

3 Rivers Mental  
Health, Missoula  
Montana

April 27,

2021

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Site Inspection of 3 Rivers Mental Health,  
Missoula, Montana

Mental Disabilities Board of  
Visitors

**OVERVIEW**

**Mental health facility inspected:**

3 Rivers, Missoula Montana

Facility Administrator: Mr. Shea Hennelly

**Authority for inspection:**

Montana Code Annotated, 53-21-104

**Purpose of inspection:**

1. To learn about services provided by 3 Rivers.
2. To assess the degree to which the services provided are humane, consistent with professional standards, and incorporate Mental Disabilities Board of Visitors standards for services.
3. To recognize excellent services.
4. To make recommendations for improvement of services.
5. To report to the Governor and the Montana Legislature regarding the status of services.

**Site inspection team:**

Dan Laughlin, Board Member

Jeff Folsom, Board Member

Dennis Nyland, Mental Health Ombudsman

Craig Fitch, Staff Attorney, BOV

**Inspection process:**

- Phone interviews with 3 Rivers staff.
- Review written description of treatment programs.
- Review of policies and procedures, organizational structure.

## **Introduction**

The Montana Mental Disabilities Board of Visitors (BOV) conducted a remote site inspection of 3 Rivers Mental Health (3 Rivers) on April 27, 2021. The site inspection was a bit shorter and a bit more limited in scope than a traditional site inspection. This is due in part to conducting the inspection remotely, in part due to 3 Rivers having fewer staff right now during the pandemic than normal, and in part due to the fact that 3 Rivers was less responsive and less accommodating than most facilities during the pre-site inspection preparations. 3 Rivers would likely have benefited more from the opportunity had they been more engaged in pre-inspection planning and communication.

3 Rivers has a fairly unique mission and philosophy that focuses primarily on serving people who are seriously disabled and mentally ill (SDMI) in a way that ensures clients have maximum autonomy and are in charge of their own recovery. In addition, 3 Rivers takes pride in being willing to work with the underserved SDMI population which includes the most 'difficult' or 'symptomatic' clients. While anecdotal, BOV has seen evidence of 3 Rivers commitment to this mission and philosophy and believes 3 Rivers deserves recognition for this commitment to the underserved population of people with some of the most challenging SDMI symptoms and diagnoses.

## **Organizational Planning and Quality Improvement**

3 Rivers lacks a formal strategic planning process. They have engaged in planning for programming in the early stages of the organization and also engaged in planning to address housing shortages for their clients, and most recently have been planning to develop the ability to actively serve the patients at Montana State Hospital who have been adjudicated as guilty of committing a crime but are now ready for re-entry into the community. Despite the lack of a formal planning process, 3 Rivers has a clear mission that continues to fill an important niche and has maintained a high level of fidelity to that mission.

3 Rivers has a quality improvement program. As far as the BOV team could tell, the quality assurance program appears to revolve primarily around incident reports and client satisfaction surveys. Like strategic planning, 3 Rivers does not see the quality assurance process or client satisfaction surveys as

particularly useful endeavors.<sup>1</sup> There appears to be one (or maybe two) staff designated as the primary point person for the quality assurance program however, he/they seem to have multiple responsibilities, as do all of the top administrator managers. No staff interviewed, beyond the administrator managers, were able to identify any aspects of a quality assurance program other than weekly or monthly meetings with their supervisor.

3 Rivers would benefit from developing some data based/outcome/performance measures to demonstrate the effectiveness of their approach. A strategic planning process that utilizes client input could assist in developing useful measures which would offer another way for clients to provide meaningful feedback about their services; client autonomy/voice being something 3 Rivers clearly supports.

### **Rights, Responsibilities, and Safety**

3 Rivers provides patients with a list of rights and responsibilities, including information about the advocacy provided by BOV and other advocacy services. Staff interviewed confirmed this. During the phone-based inspection, 3 Rivers assured the BOV team that posters/flyers which include contact information for BOV, Disability Rights Montana, and the Mental Health Ombudsman are posted in client access areas.

3 Rivers has a grievance procedure policy that appears fair and responsive. Their abuse and neglect policy is well written and thorough. Staff interviewed appear to understand the basic tenets of the grievance procedure and the abuse/neglect investigation procedure. BOV has no recorded evidence of ever receiving an abuse/neglect investigation report from 3 Rivers. Nor has BOV received a complaint from a client, client family member or 3 Rivers' staff that would require an abuse/neglect investigation.

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<sup>1</sup> The funding concerns expressed as part of the discussion on strategic planning and quality assurance (a legitimate frustration) are in part a function of the mental health providers' lack of demonstration of outcomes and return on investment of state/taxpayer dollars. It is incumbent on providers, as advocates for improved care, to contribute to the policy makers' understanding and knowledge of the benefits of services provided.

Mandt Training is required at new employee orientation and is updated annually for all staff. This training teaches staff de-escalation techniques which include effective communication, healthy interactions with patients, and appropriate use of physical holds. 3 Rivers reports that staff have never had to use a physical hold.

