Intensive Behavior Center

Boulder, Montana

May 21,

2024

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)

Christina Espeland, Interim Facility Administrator/Director of Nursing

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:	**BOV Staff:**
Aaron Atkinson	Jeremy Hoscheid, Executive Director
Mary Luinstra	Craig Fitch, Attorney
	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 21, 2024, pursuant to M.C.A 53-20-104. During the annual review process, the Board inspected the physical facilities of the IBC campus, including the campuses three residential pods and the Enrichment Center. The Board was also able to visit with multiple residents and observe the staff actively engaging with the residents during the different group activities going on at the Enrichment Center.

The IBC is licensed as a 12-bed Intermediate Care Facility (ICF/ID) and serves residents from across Montana. The goal of the IBC is to teach clients replacement skills that are functional in getting wants and needs met in essence reducing maladaptive behaviors. IBC also focuses on teaching adaptive living skills, domestic skills, vocational skills, and skills with the Enrichment Center that will enhance client's independence in daily living and choice making, self-awareness, social skills, and community awareness.

Mission Statement: 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.

The Board site review team noted during the May 2023 review that the interim-administrator and consultants from Alavarez & Marsal (A&M) appeared to be building a foundation for success at the IBC. The sustained focus of the team over the past year has undoubtedly yielded significant improvements in nearly every aspect what was observed during the May 2024 review. The Board noted the improved cleanliness, the removal of remnants of the facilities' institutional past, new painting, and overall improved appearance of the facility when compared to prior years. The Board could tell the current IBC leadership team is a cohesive unit, who work closely day in and day out, with the goal of providing the highest quality care they can to the individual residents at the IBC. However, the deteriorating condition of the campus, fencing, and appearance of the "homes" continue to be sub-standard and are more likely recognized as a detention center in disrepair. The current team at IBC expressed to the Board the desire to remove fencing and create a more community like setting for the benefit of the patients.

Organizational Planning and Quality Improvement

The IBC does not currently have a formalized strategic plan for the facility, but it was noted that the Healthcare Facilities Division (HFD) with the Department of Public Health and Human Services (DPHHS) was beginning work on developing strategic plans for all of the state-run facilities.

The IBC leadership team does meet every morning in person to discuss the plan for the day and cover each individual client and anything related to their treatment as well as discussion

regarding staffing and training. The Board feels that this regular daily meeting style is extremely effective for the IBC, especially with the small facility size. The Board also noted the client whiteboard that had important updates for each of the residents such as upcoming medical appointments and individual resident treatment needs while on community outings.

The IBC had recently created a Quality Assurance (QA) Department which includes a Quality Assurance Manager and Quality Assurance Technician. The QA Manager is currently in the beginning stages of developing a formal QA process, but so far has started tracking data on restraints, antecedents, and patient falls. The QA Manager also recently created a new incident reporting for which will allow for a better reporting and data tracking process. The IBC shared that they are also in the process of installing a new camera system which is projected to be operational this summer. This new camera system will provide IBC with a wider camera lens and audio recording capabilities to better investigate any incident or situation that arises on the campus.

The IBC also recently contracted with a Board-Certified Behavior Analyst (BCBA) and hired a full-time Behavior Specialist. The Board is extremely pleased that the IBC had completed this prior recommendation from the Board as a BCBA is needed to provide clinically appropriate oversight of the individual resident's behavioral plans and the Behavior Specialist who works directly with the staff at the IBC and provides that boots on the ground assistance.

The Board was pleased to learn about the new Quality Assurance program and the addition of the BCBA to the team at the IBC. The Board feels that these positions will be able to not only better assist the quality of care that the patients receive at IBC, but that they will also be able to provide community providers with accurate data when discussing potential discharge placements to community-based programs.

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 residents and family members/guardians by the QIDP.

The IBC does have both the Board and Disability Rights Montana listed as available independent advocacy services. The Board learned that the IBC also includes the Board on the clients approved phone list, so the Boards phone number is easily accessible to the residents.

The IBC does have a grievance procedure, and staff interviewed were able to easily describe the process. During interviews, staff stated that they try to resolve any issues or concerns from a resident as quickly as possible. It was reported that grievances are a rare occurrence at the IBC.

The IBC has in place a policy for reporting and investigating allegations of mistreatment, exploitation, neglect, abuse, and injuries of unknown source. Within the policy, abuse, neglect, and exploitation are clearly defined Staff interviewed were able to identify the appropriate process for reporting allegations of abuse and neglect as well as display a clear understanding of what constitutes abuse, neglect, or exploitation. The Montana Department of Justice (DOJ) conducts all abuse and neglect investigations at the IBC 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. The IBC ensures that there is no retaliation against employees or clients for reporting mistreatment, neglect, or abuse by other employees or other clients. The IBC reported that the facility conducts a debrief on all allegations of abuse and neglect to determine what took place, what actions or non-actions may have contributed to the allegation, if supervisory action needed, and how to decrease future recurrence.

