

Peninsula Community Mental Health Services QRT Report September 2009

BACKGROUND INFORMATION

The QRT made recommendations after interviewing ancillary agencies and providing on-site visits to PCMHC, to evaluate the quality and quantity of services provided over the last two years. An Ombuds and a PRSN representative accompanied them.

SITE VISIT – NAMI

September 17 the QRT attended a NAMI of Clallam County meeting where a Q&A session was presented—attendance was good. Most negative occurrences experienced by the consumers were prior to the 2007 QRT review.

Several NAMI members expressed concerns about being “graduated” out of PCMHC with little notice and no follow-up support. Questions were submitted concerning non-implementation of the Peer-to-Peer program. Concern was also voiced regarding the lack of billing from PCMHC, causing funds to backup into one large amount owed.

One consumer noted that she was very pleased with the support she received from staff for her medical issues, although they hadn’t directly affected her mental illness.

SITE VISIT – ANCILLARY PROVIDERS

The Quality Review Team (QRT) conducted ancillary provider interviews in a meeting room at Olympic Medical Center on September 21-22, 2009.

On September 21 representatives from Olympic Medical Center, the Volunteer Clinic (VIMO), Division of Child and Family Services (DCFS), and the Port Angeles Police Department were interviewed.

On September 22 the team interviewed representatives from Dry Creek Elementary School, Clallam County Youth Service Center and Clallam County Housing Authority.

ON-SITE VISIT – PENINSULA COMMUNITY MENTAL HEALTH

On-site visits were conducted with PCMHC programs staff on the main campus September 23-24, 2009. A good showing of agency management and senior supervisory staff attended the Entrance Interview.

The QRT interviewed staff from Residential Services, Adult Outpatient & Older Adult Services, the Medical Team, Adult Community Support Services, and had dinner with the consumers at Horizon Center on September 23, 2009. September 24, Children’s Services and the Crisis Team were interviewed, and an Exit Interview was held.

PCMHC teams shared a list of new programs that have been initiated: Vocational Assessment, Job Club, Wellness Group, Kids’ Summer Program, Drumming Group, Walking Group, Smoking Cessation, Gardening, Navigational Skills class, psychosis support groups, Art Therapy, Anger Management, and a Self-Esteem Group.

FINDINGS

Ancillary Providers

Olympic Medical Center (OMC):

The Critical Care Unit supervisor stated, “(Peninsula Community Mental Health Center) works well in partnership with OMC. We appreciate the promptness with which PCMHC personnel respond to a request for assistance. (They) are friendly, and very helpful.” She thinks they are “amazing.”

The Critical Care Unit staff is open to in-service training from PCMHC (offer of ½ hour at each OMC monthly staff meeting).

OMC ER staff is looking forward to having mutual computer access with PCMHC.

Volunteer Clinic (VIMO):

VIMO has a mutual exchange of information with PCMHC and a good working relationship with Peter Casey. PCMHC provides support in the form of education management and counseling.

There is apprehension regarding unfunded people, as clients must be uninsured or under-insured to receive VIMO help. Concern was also expressed about what happens when these clients leave the clinic (VIMO) and are referred on to PCMHC.

They currently have 2/3rd more clients than last year. There are presently 2,600 clients on the rolls at VIMO.

Division of Children & Family Services (DCFS):

Comments from DCFS staff included,

“Peter Casey is wonderful”; “accessing services is much easier with Peter Casey, Darren Nealis, and Kathy Stevens”; “there is a new sense of trust in the community now; (and it is) very easy to work with Peter Casey—he offers a new flexibility and willingness to adapt.” It was also noted that good things have been heard about child medications with PCMHC.

A need for guidance was suggested, to help clients maneuver through the mental health system, with long-term follow-through. It was suggested peer guidance could fill the gap.

Port Angeles Police Department (PAPD):

Peter Casey has built a bridge for the PAPD Mental Health Liaison to work with PCMHC staff. It was noted that a Crisis Center is needed in the community.

The suggestion was made to have PCMHC sign a police form so that the officers could contact Peninsula Mental Health directly, bypassing OMC’s need to conduct their medical evaluation before PCMHC notification. This could provide for a faster response from the Crisis Team.

FINDINGS

Ancillary Providers (continued)

Dry Creek Elementary School:

Peninsula Community Mental Health Center provides counseling and medications to the school. It was noted that medications are dealt with very quickly, with a timely response.

The school prefers on-site visits by PCMHC rather than children having to travel to the clinic—it takes a long time to travel so far and the children miss school. It takes a doctor's note for the school to be able to administer medications to the children.

There are about 450 students at the school (total), of which approximately 90 are Native American.

Clallam County Youth Services Center:

Approximately 10-18 “clients” in detention overlap with both PCMHC and Youth Services. When a youth is in crisis, PCMHC responds in a timely manner. Good communications are ever improving coordination with PCMHC since Peter Casey took over.

65-70% of the Youth Services Center clients have mental health and/or drug issues. There is a good working relationship, mutually shared, with Mac McIntyre.

The 32-bed facility is usually filled with 18-20 kids

Clallam County Housing Authority:

The Housing Authority has 100 affordable housing units for non-elderly disabled tenants, and 180 ‘non-disabled’ units. Many tenants have PCMHC caseworkers. The Crisis Team is considered to be very good and effective.

“PCMHC takes programs to the table, goes above and beyond, and works with a caring manner. The Mental Health Center will take consumers into Second Street House if needed to stabilize, and then return them to the Housing Authority (very professional). PCMHC plays together well in the sandbox!”

It is planned for around February 2010 for all housing units to be designated non-smoking.

