

Intensive
Behavioral
Center
Boulder, Montana

May 10,

2019

Site Inspection of
Intensive Behavioral Center,
Boulder, Montana

Mental Disabilities Board
of Visitors

OVERVIEW

Mental Health Facility reviewed:

Intensive Behavioral Center, Boulder, Montana

Jill Buck, Acting Superintendent

Authority for review:

Montana Code Annotated, 53-21-104

Purpose of review:

1. To learn about services provided by Intensive Behavioral Center.
2. To assess the degree to which the services provided are humane, consistent with professional standards, and incorporate Mental Disabilities Board of Visitors (BOV) 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 Review Team:

Board:

Daniel Laughlin, Chairman
Jeff Folsom, Board Member

Consultant:

Dennis Nyland,
Mental Health Ombudsman

BOV Staff:

Craig Fitch

Review process:

- Interviews with Intensive Behavioral Center staff and clients.
- Observation of treatment activities.
- Review written description of treatment programs.
- Inspection of the physical plant at the Intensive Behavioral Center.
- Review treatment records, policies and procedures, organizational structure, allegations of abuse/neglect.

Introduction

On May 10, 2019, the Mental Disabilities Board of Visitors (BOV) conducted a site inspection of the Intensive Behavioral Center (IBC) in Boulder, Montana. The annual inspection of the IBC included an inspection of the living areas, recreation areas, habilitation/treatment areas and classrooms, dining, and sanitary areas.

The eleven clients that currently reside at IBC are individuals with a variety of intellectual and/or developmental disabilities with a severity of symptoms that preclude easy placement in a less structured community setting.

Since last year's site inspection there has been a bit of an improvement in the overall atmosphere on the IBC campus. DPHHS has reduced the bleak presentation of the boarded-up cottages, moved staff to a smaller administrative building, and closed down a couple of the bigger, underpopulated buildings. Staff interviewed appeared to be less anxious about the uncertainty of the future. And a large percentage of the difficult decisions regarding personnel and programming have been made. However, ongoing direct care and nursing staff shortages continue to limit treatment options and present an ongoing safety risk to staff and clients.

The grounds continue to be nicely landscaped and clean, with space to relax and visit outdoors although it doesn't appear that any of the residents are able to take advantage of the outdoor campus. The outdoor area that residents can access is significantly confined. The cottages that residents live in are small and loud and provide very little opportunity for privacy. The classroom/therapy/activity center is small. The recreational/vocational building is currently relatively dark and uninviting, and BOV looks forward to revisiting this campus next year after IBC/DPHHS has made more progress in renovating this building.

Organizational Planning and Quality Improvement

The DPHHS Quality Improvement Manager who serves the entire agency also oversees the quality assurance process for IBC. Individual managers at IBC are responsible for gathering the data. Issues are discussed at regular management meetings.

IBC does not conduct satisfaction surveys with clients or family members/guardians.

The uncertainty regarding the future of IBC appears to no longer be an issue that complicates the planning process. BOV and DPHHS/IBC staff appear to be in agreement that it is time to move beyond the paralysis engendered by the lengthy transition period and to focus on how to provide great services. Staff and leadership appear poised to do so. This will require a clarity of mission, vision, and the philosophy of care of the facility moving forward.

Recommendation:

1. *DPHHS has not identified a dedicated administrator to take over the responsibility of leading IBC after the current interim administrator leaves. The IBC needs a stable administrator who can develop a vision and a clear purpose of what the IBC will look like in the next five years.*

Rights, Responsibilities and Safety

Upon admission to IBC, the client and guardian/family members are given a client handbook that addresses rights, responsibilities, and the grievance procedure. A copy of 53-20-148 M.C.A. is included in the handbook. The complaint/grievance form is available to clients and family members. Information regarding advocacy services provided by the BOV is included in the client handbook.

IBC policies address access to records for the BOV and Disability Rights Montana (DRM). Staff identified the appropriate process to report allegations of abuse and neglect and incidents and they seemed aware of IBC policies and procedures regarding client rights. In addition, IBC has given individual residents a phone book with the phone numbers to advocacy groups, family members/guardians, and a few other important people so that each resident has easy access to make phone calls when they want/need.

IBC policies include definitions, investigation procedures, and reporting requirements for allegations of mistreatment, exploitation, neglect, abuse, and injuries of unknown source. Policies address notification procedures for allegations of sexual abuse, sexual assault, sexual contact, indecent exposure, or sexual intercourse without consent. The DOJ continues to conduct the abuse/neglect investigations. The DOJ notifies the Quality Management Director (QMD) within five days that the investigation report has been concluded. The QMD then schedules a meeting of the Event Management Committee which reviews the investigation report and discusses options for corrective program follow-up and personnel action.

IBC is short on direct care staff, which jeopardizes safety in the cottages for residents and staff. Staff is working overtime to provide adequate coverage. Whenever possible, IBC staff uses non-physical, de-escalation techniques, such as body positioning, to lessen aggressive behaviors on the units. j If needed, a restraint chair is available to restrain clients.