The IBC utilizes trauma informed support and care while responding to the therapeutic needs of individual residents. Over the past year, the IBC switched to Crisis Prevention Institute (CPI) training which incorporates trauma informed care into the training and refresher courses. Staff reported that outside of one complex resident, physical interventions with the residents are infrequent and that many times residents can utilize coping skills to de-escalate before physical intervention is needed.

The IBC utilizes mechanical restraint/restrain chair for one complex individual. The BCBA has written a specific protocol for utilization of the restraint chair, which includes 15 min checks, and the restraint chair being utilized for no more than two hours. The nurses of staff perform vitals checks during and after the use of the restraint chair. The restraint chair is only utilized as a safety measure, after all other options have been tried to de-escalate this resident and stop the self-injurious behaviors and aggression. The IBC staff will de-brief after these incidents to make sure that everyone is ok and discuss and analyze the event. The Board did want to note the hard work of the staff at IBC as it has been reported that the frequency of the restraint chair had markedly decreased over the past few months.

Individual, Family Member Participation

The QIDP is the primary person responsible for assuring that a client's family members/guardians are identified. The QIDP is also responsible for ensuring that the parameters for communication with the client's family/guardian are contained in the patient's chart. Prior to the individual client's arrival at the IBC, the QIDP will interview the client and family members to determine the interests and other information rather than only relying on what is in the patient's chart.

Guardian participation is regular as all but two clients at IBC have guardians. The depth of knowledge and relationship staff appears to have with the residents' parents and guardians was notable. Parents/guardians are interviewed within the first 10 days of a client's admission. The

interviews are intended to be helpful in developing a treatment plan. Clients and family are also part of all treatment plan reviews. IBC provides opportunities for client and family members/guardian participation in the continuous quality improvement by providing customer survey and feedback options.

IBC has an impressive track record recently of making sure clients get opportunities to visit with their family members. They have multiple 'special days' for family visitations and interactions: Christmas party and family day. In addition, they make time for family visits throughout the year, and even arrange for visits in the community with family and or significant others. It was reported that family's needs for support to overcome barriers for visitations (e.g. gas cards and other travel expenses, videoconferencing, emotional support, etc.) were all specifically identified as solutions to increasing family and guardians' engagement. Residents have the opportunity to communicate by phone or video with parents, guardians, or other community connections if requested. Video communication can be limited at time by available connectivity to Wi-Fi. The staff reported that this lack of Wi-Fi has caused issues as clients are not able to access facetime or other video conferencing solutions on a regular basis. Improved Wi-Fi access would increase affiliation and connection with parents, guardians, and other community stakeholders.

Cultural Effectiveness

IBC does not have a specific plan for ensuring staff are culturally competent. The state does have a cultural consultant who IBC utilizes regularly for assistance in arranging culturally appropriate ceremonies and other culturally appropriate activities. Staff help arrange activities that support the culture of each client. Staff try diligently to help each client maintain and strengthen their cultural interests (i.e., Native American, Christian, etc.) It was also reported that there is also a pastor who comes to the IBC weekly to provide religious services as requested.

The small census at IBC assists with individualized planning. Staff will communicate with the clients and their family members/guardians regarding childhood memories, traditions, and celebrations that can be incorporated into the individual's treatment plan. The QIDP and BCBA are able to invest a significant amount of time in individualized treatment plans which include religious and ethnic/cultural needs or preferences.

Recommendation: Contract with a Native American/tribally enrolled clinician who can offer specific culturally relevant treatment options that can be implemented in a treatment plan and the treatment milieu of patients/families who identify as Native American/American Indian.

Staff Competence, Training, Supervision, and Relationships with Residents

The IBC defines competency expectations and education qualifications within the job descriptions. The IBC also has a clear training curriculum for all new direct care and non-direct care staff. This training includes a weeklong orientation that covers all aspects of an individual's job duties. The new staff training curriculum also includes health and safety training, crisis intervention strategies, and behavioral health specific training. Staff receive refresher training regarding these topics annually. These refresher training courses are offered on a quarterly rotating basis. The IBC also offers staff 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 (DSP) who work directly with individuals with intellectual and developmental disabilities. As previously noted, the IBC switched over to CPI de-escalation training and staff interviewed spoke highly of this training when compared to the prior de-escalation training system.

Prior to assuming work assignments, staff complete at least three full shadow shifts with the shift manager, so the employee is trained directly from the supervisor. IBC will extend these shadow shifts if necessary to ensure the employee is comfortable before assuming the work assignment.

During the Boards tour of the facility, staff were observed engaging with the residents in the Enrichment Center. IBC is an intimate campus, so supervisors have a regular presence and interaction with the residents and staff. Staff interviewed noted that the re-vamping of the Enrichment Center has been a major boost for facility morale and staff spoke highly of the recreational/vocational therapist and Enrichment Center manager and the impact they have had in their roles.

Nursing staff are present in all treatment environments around the clock. The IBC recently contracted with a new medical provider who provides a weekly onsite medical clinic for the residents. The IBC also has weekly psychiatry meetings available for the residents. Staff reported that they feel a close connection with the medical and psychiatric provider at the IBC and stated that they make it a point to be directly involved with the individuals care, often offering to continue to treat the resident after discharge from IBC. The Board feels that this is a great practice and can help reduce readmissions to the facility by having those clearly established relationships at the time of discharge.