FINDINGS

PCMHC Staff Interviews

During the Entrance Interview we heard from the different “department heads” about new services and programs which have been added in the last two years: Vocational training, Job Club at Horizon Center, Wellness Training and Implementation, a nutrition program, And Navigational Skills for Living.

The Crisis Intervention Services Supervisor is in the process of rewriting the agency’s disaster preparedness plan, which is scheduled to be completed by the end of February 2010. Monthly training of staff is being held with the Clallam County Disaster Preparedness task force.

The report for the 2007 QRT review of PCMHC was examined by the current QRT—the agency has a need for follow-up of some prior issues

The new “Profiler” computer program utilized by the agency has a rather large glitch in the accounting area—no billings have gone out since March of this year and the amounts owing are accumulating rather than bringing income into the agency. Peter Casey stated it should be up and running in the next month or two.

Recovery/Resiliency staff training has been utilized twice in the last year

Residential Services: PCMHC turned the former Children and Family Services house into a 5-bedroom house for adults when children’s services moved to the main campus. Gardening program provides produce for Second Street House and others, gardening skills, and a feeling of accomplishment for tenants. A Walking Program is well attended.

Agency changes being made are popular. It was noted that “there is more communication between Second Street House and PCMHC.”

AOP and Older Adult Services Team: The team unanimously agreed that the Profiler computer program requires more time for casework and cuts into client time. Caseloads have gone up by 1/3 but management, while offering no additional staff relief, expects the same quality of service. They all seemed stressed.

Increased emphasis has been put on group services (community skills).

Horizon House: ‘No Show’ for an interview due to a scheduling misunderstanding. Dinner at Horizon House was good but there was no time to conduct an interview.

Medical Team: PCMHC has opened a walk-in medical clinic on campus on Thursday afternoons, to basically assist clients with their medications and any med side-effects. The mental health clinic has also lengthened its hours to 7:30 p.m. on Mondays and Thursdays (includes child care) to accommodate consumers who work.

The Medical Team voiced that they “enjoy the agency management—it’s a great administration to work with, active in the community.”

There are 2-4 designated crisis beds located at Second Street House. The medical team wishes for appropriate medications based on Meg’s judgment rather than being dollar driven. They also want a Crisis Stabilization Unit (Crisis Unit).

FINDINGS

PCMHC Staff Interviews (continued)

Adult Community Support Services: Within the past two years several new programs have been added: a support group for those suffering from psychosis; the Monday, Wednesday and Friday Walkers Group (includes breakfast); a Client Drumming Group; Horizon Center Job Search and Job Skills Clubs; Art Therapy; an Anger Management Group; a Self-esteem Group; DBT classes; the Felon Re-entry Program; housing, and a GED program. They are also visiting clients in jail, at least two times per week.

It was noted that people on the team and the administration are good to work with. Enjoyment was expressed for “working with quality services”, and there is a “passion for working with clients.” Articulated was a desire for less documentation requirements.

Children’s Services: One year ago September 1st, Children’s Services moved to the PCMHC address. The Hargrove Bill program, Juvenile Justice System For Kids, was started in October 2007.

Positive comments included: PCMHC “is connecting with other agencies and the community, which seem to be coming together”; (there are) “positive changes involving working with peers, staff and the team”; and “watching the families grow in learning how to interact with their children.”

“Wants” expressed were: being able to see each child *every week*, smaller caseloads (currently 30-50 clients) and more time; a yard with outdoor facilities—more tools to work with juveniles and families; more money for training and resources for follow-up; and more support and less stress from administrators.

Crisis Team: The supervisor is well-liked by the team. There is good interaction and networking with other agency teams. It was noted that after the first (Crisis Team) encounter with treatment, the clients can often make an immediate change—it gives people a chance to take the “next step”.

Regarding the Profiler computer program (installed April 2009), it was reported that casework previously taking 5 hours per week now takes 12-15 hours out of a week on the computer.

Need Crisis Stabilization Unit. Can’t move people into Western State Hospital until after 90 days (AIU first). It takes approximately one week for medications to be processed.

EXIT INTERVIEW

The PCMHC administrative personnel and staff supervisors attending the 'exit interview' were informed that the QRT team had collected primarily positive reactions from both ancillary providers and PCMHC staff regarding communication and services provided. The following are quotes heard from ancillary providers in reference to Peninsula Community Mental Health Center:

- “They are amazing” “Excellent follow-up” “Best Partnership in 18 years”
- “Good working relationship with all departments, especially Peter Casey”
- “They play real well together in the sandbox” “Stabilization of staffing has improved”
- “They are always improving – we should never stop improving”
- “They are incredible in bringing services to clients”
- “They go the extra mile in providing a service”
- “There is a new sense of trust in the community, now”

RECOMMENDATIONS

- 1) The QRT recommends PCMHC hire several Certified Peer Counselors ⁽¹⁾ to help lessen some of the stress involved with large caseloads, and ⁽²⁾ to assist with follow-up support for clients being “graduated” from the agency.
- 2) To provide more support for staff in working with the new Profiler computer Program.
- 3) To continue to look for food funding sources for Second Street House
- 4) To provide one-half hour of in-service mental health training for OMC Critical Care (the ER) at their monthly staff meetings, as was offered.
- 5) The QRT suggests PCMHC hire an additional psychiatric staff member who can prescribe medication.
- 6) It would be to everyone’s advantage to continue efforts to open a Mental Health Crisis/Stabilization Center in the area.

The QRT recognizes the positive changes that have come about in the last two years at this agency. The new administration is well liked and respected, both throughout the agency and out in the community. Most of the departments are experiencing high staff morale.

This team is looking forward to their return to Peninsula Community Mental Health Center in two years time to view the programs currently being utilized for assisting consumers in their search for healing, while learning to stay in recovery with resilient life skills.