

Riverfront Mental Health Center, Hamilton, MT

A report of the Board of Visitors site inspection of
the outpatient services for adults, provided by
Riverfront Mental Health Center.

September 29 &30

2014

Mental Disabilities Board of
Visitors

Overview

Mental Health Facility Inspected
Riverfront Mental Health Center
Danielle Hardin, Director
Hamilton, Montana

Authority for Inspection
Montana Code Annotated, 53-21-104

Purpose of the Inspection

- To inspect the outpatient mental health/psychiatric services for adults at the Riverfront Mental Health Center (Riverfront).
- To inspect the crisis facilities at West House.
- To inspect the facility and services at the Eddy Meuchel Group Home.
- To assess the degree to which the services provided by Riverfront are consistent with professional standards and state statutory requirements, and incorporate Board of Visitor Standards for mental health services.
- To look for utilization of evidence-based programs and practices and implementation of recovery-based programs.
- To make recommendations to Riverfront for enhancing and/or improving mental health services.
- To report to the Governor and the Montana Legislature regarding the services provided at Riverfront.

Board of Visitors Site Inspection Team

Board:

Tracy Perez, Board Member ;
Jonathan Angel, Board Member

Consultants:

Patrick Wayne

Staff:

Craig Fitch, Legal Counsel;
LuWaana Johnson

Inspection Process

- Interviews with Riverfront staff
- Informal discussions with residents
- Observation of treatment activities
- Inspection of physical campus and buildings
- Review of written descriptions of treatment programs
- Review of treatment records

Summary

Riverfront Mental Health Center (Riverfront) provides a full array of services for adults in the valley surrounding Hamilton, Montana. The program provides crisis response services through the provision of a crisis telephone line and the West House facility for psychiatric stabilization, supported living options through the Eddy Meuchel Group Home (EMGH) and some adult foster care placements and outpatient services for adults with mental health needs.

The Mental Disabilities Board of Visitors (BOV) site inspection team was thoroughly impressed with the overall quality of programs and services provided to clients at Riverfront and by the Riverfront staff. The staff appeared to be professional, caring, and knowledgeable. The programs and services appear to be implementing a recovery model that includes trauma informed care. The campus and buildings are clean, well maintained and inviting, and there appears to be a high level of satisfaction amongst the clients served.

Standards for Site Inspections of Mental Health Services

Organizational Planning and Quality Improvement

Organizational planning at Riverfront has been a bit of a challenge in recent years due to staffing changes at key positions, including the medical provider. However, the Riverfront management team reports that they have consistently worked at organizational planning. Many of the staff interviewed reported that they had no direct awareness of operational or strategic planning, but there was a general belief that such planning was happening within the management team.

Riverfront has a quality assurance process that is active and ongoing. Staff supervisors and managers are held responsible for quality control and use a variety of tools including performance evaluations and regular staff meetings to address quality concerns. While communication seems to be a strength of the organization, there was little awareness of formal quality improvement processes among many of the staff interviewed. It was suggested that the process be formalized and communicated throughout the organization.

Suggestion: Formalize quality improvement processes and communicate the information throughout the organization.

Rights, Responsibilities, and Safety

The Western Montana Mental Health Center has developed a set of clearly written policies for grievances/grievance procedures and allegations of abuse and neglect for all of the branch offices, including Riverfront in Hamilton. The administrative/supervisory staff knew of the policies and all of the staff interviewed appeared to feel comfortable discussing grievances, grievance forms, and the grievance process. Clients can easily access the grievance forms, the forms are clearly written, and Riverfront appears to have a customer friendly process for addressing grievances in a timely fashion. References to advocacy services are on the grievance form itself.

Fewer staff was aware of the statutory definitions and reporting requirements for allegations of abuse and neglect within the facility. Professional staff were aware of the mandatory reporting requirements for suspected child abuse under §41-3-201, but many of the staff interviewed seemed unaware that the mental health statutes have definitions of abuse and neglect (found at §53-21-102, (1) & (12)) specific to mental health service facilities (such as Riverfront) or the reporting requirements found in §53-21-107.

Advocacy information is posted in the lobby at Riverfront Counseling, Day Treatment, and the Eddie Meuchel Group Home.

Riverfront utilizes CPI (Crisis Prevention Institute) as the basic training for safe interaction with clients who are escalated or in crisis. CPI covers verbal de-escalation as well as physical interventions when necessary and all staff receives a yearly refresher in the training. The Center uses no punitive measures, seclusion, or restraint. If a client is out-of-control, staff will separate that client from the other clients and de-escalate the situation. The first priority is to make sure all clients and staff is safe. If the problem is very serious, staff would call the Hamilton Police Department for help. Staff and clients alike appear to be satisfied that appropriate safety precautions are in place for most situations.

Recommendation: Ensure staff are trained in the basic definitions and elements of abuse and neglect as those definitions and elements apply to them under the Mental Health statutes.