Treatment and Support

IBC has a written treatment plan is in place and implemented for individuals receiving services at the facility. Treatment plans, physical and behavioral assessments are conducted within a short time frame of admission. Clients at IBC are receiving individualized, active treatment, including more off campus trips and activities designed to assist readiness for the client's return to the community. Treatment currently includes active community based 'career' goals, that are supported at IBC through vocational skill building and working towards supported employment.

The individual resident treatment plans were all recently updated. The Board noted that they were easy to follow and brought focus to necessary steps towards community integration. The future planning portion of treatment plans are thoughtful and realistic including identification of the potential for ongoing (in the community) IBC staff support.

The Enrichment Center and surrounding activities appear to be an integral part of the active treatment. The implementation of regular programming, increased expectations of residents to participate and specific focus on sensory needs, communication skills and exercise are notable.

Daily active treatment with identified goals has become the norm and expectation of the program and as described by program staff are all geared towards community living skill acquisition and functional expectations. This is long overdue. This has led to a needed and current focus of better defining behaviors including specifically targeted.

Regular psychiatric care is reported to be embedded into the treatment program; however, inconsistent descriptions make the level of engagement unclear. It is encouraged to have the psychiatric consultant spend time with residents and staff in the milieu (e.g. at the enrichment center, in the cottages) and to spend time with program staff.

IBC has been successful in filling positions with permanent staffing, and they have been able to diminish the need for traveling/contracted staff. The Board recognizes the benefit this adds to the individual clients as having consistent staffing and treatment programming has been shown to lead to improved care for the individuals.

The Board noted that the individual clients have updated electronic equipment in their pods, and that each client was able to have their individual space decorated in their own "theme" for example sports, music, or video games. It was delightful to see the newer furniture in the residences and the Board noted that overall, the appearance inside the units was much brighter than prior years.

The Board was pleased to learn about how staff at the IBC works together to develop ideas for outings, behavior interventions, strategies for educational opportunities, career exploration, as well as individual interests of clients to develop their strengths and determine whether their interests may possibly develop into career possibilities. For example, the Board learned about one of the clients who loves photography and staff are working with him to develop those skills. This client takes all the photos for the IBC Buzz, the campus newspaper, which is circulated to staff, clients, and families.

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.

The IBC has worked hard over the past year to re-establish connections with community-based providers.

A new resident at the IBC will receive an assessment typically that same day as admission or within that same week. The treatment plan for the individual begins to be developed prior to the individual's admission. The IBC then has a scheduled treatment team meeting 10 days after admission, and then another treatment team meeting 30 days after admission.

Continuity of Services through Transitions

The IBC mission statement commitment to focus on community reintegration is more apparent than observed in any previous review. Every client appears to be considered on the path back to community placement. This new approach replaces a historical misconception by IBC staff who have previously described clients at IBC as unplaceable in the community.

The QIDP is responsible for making exit/discharge arrangements. The team provides a general assessment review of treatment outcomes during the discharge process and shares those with the client/family member/guardians as well as the receiving treatment provider.

All discharges are planned, and all clients/guardians get information about the services provided by the new treatment provider. In addition, the QIDP ensures contact with the new provider and proactively facilitates involvement by the new service provider during the transition planning process.

IBC has engaged in active discharge assistance for some clients by sending staff with the client to the new provider facility and working with the client and the 'new' provider staff at the same time. This process is an example of best practices for patient discharges and should be codified in policy as something expected for the discharge process. Staff from IBC are also involved in the first 30-day assessment at the new facility after the client transitions to the new provider.

Recommendation: IBC leadership should make an offer for IBC staff to provide some transition services by IBC staff at the new facility for each client discharge, as part of a regular discharge planning practice.

Recommendation: the IBC collaborates with a psychiatric provider to review current client diagnoses. Many of the current diagnoses may be inaccurate/outdated, and updated diagnoses can help the treatment team better support the participants. Accurate diagnoses can also assist in working with providers when seeking to discharge a participant into a community-based program.

Recommendation: IBC have accessible more patient related data to community providers when discussing the possible discharge of a participant into their community-based program.

Overall & Recommendations

As noted early in this report, the IBC had shown significant overall improvement across the board when compared to prior years' site reviews. This improvement ties directly back to the foundation laid by prior administration and consultant work, along with the leadership team that is currently in place at the IBC. It was clear to the Board that this is a cohesive group that all share the same goals and visions for patient care and treatment. While the physical facility itself has significant need for improvement, the team and staff at the IBC is utilizing the facility to the best of their abilities in an attempt to provide high quality patient centered care to a highly challenging patient population.

Recommendations

The Board Recommends: Contract with a Native American/tribally enrolled clinician who can offer specific culturally relevant treatment options that can be implemented in a treatment plan and the treatment milieu of patients/families who identify as Native American/American Indian.

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