesia and the results are documented in the charts. Although he has not used the formal AIMS test, the Stillwater psychiatrist will begin using the formal AIMS testing for appropriate clients.

14. Kalispell Adult Services nursing staff has developed and implemented a medication sample log which incorporates BOV recommendations.
15. WMMHC does have a comprehensive medication services policy and procedures. This will be revised as follows: Kalispell Adult Services nursing staff will develop a log that accounts for all unused/expired medications. Nursing staff will dispose of all unused/expired medications in the following manner per Sykes Pharmacy: 1) crush all medications; 2) place all crushed medication in a brown paper bag; 3) tape brown paper bag securely and place in garbage receptacle.
16. Kalispell Adult Services staff will develop and implement a procedure of identifying employment needs and desires of consumers. Once identified, this will be incorporated into the treatment planning process to define life roles with respect to work and meaningful work-related activities.
17. Kalispell Adult Services staff has implemented a procedure which identifies available licensed staff to answer the crisis line when MHP is unavailable.
18. Kalispell Adult Services Director will develop a follow-up protocol for crisis callers who are not opened to WMMHC-Kalispell services, not hospitalized, or not released to family or friends.