

Intensive Behavior
Center

Boulder, Montana

May 16,

2023

Site Inspection Conducted by the Mental Disabilities
Board of Visitors

Jeremy Hoscheid

Jeremy Hoscheid, Executive Director

INTRODUCTION

Mental Health Facility reviewed:

Intensive Behavior Center – IBC (Boulder)

Melissa Brock, Interim Facility Administrator

Authority for review:

Montana Code Annotated, 53-20-104

Purpose of review:

1. To learn about services provided by IBC in Boulder.
2. To assess the degree to which the services provided by IBC 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 IBC for improvement of services.
5. To report to the Governor regarding the status of services provided by IBC.

Site Review Team:

Board Members:

Aaron Atkinson

Mary Luinstra

BOV Staff:

Jeremy Hoscheid, Executive Director

Vera Haffey, Patient Advocate

Jeff Folsom, Consultant for Board

Review process:

- Interviews with 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) in Boulder on May 16, 2023, pursuant to M.C.A 53-20-104. During the review process the Board inspected the physical facilities of the campus, including residential, recreational, dining, and sanitary facilities. The Board inspected the patient habilitation areas and reviewed the individual patient's treatment plans. The Board conducted interviews with members of the IBC leadership team, shift managers, and direct service professionals. The site review also had the opportunity to speak to some of the residents of the IBC.

The IBC serves an extremely vulnerable and high-needs population as Montana's ICF/ID facility that provides intensive, short-term stabilization facility for individuals. The intensive 12-bed facility was created as the result of the Montana Legislative decision to downsize and ultimately close Montana Developmental Center (MDC). On the day of the Board's review, there were 8 patients being treated at the IBC.

The Board left the site review with the overall impression that the team at the IBC are very dedicated, hard-working, and truly cared for the patients and in providing the best care and treatment that they can. The Board could tell that there had been a significant change in the culture of the IBC towards a more behavior-oriented approach to treatment. The IBC does face the staffing struggles that have plagued Montana's behavioral health providers across the state as noted by the high reliance on traveling/contracted staff utilized at the facility.

Organizational Planning and Quality Improvement

The IBC does not have a strategic plan that they currently use nor is there a formal quality improvement plan currently in place. This has been an on-going trend at the IBC as prior years planning sessions had been put on hold due to COVID-19. While there is not a formal strategic plan in place, the leadership team was able to share that there is a clear focus on the individual patient's treatment plans and helping them achieve their stated goals. The Board was also pleased that the direct service professionals were able to share these same goals, which shows that despite not having a formal written plan in place, the team understands the clear objectives of the facility.

The IBC is one of the seven state operated facilities that has worked closely with Alvarez & Marsal (A&M) for consulting and facility management services. The Board would recommend that IBC leadership work closely with A&M as well as DPHHS leadership to develop a formal strategic plan and quality improvement plan for the facility.

Rights, Responsibilities, and Safety

The IBC does provide the residents and their family members/guardians with an Individual Handbook which informs the resident and their family members/guardians of their individual rights and responsibilities, the grievance procedure, and safety procedures for the residents. This information is also reviewed with the resident and family members/guardians by the Client Services Coordinator (CSC). In reviewing the Individual Handbook, the Board was pleased to see that the Board and Disability Rights Montana was listed as advocates for the residents and their family members/guardians. The Board would recommend that the IBC post this information in the units and hallways of the IBC so that it is readily available and visual for the residents and their family members/guardians.

In reviewing the IBC grievance procedure, it was found that there is no specific timeline for the grievance process to follow. During interviews, staff stated that they try to resolve as quickly as possible, but the Board would recommend editing the policy so that it contains specific timelines with respect to the grievance process so that residents their family members/guardians and the respective advocacy groups can expect when certain steps in the process are to be completed.

The IBC does have an abuse and neglect policy that protects the residents from physical, verbal, and psychological abuse or next which includes sexual abuse, sexual assault, sexual contact, indecent exposure, and intercourse without consent. During the Boards review it was clear that staff understands the importance of this policy and how to properly implement the policy. Staff were able to identify the appropriate process for reporting allegations of abuse and neglect. These incidents are documented in the electronic Therap program. The Montana Department of Justice (DOJ) conducts all abuse and neglect investigations and reports its findings as substantiated or unsubstantiated to the Event Management Committee (EMC). The EMC consists of the state healthcare facilities administrator, the facility administrator, director of staff operations, member of the medical provider team, Qualified Intellectual Disabilities Professional (QIDP), and the investigative technician.

