Intensive Behavior Center

Boulder, Montana

April 28th,

2025

Site Inspection Conducted by the Mental Disabilities Board of Visitors

Sean Thomas Conroe

Sean Thomas Conroe, Executive Director

INTRODUCTION

Mental Health Facility reviewed:

Intensive Behavior Center

Christina Espeland, Facility Administrator

Authority for review:

Montana Code Annotated, 53-21-104

Purpose of review:

1. To learn about the services provided by Intensive Behavior Center
2. To assess the degree to which the services provided by Intensive Behavior Center 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 to Intensive Behavior Center for improvement of services.
5. To report to the Governor regarding the status of services provided by Intensive Behavior Center.

Site Review Team:

Board Members:	**BOV Staff:**
Tyson Schumacher	Sean Conroe, Executive Director
Melissa Ancel	Craig Fitch, Legal Counsel
Aaron Atkinson	Vera Good, Legal Assistant

Review process:

- Interviews with Intensive Behavior Center (IBC) staff and clients
- Review of treatment activities, tour of IBC facilities
- Review client treatment plans
- Review policy and procedures, organizational structure

Overview

The Mental Disabilities Board of Visitors (Board) conducted a site review of the Intensive Behavior Center (IBC) on April 28th, 2025, pursuant to 53-21-104 MCA. During the review process, the Board inspected the physical facilities of IBC campus, including residential, treatment, and staff areas. The Board was also able to visit with multiple patients and staff during the inspection.

The Intensive Behavior Center is located on a shared campus with the Montana Highway Patrol in Boulder, Montana. The facility is operated as a part of Montana's Department of Public Health and Human Services, with Christina Espeland serving as Facility Administrator. IBC, by law, provides treatment for a maximum number of 12 residents and aims to return residents to community reintegration as soon as is equitable and reasonable.

Mission: The Intensive Behavior Center is committed to providing quality care, treatment, and support for individuals with Intellectual Disability and Mental Illness with focus on community reintegration.

Organizational Planning and Quality Improvement

IBC provided the Board with extensive documentation regarding the planned operations of the facility, including treatment and administrative tasks. This included a policy manual that accurately reflects professional industry standards, best practices, relevant law, and administrative rules. The policy manual, combined with the organization chart, sets forward a structure upon which Montanans with disabilities can be appropriately treated and returned to the community to live a self-directed life in the least restrictive environment possible.

Though it is a newer department of the IBC, the Quality Assurance team boasts a dual-layer organization with both a Quality Assurance Manager and a Quality Assurance Technician. This team has updated charting methods and requirements, documentation standards, and reimplemented the Therap program for more complete procedural wrap-around.

As a part of continual improvement at IBC, and at least partially on the recommendation of the Board, a Board-Certified Behavioral Analyst (BCBA) has been retained for greater resident outcomes. This position is currently contracted but has been without major lapse since the last Board inspection. The services of these professionals have directly resulted in four community reintegrations of residents back to their respective home communities. This contracted position is also well-complemented by increased access to Registered Behavior Technician (RBT) training for staff.

In adherence to 53-21-104 MCA, the Board found that every resident receiving treatment at IBC had an Individualized Treatment Plan, rooted in Person-Centered Planning and in alignment with

industry-standard practice. Additionally, IBC has instituted a Human Rights Council that reviews restrictive treatments and behavior modification methods.

It is noted, through staff interviews, that the QA process is engaged in the treatment of residents at IBC. This engagement includes multiple levels of the treatment plan with the input of the Qualified Intellectual Disability Professional (QIDP), BCBA, and Director of Nursing, all working towards moving residents to the least restrictive environment.

Quality Improvement was also observed in the physical security aspects of the facility. Voice communications have been improved with the implementation of the Relay System, which utilizes cell phone towers and satellite communication to better deliver alerts and routine communication on the facility grounds. The facility has also recently improved their camera system, reducing blind spots and increasing the ability of staff to review serious incidents for treatment plan improvement and modification.

Rights, Responsibilities, and Safety

Prior to admission into the treatment services of IBC, staff will complete all admission paperwork and review the individual patient rights and responsibilities, included in the IBC Client Handbook and acknowledged by client signature. IBC defines individual patient rights from responsibilities both verbally and in writing located in the client handbook. Information regarding advocacy agencies did appear in the client handbook but was physically missing from the facility grounds.

RECOMMENDATION: Conspicuously display the information and contact method for both the Board of Visitors and Disability Rights Montana in the resident cottages, rehabilitation center, and/or recreation area, in a manner that is accessible to clients of the IBC.

IBC has policies and procedures which implement the requirements of sections 53-21-107 MCA for detecting reporting investigating and resolving the allegations of abuse and neglect of individuals. All reported concerns of abuse or neglect are addressed by unit management, facility administration, and the Department of Justice. In staff interviews, there was some confusion about processes for grievance and abuse/neglect reporting external to the facility, though it appeared that both were being appropriately executed by staff.

