

Western Montana MENTAL HEALTH CENTER

January 30, 2014

Alicia Pichette, Executive Director
Montana Board of Visitors
PO Box 200804
Helena, Montana 59620

Ms. Pichette,

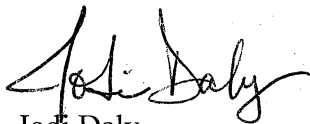
This letter is in response to the final report of the visit Craig Fitch and you made to Western Montana Mental Health Center (WMMHC) Butte on December 5, 2013. To investigate alleged incidents of sexual assault/rape and subsequent investigations completed by WMMHC.

I want to clarify for the record that each alleged incident occurred off WMMHC premises, outside of the accused employees' scheduled work hours, and none of the involved clients were receiving services at the time.

WMMHC takes all allegations of neglect and abuse seriously regardless if a grievance is filed by a client. WMMHC staff is expected to accept certain responsibilities upon hire, and to exhibit a high degree of personal integrity at all times.

Please include this letter in the file with your final report. Thank You.

Sincerely,



Jodi Daly
Chief Operating Officer

OFFICE OF THE GOVERNOR
MENTAL DISABILITIES BOARD OF VISITORS
STATE OF MONTANA



Steve Bullock
Governor

Brodie Moll, Chair
Alicia Pichette, Executive Director

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December 19, 2013

Jodi Daly, Director Southern Services
Western Montana Mental Health Center
c/o 900 Jackson Street
Helena, MT 59601

Dear Ms. Daly:

This letter will follow-up on the visit Craig Fitch and I made to the Western Montana Mental Health Center (WMMHC) – Butte on December 5, 2013. The BOV wishes to extend our appreciation to you and the WMMHC staff who participated in the interviews and for being well-prepared to provide the information we requested to conduct this review.

The purpose of the visit was to make inquiries related to correspondence alleging incidents of sexual assault/rape and requesting the BOV to review the incidents and the investigations conducted. The BOV received verbal notification from WMMHC that investigations were being conducted but did not receive information about the final disposition of the allegations. During the visit last week, BOV reviewed charts, discussed the allegations and investigation outcomes with staff, reviewed policies and procedures, and conducted interviews with individual staff members. BOV did not interview the alleged victims or the alleged perpetrators of abuse/neglect in any of these incidents, nor did BOV have access to any direct commentary, statements or written materials by the alleged victims or perpetrators in these cases.

As we discussed at the end of the meeting on December 5, 2013 this letter will report the BOV observations, research conclusions, findings and recommendations. To protect the privacy of the three clients involved in the incidents, this letter will number the incidents the BOV reviewed as 1, 2 and 3.

Incident 1: A report of sexual assault of a WMMHC client by a WMMHC staff in 2010. WMMHC conducted a fairly thorough internal investigation which included a review from senior management at a separate facility. The accused staff member had a prior criminal history of sexual assault of a minor from 1997. The internal investigation concluded that there was not sufficient evidence to make conclusive findings, but it did encourage WMMHC to take action that will secure the safety of the very vulnerable clientele that WMMHC serves. The staff member was dismissed.

Incident 2: According to the WMMHC investigation, the evidence suggests that the alleged victim of sexual assault by the WMMHC staff member and the WMMHC staff member had a consensual relationship prior to the alleged victim becoming a client of WMMHC. The staff member was under supervision of DOC and had a prior criminal record. The client later alleged an incident of sexual assault, and did file a police report, but would not speak with any WMMHC staff member other than her individual therapist. WMMHC chose an internal disciplinary process that eventually lead to the accused staff member's dismissal.

Incident 3: A WMMHC client had a relationship with a WMMHC staff member which was consensual by all accounts. WMMHC conducted an investigation into the relationship and took decisive action upon the completion of the investigation.

In all of these incidents it appears to BOV that WMMHC staff acted promptly and appropriately in conducting internal investigations. Nevertheless, these three incidents when reviewed together raise questions regarding WMMHC's ability to adequately ensure that clients are protected from abuse, neglect, or exploitation from WMMHC staff.

WMMHC provides verbal notifications to BOV when incidents/allegations occur that will lead the agency to open an investigation. WMMHC has not typically provided reports of the conclusions of investigations to BOV or to the Director of the Department of Public Health and Human Services as required by 53-21-107, MCA, and did not provide them for these three incidents.¹

Recommendations:

- Review with management staff and staff the reporting requirements under 53-21-107, MCA and report investigation findings to the BOV and the Director of DPHHS under the guidelines established in statute.
- Review hiring practices to include a process for evaluating placement of applicants with criminal records who will work with vulnerable clients.
- Establish and exercise strong supervisory practices to assure client safety, including 'drop by' supervision by making unannounced off-site staff supervision visits to clients when staff is present in a client's home or other off-site private meeting.

Please review this draft and if you believe that this draft is factually accurate and fair, send a response in writing to the recommendations in the report. We appreciate the opportunity to review these investigations reports and meet with your staff, and look forward to receiving your response before mid-January.

If you have questions please don't hesitate to contact me.

Sincerely,


Alicia Pichette
Executive Director

¹ Reporting to BOV is inconsistent among service providers – it is an area for BOV to continue to consistently assure that agencies are aware of the reporting requirements and provide direction, education and guidance as needed. In one of these notifications, initially BOV understood the matter to be a personnel issue and told WMMHC that it is not necessary to report personnel issues under 53-21-107, MCA.

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November 26, 2013

Jodi Daly, Director Southern Services
Western Montana Mental Health Center
c/o 900 Jackson Street
Helena, MT 59601

Dear Ms. Daly:

This letter will follow-up on our telephone conversation of earlier today regarding three serious incidents involving clients of Western Montana Mental Health Center – Butte.

On November 15, 2013 the Board of Visitors (BOV) received correspondence from a constituent alleging incidents of sexual assault/rape and requesting further review of the incidents and the investigations conducted. I believe incident reports were filed with the Board of Visitors and findings of the investigations of the incidents were also reported. With this visit BOV is looking for greater detail about the investigation process and findings.

Craig Fitch, BOV Attorney and I will be in Butte, Thursday, December 5, 2013 and at that time will appreciate the opportunity to review agency policy and procedure regarding hiring practices, investigation reports for the specific incidents reported and interview these staff:

- Natalie McGillen, Clinical Director
- Kathy Dunks, Operations Director
- Donna Gettle Briggs, Program Director – PACT

After we visit the program offices in Butte, I will contact you to arrange time to gather any additional information from you to assure a complete review by the BOV. At that appointment, we can discuss a timeline for delivering the BOV observations and findings.

If you have questions please don't hesitate to contact me. I appreciate the opportunity to review these investigations reports and meet with your staff.

Sincerely,

A handwritten signature in cursive script that reads "Alicia Pichette".

Alicia Pichette
Executive Director