Individual, Family Member Participation

The client's family members/guardians are clearly identified within the client's chart. It was reported that all family members/guardians are invited to participate in the client's treatment and that a lot of the family members/guardians are actively involved. During meetings the family members/guardians will often share suggestions on what may work or what has not worked in the past. The staff expressed appreciation for the family member/guardian involvement within the resident's treatment stay. The IBC appears to be very accommodating of any special requests that they received from the family members/guardians. Some of the family members/guardians live quite a distance from the IBC facility so learning about the flexibility of the IBC was

reassuring that all family members/guardians can participate and be involved with the individual's treatment.

Each patient receives a three-month review, and this report is shared with the family members/guardians. This report includes any changes in medication or daily activities/treatment goals which are also discussed with the family members/guardians.

Cultural Effectiveness

The IBC is culturally aware but does not have an actual cultural effectiveness policy or program in place. Cultural effectiveness was best defined as things that are intended to be accomplished in the future through consultation with an appropriate individual with experience in Native American Cultures. The IBC does make provisions for Native American residents to practice their culture and spirituality and staff discussed future opportunities for pow-wows and sweat lodges for the Native American residents.

There is a volunteer minister who visits the IBC often and the chapel on campus had just recently been re-opened. There is hope that this will be an opportunity for patients to experience services and spiritual instruction. During the review of patient treatment plans, the Board noted how many individuals expressed the desire to attend religious services and participate in spiritual activities. Improving access to religious and spiritual services for individuals was recommended during the Boards 2022 site review.

Resident's rooms did not have any indication or personalization of the individuals living there. The Board would recommend that the IBC explore options for individuals to personalize their living space, making it a more homelike setting. Obvious health and safety concerns need to be considered around this, but providing individuals with the opportunity to personalize their living space could lead to increased participation in the individual's treatment.

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Staff Competence, Training, Supervision, and Relationships with Residents

IBC clearly defines competency and education within the job descriptions. The IBC also has a clear training curriculum for all new staff. Staff receive annual training regarding de-escalation and restraints, first-aid, and CPR training. The IBC also offers the College of Direct Support (CDS) program which provides staff with additional and ongoing training. CDS is a web-based curriculum and learning management system designed to train direct support professionals (DPSs) who work directly with individuals with intellectual and developmental disabilities.

Prior to assuming work assignments, staff are provided with a two-week preservice training course to enable them to complete the required job duties. During this training staff are required to read through the entire policy manual, the individual rights and responsibilities, the grievance policy and procedure. Staff are also required to review information regarding each patient and be familiar with the patient they are working with and the individual patient's specific needs. Staff also are required to attend MANDT de-escalation training, First Aid, CPR/AED training, as well as an introduction to The Skills System, and Trauma Informed Care/ACES.

Staff appear to be engaged with the clients throughout the different treatment milieus in the IBC. IBC leadership as well as shift managers maintain a regular presence on the units and milieu. Staff reported that the shift managers and leadership are very observant and will offer additional guidance and training to correct any issues between staff and patients.

Treatment and Support

The IBC is an ICF/ID Facility that promotes positive coping skills, health communication, and problem-solving skills. The goal of the IBC is to teach clients replacement skills that are functional in getting wants and needs met and in essence reducing maladaptive behaviors. The IBC also focuses on teaching adaptive living skills, domestic skills, vocational skills, and skills within the Enrichment Center that will enhance the client's independence in daily living and choice making, self-awareness, social skills, and community awareness.

The IBC does have some very competent and enthusiastic physicians on staff. The Board was pleased to learn about the emphasis placed on medications and removing unnecessary medications from the patient's medication prescriptions. The IBC utilizes a combination of face-to-face and telehealth appointments monthly. The IBC also utilizes a primary care physician that takes care of the individual client's regular medical needs along with 24/7 nursing staff that is on the campus. The IBC also provides on-site dental care for individuals when needed.