IBC staff receive ongoing training to safely respond and understand difficult behaviors and complex patients staff interviewed reported familiarity with the de-escalation training through the Crisis Prevention Institute. Staff report that the training is sufficient for safety and de-escalation. IBC has procedures for the use of special treatment procedures that involve behavioral control, restraints, PRN meds and established that patients are properly monitored during critical events.

Grievances are typically referred to the QIDP, who has a procedural flow chart that includes Interdisciplinary Team review and referral to Division Administrators at the Department of Public Health and Human services if the grievance cannot be resolved. Similarly, IBC has a policy procedure in the case of suspected abuse and/or neglect.

Employees receive training for restraint/seclusion. A Human Rights Board is available to review restraint/seclusion use and implementation. Medication usage is reviewed, including high risk

medication and sentinel events. In the month of April (the month of the Board inspection), IBC utilized the restraint chairs available to them a total of 30 times. It is the sincere belief of the Board that this represents an institutional preference for the use of maximally restrictive means to maintain behavior. Given that the aim of the IBC is to return clients to community settings where such means will be unavailable, the Board firmly believes that all uses of the restraint chair should be deeply evaluated for circumstances leading to its use and the development of behavior plans that avoid such circumstances in the future.

RECOMMENDATION: Continue use of the Human Rights Board to review all uses of the restraint chair and aim all treatment towards minimal use of the device to maintain behavior.

It was clear from patient interviews that patients understood their rights, they were being appropriately given opportunities to have a voice and to get as much freedom as is possible given safety requirements of this acute level of care.

Individual, Family Member Participation

It is unclear to the Board who is responsible for assuring that a client's family members/guardians are identified, though it is presumed to be the QIDP. IBC reports that there are some clients who are without guardians or meaningful family participation and that these clients could benefit from both. It has been resolved that this lack of guardianship or participation is not the direct fault of policy, procedure, or action of the IBC but that it stands as a significant problem for clients and the facility. IBC has undertaken different actions to bolster this participation, including an annual family-based event, now called "Summer-palooza." The name was recently changed from a less inclusive "Family Day" after staff review of the broader

participation of families. Family members and/or guardians are clearly identified on Individual Treatment Plans, if such contacts are available.

Cultural Effectiveness

IBC does not appear to have a cultural effectiveness plan housed within any of their departments, though it is a high concern of staff. These staff recognize the disproportional Native American heritage of their current clients and that this should be engaged with regularity but were unable to share specific plans, procedures, or efforts to actualize this, outside of an intent to participate in Powwows in neighboring cities. Individual Treatment Plans also lack a culturally competent component. IBC has previously indicated their intent to engage with culturally competent providers and state staff but currently report that this has been difficult to affect. Similarly, staff noted during the physical inspection of the facility that they do not have a plan to deliver culturally appropriate meals for those with religious or cultural considerations.

Staff Competence, Training, Supervision, and Relationships with Residents

IBC job descriptions define job knowledge and competency expectations. All staff receive deep training on the policies and requirements of the facility, including Crisis Prevention Institute training for managing escalating behavior. Staff interviews found that staff desire a way to bridge the gap between early escalation of behavior and management of emergent behavior on

the facility grounds. Regardless, staff felt well-trained and competent in the management of these behaviors.

IBC staff appeared to be actively engaged in the treatment process for their patients and appeared to have solid working relationships with all patients including the nursing staff and management staff. Direct care staff report excellent relationships with clients but strained relationships with management and administration.

Client interviews found that there were pervasive feelings of a lack of privacy and that some clients felt that they would be better treated at other facilities. It is understood by the Board that privacy, especially on the phone, is a managed activity but hope that, in the future, IBC can provide for greater perceptions of privacy in such matters.

During staff interviews, staff were able to describe their training and proficiencies and were able to comment competently on the general operations of the facility. Staff were also able to comment on the improved status of their on-site communications, though communication between shifts was identified as lacking. Staff identified that there are often times where clients were struggling with triggers and circumstances earlier in the day or over the evening and such circumstances were not adequately relayed to the next shift. IBC does utilize a status board to communicate such information, but it became apparent that this was, at times, insufficient.

Treatment and Support

A written treatment plan (Individualized Treatment Plan or ITP) is in place and implemented for all individuals receiving services at IBC. Treatment plans are developed by an interdisciplinary

team, primarily led by the QIDP and BCBA. The treatment planning process starts nearly immediately upon admission and appears to be thorough.