### **Staff Competence, Training, Supervision and Relationships with Residents**

The staff training process has some signs of formality and consistency, but the actual curriculum, timeframes, and basic learning outcome expectations remained a bit unclear. Training requirements appear to fall on the shoulders of one or two administrative staff who are already carrying a heavy workload. In-service trainings (reported to have been weekly) were suspended or reduced per COVID and 3 Rivers does not appear to have made an effort to make services or staff support and training available by Zoom or any other platform which has become the norm for most providers. There was a mixture of staff explanations about the training provided at 3 Rivers. Some staff stated they had orientation training and then just annual trainings. As far as the content of the orientation training, some staff stated they had 2-3 days of training and were “shown the ropes” but were not specific in the type of information provided in those trainings. BOV was unable to get a clearer picture as 3 Rivers failed to provide any type of training schedule, format, or outline as requested. Despite concerns about a formalized approach to training, staff seem clear on mission, vision, and client care priorities. Most staff felt confident that they received adequate training. Active engagement with individuals seems to be a core strength with a special commitment to the most difficult to serve.

Staff meetings have likewise been suspended during COVID. All staff interviewed reported easy access to their supervisors and seemed genuinely satisfied with such. The staff interviewed stated they felt the work environment was safe and felt like they were able to communicate “openly” with any part of the organization. The overall impression from the staff is that they enjoy working for 3 Rivers.

Interviews with staff suggests that 3 Rivers maintains a high level of expectation for staff interactions with clients. All staff interactions must be respectful of the clients, promote client autonomy, and be dedicated to helping clients be successful. From the interviews, the staff spoke on how they wanted to “empower the clients” and work with the clients on becoming independent. Staff in the group homes tell

the clients, “this is your house”, and encourage them to be responsible and share the duties of the household.

### **Treatment and Support Including Evidence Based Practices**

Treatment plans are developed by the case manager and therapist. The clinical supervisor oversees the therapist and the treatment plans. While treatment plans and discharge plans are completed and prompted by the electronic medical records system, they do not appear to be central to day-to-day treatment. Staff describe being remarkably responsive on a day to day, need-by-need basis. It was reported that medical needs of the client are never ignored and their needs are met in a timely fashion, per policy. CBPR&S staff work in tandem with case management to improve access and attendance at medical and other appointments. Discharge planning reportedly begins when clients are no longer interested or eligible for services, and not apparently based on the notion of meeting treatment expectations set at the onset. Discharges occur when the clients fail to show up.

3 Rivers encourages their clients to work and they utilize the staffing agency, Express Employment Professionals, to assist the clients in finding work. Neither Express nor 3 Rivers provides support assisted employment. There is no indication of any formal trauma informed training although staff interviewed appear to function in a trauma responsive manner as they described a respectful and judgement free culture. Teletherapy and long-acting medication injections are used to maximize resources and problem solves for difficult clients. 3 Rivers declined to make any L.I.P. licensed medication provider available to discuss medication practices with BOV. There was less reference and mention of substance use/co-occurring disorders and concerns than typical. However, substance use screening does occur during the initial assessment, and referrals are made to other substance use programs when appropriate. Staff did make clear that client autonomy hits a limit when it comes to accessing liquor or marijuana stores.

Crisis Management and Response is up and operating seven days a week, 24 hours a day. This service has high demands because of the nature of the clients who seek help and the level of mental illness. Crisis responders have formal training. Dr. Lamely identified that he handles 24/7 back-up for any clinical questions or concerns that crises response staff have. This seems excessively demanding.

3 Rivers does have a pro-active medication management service. Medications are delivered by the CBRH&S staff to the clients' residences. She is proud of her service and feels this process is successful. 3 Rivers does not have a method for monitoring medication mistakes or abuses and appears to rely a great deal on the "Honor System."

### **Access, Entry, and Continuity of Services Through Transitions**

3 Rivers is located in the heart of Missoula and clients can use many means of transportation to get there. 3 Rivers staff believe they have a good working relationship with most of the other community providers. Admissions are handled by the clinical director, generally based on the urgency of need. 3 Rivers has a process for handling urgent care needs, however they do not have a formal admissions criteria. Instead, they are generally willing to accept anybody with active Medicaid and a SDMI diagnosis and ensure that their admissions are consistent with expectations set by the State and state contractors.

Exit from 3 Rivers occurs when a client disappears or requires a higher level of care. Social workers assume primary responsibility for assisting clients into, and out of, a higher level of care. However, no staff interviewed could confirm any formal expectation or policy that directs any individual staff to assist clients in, or out of such transitions.

### **Recommendations**

1. 3 Rivers needs to have a more structured and more consistent training program in place which includes training on trauma informed care. The program should have a scheduled set of training 'classes' each staff is expected to successfully complete at time of hire (orientation). Ideally, these 'classes' would include some training which cover minimal knowledge and competency expectations tailored to individual employment niches (i.e. any new nursing hire would have a training session specifically tailored to the basic knowledge expectations for a nurse working with people who have serious and disabling

mental illnesses that likely include things like, negative symptoms of schizophrenia, anosognosia, symptoms and side effects of the most commonly prescribed anti-psychotics, etc. ...) This recommendation also includes a more formalized expectation for ongoing yearly and in-service trainings. Some of these trainings can cover staff and clients alike (i.e. mental illness symptom education, coping strategies, wellness recovery action program [W.R.A.P.], medication education, etc. ...).

2. Develop discharge criteria that focus on successful recovery markers and graduation from services at 3 Rivers and incorporate these into treatment plans and discharge plans with an eye toward individual implementation. While it might be less likely that 3 Rivers will successfully graduate clients from services than a mental health center which does not focus on serving the most seriously disabled individuals will, all clients should have individualized recovery goals that lead toward successful graduation from services.
3. Peer support. B.O.V. recommends contacting the Peer Support Network and engaging in the process of getting a certified peer support staff hired and working for 3 Rivers.