Intensive Behavior Center

Boulder, Montana

April 21st,

2026

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 (IBC), Boulder, Montana.

Tina Espeland, Facility Administrator

Authority for review:

Montana Code Annotated, 53-21-104

Purpose of review:

1. To learn about the services provided by IBC
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.
6. To fulfil the annual inspection requirement of MCA 53-20-104 (4).

Site Review Team:

Board Members:

Tyson Schumacher

Molly Molloy

Kendra Brown

BOV Staff:

Sean Conroe, Executive Director

Craig Fitch, Legal Counsel

Vera Good, Legal Assistant

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, MT on April 21st, 2026, pursuant to 53-20-104 (4) MCA. During the review process, the Board inspected the physical treatment 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.

IBC is located on a campus shared with the Montana Highway Patrol in Boulder, MT. The campus features old, unused buildings of the now-closed Montana Development Center, as well as the secure buildings for the remaining IBC. The facility is operated by the Montana Department of Public Health and Human Services and employs permanent, contract, and travel staff to accomplish its mission. IBC is a residential program, aimed at returning clients to home and community-based services. The facility treats only adults with intellectual and developmental disabilities who cannot remain safe in more conventional group home settings across the state.

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 all the necessary documentation for the inspection, going above and beyond the basic requirements. This included organizational information which showed no substantial changes to IBC structure since the last annual inspection. IBC has continued to seek out travel staff to hire as permanent staff. Such numbers of staff have increased, easing at least some of the personnel overhead for the facility. Similarly, IBC is keenly aware of the dynamics of their internal operations and the necessity of quality, permanent staff. There remain some positions currently on contract that could be better served by permanent staff, but the Board recognizes that the remote location of IBC and the general shortage of things like Board Certified Behavior Analysts in Montana make that difficult. There have been improvements, even with that sort of conversion. Since the last visit, the medication provider for the institution is now permanent party within the State system, rather than serving on a contract through a third party.

IBC does currently have a Strategic Plan but it has not yet been flushed out with obtainable goals, performance indicators, or timeline implementation. Currently, the Strategic plan provided to the Board is the Mission Statement fleshed out with language linked to providing the highest quality services to their clients.

RECOMMENDATION: Conduct a Strategic Planning Session with leadership and internal stakeholders to better guide the mission of IBC for the next five to ten years. This should include a timeline, key performance indicators, and obtainable goals for the facility.

Quality assurance has also improved since the Board's last inspection. It is clear that IBC is dedicated to data-driven change and decision making. The hard work of the behavior specialist, in particular, is immediately enabling better decisions in client care. The quality assurance team also has a new manager that briefed the Board on a few different topics of interest, all with supporting data. Even though he has occupied the position for a relatively short time, it is clear that these data-driven teams will contribute positively to IBC's mission. It was noted, however, that some of these processes may not be effectively disseminated to all levels of the organization.

RECOMMENDATION: Include client behavior data maps in treatment plans.

RECOMMENDATION: Explore the possibility of having an additional behavior specialist available to conduct training and better integrate the available behavior data into the general practice of Direct Care staff.

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 with both clients and parents/guardians. The inspection of the facilities physical plant revealed that patient rights and responsibilities are no longer conspicuously posted in the Education Center, as they had been on previous inspections. Similarly, contact information for Protection and Advocacy organizations was also absent, though the Board has verified that the phone numbers for such organizations are on every client's phone list.

RECOMMENDATION: Restore conspicuously posted signage about patient rights in accessible language.

IBC has policies and procedures which implement the requirements of Section 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 interviews, staff were generally aware of grievance. The Board continues to regularly receive and review such reports from the facility. It is clear to the Board that reports of abuse and neglect are taken seriously by all levels of the IBC.

The communication system that was new to the facility in the last inspection has continued to serve client rights and safety well. Most of the problems experienced by staff have been solved with greater training and awareness. IBC staff reported no further issues in their interviews. Similarly, the camera system continues to serve the institution well, allowing for rapid review of serious incidents.