Discharge planning is largely accomplished by the Residential Facility Screening Team (RFST) and culminates in planning bids by community providers to reintegrate IBC clients into the community. IBC does not specifically have a discharge planner but the unique nature of the facility and the commitment process through the courts and RFST indicates that such a position may not be appropriate. IBC does maintain communication with discharged clients and their providers to ensure proper continuity of care.

IBC contracts with prescribing providers including board-certified psychiatrists and nurse practitioners. The facility reviews efficacy of medications regularly with particular care to avoid therapeutic practices that amount to chemical restraint.

A noted weakness of the current ITPs for clients at the IBC is a lack of dimensionality for cultural, spiritual, and ethnic concerns. There is no such identified section in the ITP and, as noted previously in the report, there seems to be very little follow-through on cultural considerations.

RECOMMENDATION: Formulate future iterations of the Individualized Treatment Plan to include a cultural/spiritual dimension and actively engage with these facets of clients' needs.

RECOMMENDATION: Contact the Last Chance Community Powwow to identify ways that IBC clients can better access the local powwow or otherwise receive services that culturally appropriate.

Access and Entry

IBC is a unique facility in the state of Montana and currently exists on a similarly unique campus that is partially isolated from the surrounding community. This is both a boon and a bane as it allows for a superior level client privacy but comes at the cost of physical alienation from the town of Boulder. Clients often have group outings to the local community but are separated from it by multiple high fences.

Admission to the facility is based on a factual, multifaceted assessment of client need focusing largely on unmanageable, sexual, and/or aggressive behavior that cannot be treated in a community setting. After admission, clients are rapidly assimilated into the facility's operations, without a specific admission ward/unit.

IBC has made recent improvements to voice communications and video monitoring that have increased security and enabled better response to emergencies. It also allows for greater interrogation of events after an emergency or escalation of behavior. It also minimizes 'blind spots' in communication and monitoring by operating the voice improvements over cellular at satellite systems. Staff did note, however, that further improvements may still be necessary as alerts over the Relay system can drown each other out if two alerts are activated in rapid succession. Other facilities utilizing this system have reported similar problems and have noted that the system can overcome the issue with proper troubleshooting.

It is a concern of the Board that the facility, especially the resident cottages, remain largely uninviting and somewhat intimidating. Staff at the IBC are currently working towards a more inviting atmosphere through repainting the cottages in more lively and calming colors, sometimes at client direction. Further improvements are necessary, however, and should include

the clients as much as possible. Wall decorations, improved natural lighting, and a minimization of the harsh artificial fluorescents in the resident cottages are encouraged.

The Board also noted a possible safety concern in the resident cottages during the tour of the physical plant. Bathrooms in the cottages are tiled and lack an effective water barrier between the shower floor surface and the rest of the bathroom.

RECOMMENDATION: Apply anti-slip friction strips to the floor of the bathroom outside of the shower area to minimize fall/slip risk.

Continuity of Services through Transitions

IBC is supremely proud that, over the course of the past year, they have returned four separate clients back to their respective home communities. This is enabled through excellent relationships with community providers, superlative communication with DPHHS staff and local organizations, and a firm dedication to community reintegration. The Board commends IBC for this accomplishment and praises all of their staff for this stance on right of all Montanans to a maximally independent life.

Staff at the IBC remain in constant contact with community providers to ensure that discharged clients are able to thrive in their new environment. Though re-admission of some clients may be likely, the opportunity for clients to live in the least restrictive environment is never passed up. The largest obstruction to this is a lack of capacity for community providers, which is wholly separated from the IBC. All treatment plans are aimed at community reintegration regardless of the capacity of the external providers.

Overall

The Board wanted to thank the IBC team for their openness and transparency through the review process. IBC staff provided all requested information and data in a quick, clear, and precise manner and at no time were evasive or guarded. It is clear to the Board that the IBC's current staff and administration are truly dedicated to the best outcomes of all of their clients. Similarly, the staff are continually endeavoring towards better service delivery. The IBC has been given a difficult mission by the State of Montana and they have made the best of this situation by providing competent treatment for Montanans with Intellectual and Developmental Disabilities. While the Board is dismayed by the institutional preference for mechanical restraints, this does not diminish the efforts of the facility towards community reintegration of their clients. It is evident that the IBC is in a better state currently than it has ever been in recent history.

Recommendations

- The Board recommends displaying Board of Visitors and Disability Rights Montana contact information in the client areas of the facility.
- The Board recommends the continued use of the Human Rights Board to review uses of the restraint chair at IBC.
- The Board recommends minimizing the use of the restraint chair in treatment to better prepare clients for community reintegration.
- The Board recommends including a cultural/spiritual dimension in future iterations of Individualized Treatment Plans.

- The Board recommends contacting the Last Chance Community Powwow to determine methods of greater cultural inclusion for Native clients.
- The Board recommends applying anti-slip friction strips to the floors of the cottage bathrooms outside of the shower area.