Client and Family Member Participation

Riverfront ensures that clients are actively involved in their treatment and recovery. Assessments and treatment plans are developed with the client and a printed copy is provided to the client. This is consistent for clients at West House, EMGH, and for non-residential clients. BOV found evidence of active participation through a review of the charts, a review of the client satisfaction surveys, and from discussions with clients themselves.

Family member participation is an area that has proven a bit more challenging. It was reported that both West House and the EMGH record family contact preferences at intake. This

information is recorded in the client records and updated as needed. A signed release of information form is obtained when appropriate. Plans are shared with family as appropriate and occasional family contact was noted. The case manager is the contact person between client and family, but only with client approval. While Riverfront staff seems committed to the idea that family is included in every aspect of the program, client's care, and individual treatment, staff indicated there was generally very little family involvement.

Cultural Effectiveness

Staff appeared to have a genuine commitment to serving their clients and were open to discussion of cultural needs of their clients. There appeared to be an overall respect for differences amongst clients. The organization has minority staff available to them who may be able to be utilized for staff training.

The majority of staff interviewed by the inspection team stated that they did have clients of different ethnicities, religious backgrounds, gender identity, and military service backgrounds; however staff was not able to provide examples of how services to these individuals would differ from that provided to non-minority clients.

Information provided to the inspection team did not include a program plan for meeting the individual cultural needs of clients. This included information gathered from the on-line description of services provided. In addition, Individual Treatment Plans reviewed did not include information related to cultural background and ethnicity. In on-line files reviewed, space was left blank in areas specifically requesting such information. There was no mention of cultural considerations in actual treatment plans for minority clients.

No statistical information was provided to the inspection team regarding the ethnic backgrounds of clients, and there were inconsistent statements from staff interviewed as to whether they had received any training in regard to providing culturally sensitive services.

Suggestion: Develop program awareness as to the ethnic backgrounds of clients served so as to provide informed care that is culturally relevant. Gather information regarding cultural heritage of clients through opportunities for self-identification. Advise staff of the ethnic backgrounds of clients they are serving.

Recommendations:

Incorporate culturally relevant activities and therapeutic goals into individual treatment plans for clients who identify themselves as a person with a distinct cultural background. Cultural identity can then be viewed as a strength for clients and clinicians can assist with the development of positive cultural identity as part of client empowerment.

Provide cultural sensitivity and cultural diversity training on a regular basis. Promote the celebration of diversity. Utilize minority staff within the organization to provide training

regarding the minority experience within the immediate community so as to raise awareness regarding racism.

Staff Competence, Training, Supervision, and Relationships with Clients

The BOV interview team was impressed with the Riverfront staff, the amount and quality of work that the Riverfront staff appear to provide, and the excellent relationships that staff have with the clients that they serve. Clinicians appear to be educated in the area of trauma focused interventions. Staff interviewed appeared to be committed to the well-being of their clients, proactive in their treatment planning, and respectful in their interactions with clients. Service to clients is provided as a team by numerous employees of the organization, each with their specific role for client service. This appears to be a key element in making the work responsibilities for a large case load manageable. Clients interviewed provided positive commentary regarding the services they are receiving.

Staff with supervisory responsibility was able to articulate specific programmatic expectations for communication with staff, and staff interviewed indicated that they had ample access to their supervisors and access to clinical supervision on a regular basis.

Outside training is allowed once/year and Riverfront will help with the funding. They try to utilize team building by sending staff to outside training and upon return the staff is expected to share the information with other staff. In-service training, usually by the therapists, takes place once/month. Riverfront also invites outside agencies to talk with staff. In the recent past Children and Family Services and staff from Emma's House has talked to the Riverfront employees. (Emma's House is a safe place for children and families to talk to professionals about child abuse and neglect. Their primary concern is a child's safety.) An all-staff meeting is held the second Wednesday of every month for two hours. An in-service training is usually held for part of that time.

Treatment and Support

Riverfront Mental Health Center's adult day treatment program provides a dynamic, supportive, and rehabilitative environment for residents of the EMGH and surrounding communities. The staff was professional and welcoming. During the BOV inspection staff interactions were supportive and respectful, and clients indicated that this is the norm. In addition, clients interacted well with one another in every observed setting. One client commented that the participants of the day treatment program were "like my second family." This sentiment was

repeated by many. The facility was clean and well lit. The walls were decorated with arts and crafts created by clients; they took pride in their work and wanted to share it with us.

Recommendations

1. Ensure staff are trained in the basic definitions and elements of abuse and neglect as those definitions and elements apply to them under the Mental Health statutes.
2. Incorporate culturally relevant activities and therapeutic goals into individual treatment plans for clients who identify themselves as a person with a distinct cultural background. Cultural identity can then be viewed as strength for clients and clinicians can assist with the development of positive cultural identity as part of client empowerment.
3. Provide cultural sensitivity and cultural diversity training on a regular basis. Promote the celebration of diversity. Utilize minority staff within the organization to provide training regarding the minority experience within the immediate community so as to raise awareness regarding racism.