Employees receive training for restraint/seclusion. Physical holds are often utilized for patient safety and mechanical restraints are sometimes used. To IBC's credit, and in line with last year's recommendation, the use of the restraint chair has dropped precipitously. IBC reported to the Board that during a similar timeframe last year, the first quarter of 2026 saw a reduction of 95% in the use of mechanical restraints. All such uses are clinically justified, properly monitored, and utilized only when other less restrictive methods have failed. Chemical restraints are not used as a policy and the Board found no evidence of the facility failing in this respect. When more restrictive means are accessed, multiple levels of treatment are engaged to review the incident.

Individual, Family Member/Guardian Participation

Individual participation at IBC is greatly encouraged and clients have the right to refuse participation. IBC noted one client in particular who has accessed the right with regularity. Interviews with this client revealed that this was a personal choice and they feel welcome to rejoin the programming at any time. Family member and guardian participation is also highly encouraged, though such participation may be limited at times due to distance or the lack of such entities in the client's life. The facility does have telecommunication materials available, though the facility generally lacks Wi-fi to better integrate telecommunications into client care outside of the medical building.

Cultural Effectiveness

IBC does not appear to currently possess a Cultural Effectiveness Plan in writing, though cultural programming has become more robust since the last inspection. This includes instruction in the Educational Center. IBC has also engaged community partners to better accommodate the cultural needs of clients.

Individual treatment plans have incorporated cultural components but the treatment itself lacks cultural competency. Interventions are not planned with cultural competency in mind and the integration of culture into programming appears to end with classroom instruction.

RECOMMENDATION: Engage SAMHSA cultural competency guidelines and partner with organizations such as the National Indian Education Association to better deliver culturally competent services.

Staff Competence, Training, Supervision, and Relationships with Residents

IBC job descriptions define job knowledge and competency expectations. All staff receive superlative training on the core competencies of their positions, including behavioral de-escalation and crisis management. IBC maintains internal de-escalation and crisis prevention staff trainers. Prior to working with any clients, staff undergo rigorous education specific to IBC's target population. Staff interviews revealed that staff feel ready for their jobs daily, though sometimes communication between shifts misses details of activity for patients. It was noted by a Board member that staff training may lack structured debriefing instruction, however.

RECOMMENDATION: Incorporate formal training such as Critical Stress Incident Management (CISM) into regular staff education for incident debriefing.

Staff appear to maintain good relationships with clients, subordinates, and superiors. Clients appeared to have excellent relationships with staff with only a few exceptions on a personal basis. Clients interviewed were able to recall a variety of staff that they appreciated and appeared to respect and confide in them. Client and staff interviews revealed no critical areas of relational distress.

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 communication between staff and leadership, especially as it related to the clients' well-being. Though direct supervision was not a topic of staff interviews, the regular process of the site investigation revealed that supervisory staff took their roles seriously with an eye towards patient rights and continuous improvement of services.

Treatment and Support

A written treatment plan is in place and implemented for all individuals receiving services at IBC. Treatment plans are developed by an interdisciplinary team, primarily led by the Qualified Intellectual Disabilities Professional (QIDP). The treatment planning process starts nearly immediately upon admission and appears to be thorough. Admissions to IBC are atypical when compared to traditional group homes or other settings given the unique nature of the facility. As such, the admissions process wasn't examined in the same depth as treatment itself.

Discharge planning is an active component of treatment at IBC. The role is somewhat split, however, as an outside team does some of the work. It is the aim of each discharge to return clients to their home communities or to a community of their choice. Unfortunately, the group home system for some of these clients is limited, meaning placements are not always to the home community. IBC reports that as many as six clients may be returning to the community in the next few months.

IBC recognizes the trauma many of their clients have experienced and tailor treatment toward that knowledge. Treatment options and decisions are data-driven and evidence-backed, including the services of a BCBA and a behavior specialist. While this team could be expanded, as previously mentioned, it appears that they supplement the treatment team in an exceptional manner.

Some of the clients at IBC do have paying jobs at the facility, though such employment is not required. Clients are paid at or above the state minimum wage and the facility does not qualify as a sheltered workshop. Clients are also encouraged to do light housekeeping in the cottages, specifically in their own rooms.