Recommendation:

2. *The IBC Resident Handbook could benefit from an edit that is more visually appealing (i.e. contains some pictures) and presents information in a way that the residents will understand and find accessible (simpler sentences, less information, less information/page).*
3. *Assess the current staffing patterns compared to the staffing need and make adjustments necessary to reduce the number of incidents and to adequately address emergency/incidents and patient/unit acuity.*

Individual, Family Member, Guardian Participation

Family/guardians participate in person or by teleconference. The client and family/guardians receive a copy of the treatment plan. Some clients require continual contact due to the client's medical and/or

behavioral needs. The social worker and nurse interviewed indicated they make contact with family/guardians when treatment changes are made and the changes are documented. BOV participates in treatment team meetings that include family member participation.

The treatment team discusses with the family/guardian about how they can help the client achieve treatment goals. IBC does not appear to involve family/guardians in strategic planning, the quality improvement process, or in advisory groups.

Staff Competence, Training, Supervision and Relationships with Residents

The new staff at IBC receive initial orientation training, including MANDT, Developmental/Intellectual Disability introduction and awareness, CPR, documentation, etc., along with some College of Direct Support (CDS) program trainings. CDS is a web-based curriculum and learning management system, designed to train direct support staff who work with individuals with intellectual and developmental disabilities. IBC uses the CDS program for most of their on-going training. There were some concerns expressed by staff through the interviews that the on-going training is sporadic. There is no set schedule for trainings throughout the year, some weeks there may be multiple trainings, but then there are other times where there are no trainings for a long period of time. It was also mentioned that due to the reduced census at IBC, that staff should be receiving more specialized trainings for the clients that they are serving.

The staff interviewed at IBC expressed satisfaction with the quality and level of supervision. In addition, staff interviewed report that the challenges presented by the staffing issues has taught them that they all need to rely on each other more, which has created a more “close-knit” group.

The current computer system at IBC appears to need some updating/upgrading. There are many times that there are computer glitches/issues which prevent or hinder work flow for staff.

Suggestion:

- *Providing a more structured training schedule to facilitate better staff competency (weekly, monthly, quarterly).*
- *Assessment and upgrading the current computer system to make available a more reliable tool at the facility.*

Treatment and Support

The Individual Treatment Plan (ITP) is required to be in place for implementation within 30 days of admission; each discipline conducts an assessment to help formulate the ITP. IBC policy 4-E states the “client receives a continuous active treatment program consisting of needed interventions and services...to support the achievement of the objectives identified in the treatment plan” so the client may discharge to a lower level of care either at home or in their community. The Behavior Intervention Plan

reviewed by the BOV team that was written by the Board Certified Behavior Analyst (BCBA) staff was well done and addressed the challenging behavior. Discharge planning is addressed upon admission to IBC.

Due to the reduction of census to the twelve-bed IBC, programming appears to have been affected. There is no access to the community. Programming appears to have eliminated, or at least significantly curtailed, off-site recreational, rewards, or other visits to community. There needs to be the reintroduction of pre-vocational, vocational, recreational, social, and other programs for the new focus at the facility. IBC currently has an inadequate vocational program. The vocational program, prior to the reduction, included recycling, community service, working at the food bank, in the garden, in the laundry, and in other areas on and off campus, and having a treatment mall. It has been reduced to just shredding paper, with that paper being recycled. There is a need for more meaningful activities/opportunities throughout the day for the clients, which should help in reducing behavioral problems. IBC is currently working on renovating the area where the shredding is done to also incorporate classrooms and development of a “new” treatment mall program.

With there being no facility kitchen or on-site food services, IBC has partnered with the community and has a contractual agreement with a local restaurant to provide the food services for the clients. This makes for a positive experience, meeting the dietary needs for the clients, and having the community involvement with the facility.

Of the clients that currently reside at IBC, some of the clients have diagnoses related to the Autism Spectrum Disorders. With the challenging behaviors associated with individuals with Autism, specialized training and attention would be beneficial to address the needs of those clients.

IBC provides psychiatric and medical treatment to clients. There might be some lag in psychiatric coverage with the departure of the previous psychiatrist. The BOV team believes that IBC would continue to benefit from consistent psychiatric services and the inclusion of a licensed therapist.

Suggestion:

- *Develop programming to reintroduce vocational, recreational, social, and other programs for the current clients at IBC. This should include the possibility for clients to have “outings” in the community, which is beneficial for both the clients and the community.*
- *Create programs that offer an opportunity to work toward meaningful goals, whether this is through a recreational program or a vocational program.*
- *The IBC should expand prevocational opportunities for the clients.*
- *Work on securing a psychiatrist to provide more consistent psychiatric services for the clients at IBC.*
- *The IBC should consult with an autism expert in developing plans to reduce challenging behaviors, especially with clients with autism.*¹

¹ Dr. Ann Garfinkle is local and is nationally recognized as an expert in the field of behavior sciences Dr. Ann Garfinkle - Phone: (406) 243-5262 Email: ann.garfinkle@mso.umt.edu

Recommendations

Recommendations:

1. *DPHHS has not identified a full-time administrator to take over the responsibility of leading IBC after the current interim administrator leaves. The IBC needs a stable administrator who can develop a vision and a clear purpose of what the IBC will look like in the next five years.*
2. *The IBC Resident Handbook could benefit from an edit that is more visually appealing (i.e. contains some pictures) and presents information in a way that the residents will understand and find accessible (simpler sentences, less information, less information/page).*
3. *Assess the current staffing patterns compared to the staffing need and make adjustments necessary to reduce the number of incidents and to adequately address emergency/incidents and patient/unit acuity.*