

**INTEGRATED QUALITY ASSURANCE REVIEW  
SOUTH PENINSULA MENTAL HEALTH ASSOCIATION**

September 21 - 23, 1999

Homer, Alaska

(Addendum to IQA Review February 16 - 19, 1999)

**REVIEW TEAM:**

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**Introduction**

A review of the mental health (MH) and developmental disability (DD) services offered by the South Peninsula Mental Health Association (SPMHA) in Homer, Alaska, was conducted from February 16-19, 1999. SPMHA offers MH services that include emergency and general adult services, outpatient counseling, community support, psychiatric services, intensive rehabilitation, treatment for seriously emotionally disturbed (SED) youth, parenting classes, supported employment, on-site assessment, job coaching, job development, case management, and DD services that include respite, care coordination, case management, foster care and core services. It was later determined by the Mental Health Board and DMH/DD that the two consumers interviewed at that time was not a sufficient sample. An additional review was conducted September 21 to 23, 1999. This report reflects the findings of this "addendum" to the original review and consists of individual interviews with 19 mental health consumers and 2 community members as well as 17 individuals who participated in an open forum. Public service announcements on the radio, flyers, and letters to the editor invited all interested consumers to participate. It turned out that the consumers interviewed were all from the Community Support Program. To conduct this review, the team consisted of a facilitator, a consumer member of the mental health board, one community member and a DMH/DD quality assurance representative.

Interviews were in person at the offices of the Methodist Church, Independent Living Center, or by telephone. The interviews lasted from 30 minutes to an hour. A community forum was held at the Homer Electric Association offices the evening of September 21st from 6:00 P.M. to 9:30 P.M. that included 17 participants and the review team. After gathering the information, the team members met to draft this report. This report is based on the Department of Health and Social Services combined Mental Health (MH), Developmental Disabilities (DD) and Early Intervention (EI) program standards.

**General Statement**

The services provided in the community mental health center's main office received generally positive remarks. There was satisfaction expressed with the therapy services and the treatment by office staff. There was some concern expressed about medications not being called in. There

were reports of appointment cancellations without proper notification to the consumer, and in some cases frustration expressed regarding the time involved in obtaining appointments. In addition there were reports of disputes between consumers and staff that were not addressed by the agency in a cooperative manner. The main focus of consumer concerns was the “Annex,” (Community Support Program Facility). Some of this seems to derive from disappointment that activities in the “Annex” are not truly consumer-driven or consumer-friendly. The following five domains were the focus of interviews to determine how effectively services were delivered to the satisfaction of consumers.

### Choice and Self-Determination

Treatment plans are reported to be staff-driven not consumer-driven. It was a common theme that when a consumer requests a service that doesn't fit the way that the MHC wants to deliver it the request is not granted.

With a few exceptions it appears there is very little if any meaningful consumer participation in program development. Consumers expressed a desire to have a real voice in the hiring or firing of direct service staff and to have their choice of available case managers taken into consideration. On the other hand, it was good to hear that a consumer is a member of the board of directors and that a steering committee for the "Annex" has been formed composed of consumers.

There were a number of requests for a bi-polar group. We learned that one may have recently been formed but not all consumers knew of it.

### Dignity, Respect and Rights

Interviews revealed that consumers feel that having been put in the system, they will remain there. “Is there any way to get out of this system?” There is a sense among consumers of little, if any, progress.

Many consumers feel that they are not treated with dignity and respect. “They treat people like clients instead of people.” “I see another client as a neighbor. Mental health staff see them as a number.”

The consumers described the use of a points/grant system in lieu of being paid for work. The Team felt that the point system does not demonstrate an appropriate level of respect for the consumers.

Many consumers felt that the rules and services were not consistently applied.

“If you're in with that clique type stuff then your needs are met.”

It's the team's impression that consumers generally don't understand what their rights as mental health consumers are.

Consumers reported that confidential information was discussed by staff in the presence of other consumers.

### Health, Safety & Security

It appears there are at least 3 consumers that are living in unsafe and insecure settings, unassessed by the CMHC. Consumers report that staff do not follow up or investigate after prolonged absences. “No one questions where someone is when you don’t show up.” Consumers living in outlying areas report asking for support and not receiving it. “The MHC says that I should move to town if I want better service.” The team is left with the impression that case management primarily happens in the “annex” rather than in the community and consumer homes. Consumers who don’t access services by going to the Annex fall through the cracks or feel intrusive when they request to be served. It appears that the daily living needs of consumers who live out of town are difficult and inconvenient to meet. The team believes that this is leading to significant health and safety risks for consumers in this situation.

On the other hand, there were many reports of people receiving MH and medical help when they needed it. A number of people reported that the community mental health center saved their life. In addition, consumers have received help in obtaining social security, student loan assistance, and even heating systems, water, and septic systems. Unfortunately, in some cases good projects have not been followed through to conclusion or successful completion.

### Relationships

Consumers did not report a social network outside the “annex”. Relationships between staff and program participants are reported to be unequal.

Consumers expressed the desire to have a time at the annex that was unstructured.

The team did not hear of any concerted effort to foster relationships outside the annex.

### Community Participation

Some consumers did not feel adequately supported in their desire for meaningful work outside the CMHC. It appears from the interviews that support for consumers who want to be involved in normalizing activities in the community could be improved. However, a number of consumers expressed their gratitude for swimming pool passes.

Consumers report feeling isolated from the community beyond the annex. The annex is the primary source of support for those consumers reporting. The team did not hear of any consistent efforts to integrate consumers into the community.

### Consumer Satisfaction

A number of consumers that were interviewed described an inability to obtain services they wanted from the Community Support Program and that their self-advocacy for these services sometimes resulted in denial of other services.

There seem to be a number of estranged consumers because of dissatisfaction. Consumers have reported experiencing punitive treatment for not going along with the program.

There were also expressions of satisfaction. Help was received getting SSI. A land grant was obtained.

### Additional Observations

The high level of turn over of case management staff and therapists and the resulting problems were remarked upon consistently.

### Recommendations

The following recommendations are based on the team's best understanding of consumer reports and the values contained in the *Integrated Standards and Quality of Life Indicators*. We recognize it is difficult to meet the needs of each individual consumer given the financial constraints of each program, but feel that these recommendations can and should be implemented.

1. Insure that there is meaningful consumer participation in developing the direction of the Annex program. Staff and consumers should meet on a regular basis to address issues. We encourage the CMHC to implement the Annex steering committee suggestions to the maximum extent possible.
2. Increase efforts to monitor the well-being of consumers living out of town, including phone calls and visits, as requested. The CMHC is encouraged to consider the use of clients/consumers to assist in this as well as for case management/peer counseling.
3. Increase consumer participation on the board of directors. The CMHC is encouraged to consider allowing consumers to select their representatives on the board of directors.
4. Increase consumer participation in their treatment plans and in pursuing their goals, including greater integration in the community and opportunities for meaningful work. Increase the efforts of case managers to pursue consumers' expressed goals.
5. Develop on an ongoing basis, a program to reinforce consumers' understanding of their rights. Having consumers sign the client bill of rights during the intake process does not appear to be sufficient.
6. Increase staff awareness about confidentiality to ensure that confidentiality is preserved.

7. The team feels strongly that mediation of the issues that were raised around administration of the Annex is important. The Division of Mental Health and Developmental Disabilities will provide follow-up contact to coordinate this.