The facility follows protocols established by the Montana Department of Public Health and Human services, often engaging with such necessity. The facility lacks dually-licensed therapists but this is not indicative of poor recruiting and retention but rather a dearth of such professionals in the area.

Medication protocols are of high concern at IBC. The medication provider meets with clients at least once a month and has focused on reducing the number of medications that clients are prescribed individually. This goal has had mixed results with clients and some medication concerns remain. Staff are actively working through guardian concerns about medication and meet with guardians on a weekly basis in some cases.

The Board still has some reservations about the residential cottages of the facility. In particular, last year's recommendation for anti-slip material in the bathrooms was implemented through anti-slip mats in the showers and bathtubs themselves. This was not the intent of the Board. The recommendation remains to place adhesive/permanent anti-slip material throughout the critical areas of the tiled bathrooms.

RECOMMENDATION: Place adhesive/permanent anti-slip material throughout all regular walking spaces of the bathrooms, including in the bathtubs and showers.

Similarly, the cottages remain rather sterile, appearing to allow for little personal choice for clients. This lack of limited personal autonomy extends to things like food choices. The Board acknowledges the efforts IBC has made to expand dining options for clients but believes that these choices should be encouraged and expanded even further.

Access and Entry

The IBC campus is generally remote in nature, positioned at the edge of town in Boulder, MT. The campus itself is shared with the Montana Highway Patrol and appears to be well-kept and simple to access. The buildings of the IBC campus itself are key fob controlled, limiting access only to those who have business with the facility. Board staff have historically been able to gain access to staff and clients without issue.

Though the reports were general in nature, IBC has had limited difficulty with client elopement. None of these have become critical in nature and never without direct and immediate staff intervention. IBC has reported some issues with clients on field trips, but the facility maintains geolocation wrist and ankle bands to maintain accountability of clients when in the community or on campus.

IBC maintains good relationships with the community of Boulder, including with local chaplaincy and public services such as the library. IBC has also maintained a Human Rights Committee which features community members. Community interviews were not conducted but the Board has also not received community complaints.

Continuity of Services through Transitions

Between the reduction of the use of the restraint chair and a general tendency towards discharge, IBC has executed its mission to transition clients back into the community with good prejudice. IBC does not maintain a discharge team per se. Rather, behavioral staff, the QIDP, the Residential Facility Screen Team, and the DPHHS Complex Care Coordinators all form a multidisciplinary team focused on community re-integration. While some clients have been at

IBC for years and may remain there for many more, most clients are actively transitioning back into community services.

Overall

The Board thanks IBC for their transparency and professionalism during the course of the inspection. It was clear to the Board that IBC places a high value on professionalism and quality treatment. IBC has visibly improved their services, from the cleanliness of recreation areas to the data-driven behavior maps of the behavior team.

IBC occupies a unique position in the continuum of services for intellectually and developmentally disabled Montanans and faces similar unique difficulties. The facility continues to improve their services despite this and is to be commended. Of special note are the BCBA and Behavior Specialist team.

The Board looks forward to continued collaboration and the continuation of progress in next year's inspection. There is no doubt that the team at IBC is dedicated to quality service and the best interest of their clients.

Recommendations

- Conduct a Strategic Planning Session with leadership and internal stakeholders to better guide the mission of IBC for the next five to ten years. This should include a timeline, key performance indicators, and obtainable goals for the facility.

- Include client behavior data maps in treatment plans.
- Explore the possibility of having an additional behavior specialist available to conduct training and better integrate the available behavior data into the general practice of Direct Care staff.
- Restore conspicuously posted signage about patient rights in accessible language.
- Engage SAMHSA cultural competency guidelines and partner with organizations such as the National Indian Education Association to better deliver culturally competent services.
- Incorporate formal training such as Critical Stress Incident Management (CISM) into regular staff education for incident debriefing.
- Place adhesive/permanent anti-slip material throughout all regular walking spaces of the bathrooms, including in the bathtubs and showers.