The IBC patients are also taken to Butte and Helena for outside testing and appointments. The staff does a nice job of making these appointments and special trips for the patients. The staff did not that there is often hesitancy from outside providers to work with patients from the IBC out of fear on the part of the providers.

The individual treatment plans were all recently updated prior to the Boards review. The form and format of the plans were clear and easy to follow, though it was reported that there were future plans to potentially re-design the treatment plans.

The Charting Life Courses format provides a good opportunity for individuals and their family members/guardians in the treatment planning process.

There are detailed descriptions of de-escalation plans in the treatment plans, but they stop short of specific protocols used for restraint for identified individuals. Staff did report to the Board that

they utilize a restraint chair for one of the patients. The individual patient does have a behavior plan in place, but this plan appears to lack specific details around use of the restraint chair. The Board would recommend that the IBC explore alternatives to using the restraint chair and make attempts to reduce the frequency and duration. There is extensive evidence that restraint chairs can be dangerous and can cause potential injury or in some extreme cases even death, especially when the restraint chair is utilized for extended lengths of time (2 hours). Restraint chairs may ultimately reinforce a patient's negative behaviors, may humiliate the individual, may be countertherapeutic for individuals with a history of abuse or mistreatment. The Board would recommend that the IBC hire or contract with a Board Certified Behavior Analyst (BCBA) to develop a more in-depth behavior plan and protocol and track relevant behavioral data to further assess this approach.

The Board did note that during the review, one client treatment plan identified the need for creating a visual schedule. When asked, there did not appear to be a plan to develop the visual schedule. This example of incongruity creates a possible concern of the linkage between the client treatment plans and the day-to-day implementation of care.

The Board also noted that the individual flow sheets for the clients create the opportunity to provide highly individualized care and treatment across the different campus environments. However, these flow sheets were mostly standardized, and the notion of individualizing was received as a difficult solution to implement.

Access and Entry

Admission to the IBC is unique compared to other facilities within Montana. Admission to the IBC is only offered through the recommendation and approval of the Residential Facility Screening Team (RFST), per M.C.A 53-20-133. When a district court receives a petition for commitment to a residential facility or for imposition of a community treatment plan the court shall refer the information to the RFST for screening to determine whether commitment to the facility or imposition of a community treatment plan is appropriate. A court may not commit an individual to the facility or impose a community treatment plan unless the RFST determines that commitment or imposition of a community treatment plan is appropriate. Commitment to a residential facility or imposition of a community treatment plan may only be approved in the RFST determines that the individual is seriously developmentally disabled.

Continuity of Services through Transitions

The IBC mission statement identifies a commitment to focus on community reintegration. This was very apparent to the Board, but only a single client was identified as on the path to community placement. This has been a challenge for the IBC to re-identify themselves as a short-term stabilization rather than the long-term placement the IBC has been historically utilized as.

The Board was extremely pleased to find that there was a clear belief and drive of staff that the clients at the IBC could be reintegrated into the community setting with the proper support in place.

The Board would recommend that the IBC continue to develop ongoing relationships with community providers to help stimulate the development and potential opportunity for clients from the IBC to reintegrate back into community-based treatment settings. The Board did note that there was a clear increased emphasis on outings into the community compared to the 2022 site review, which staff clearly identified and understood as an essential piece for future community integration.

The Board of Visitors Recommendations:

- The Board recommends: That the IBC continue to network and build relationships and connections with community-based providers for the reintegration of individuals from the IBC back into the community setting.
- The Board recommends: the IBC hire or contract with a Board Certified Behavior Analyst (BCBA) to review alternative options to the use of the restraint chair. The BCBA will also further develop individual behavioral plans, review behavioral data, and provide training for staff in techniques utilized in Applied Behavior Analytics (ABA).
- The Board recommends: the IBC review the grievance policy and procedure update these to include a detailed timeline for the grievance process.
- The Board recommends: the IBC continue to develop a Cultural Effectiveness program which includes the opportunity for individuals to attend and participate in religious or spiritual services.
- The Board recommends: IBC explore opportunities for individuals to be able to personalize/individualize their living environments as possible while maintaining health and safety guidelines.
- The Board recommends: that IBC leadership work with the A&M team, DPHHS leadership to develop a strategic plan and a quality improvement plan that takes into consideration surveys from participants, guardians/family members, community partners, and other stakeholders.