

Intensive Behavior Center (IBC)

Boulder, Montana

April 27,

2022

Site Inspection Conducted by the Mental Disabilities
Board of Visitors

Jeremy Hoscheid

Jeremy Hoscheid, Executive Director

OVERVIEW

Mental Health Facility reviewed:

Intensive Behavior Center (IBC)

Rebecca de Camara, Division Administrator DPHHS, (Interim Administrator - IBC)

Authority for review:

Montana Code Annotated, 53-20-104

Purpose of review:

1. To learn about services provided by the IBC.
2. To assess the degree to which the services provided by the 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:

Dan Laughlin, Board Member

Mary Luinstra, Board Member

BOV Staff:

Jeremy Hoscheid, Executive Director

Vera Haffey, Legal Secretary

Review process:

- Interviews with IBC staff
- Review of treatment activities, tour of IBC facilities
- Review client treatment plans
- Review policy and procedures, organizational structure

Introduction

Per M.C.A. 53-20-104 the Mental Disabilities Board of Visitors (Board) conducted the annual site inspection of the Intensive Behavior Center (IBC) on April 27, 2022. The Board inspected the physical facilities, 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 administration team, shift managers, and direct service professionals. The site inspection team also spoke with clients during the inspection.

The IBC serves a very vulnerable and high-need patient population as the state's intensive, short-term stabilization facility for individuals with developmental disabilities. Given the nature of this level of treatment, admission to the IBC is determined by the Residential Facility Screening Team (RFST), M.C.A. 53-20-133. The intensive 12-bed facility was created as the result of the Legislative decision to downsize and close Montana Developmental Center (MDC), the state's developmental disabilities facility and transition those residents home or to community-based level of care due to numerous findings of patient mistreatment. On the day of the Board's inspection, there were 9 patients being served at the IBC and it has been reported that one of the patients would be discharging in the upcoming weeks to a community-based group home.

The Board left the site inspection with the impression that the staff at the IBC are hard-working and dedicated to trying to provide the best patient care and treatment that they can. The IBC is not immune to the difficulties of COVID-19, nor the on-going staffing shortages experienced by healthcare providers across Montana.

The IBC is one of seven state operated facilities that will be reviewed as part of a consultant management contract the Department of Public Health and Human Services (Department) recently awarded to Alvarez & Marsal.

Organizational Planning and Quality Improvement

The IBC has not developed a current formal strategic plan. It was reported that the plans to develop an appropriate plan had been put on hold because of COVID. The IBC experienced a great deal of interruption in every area due to the COVID issues. Due to concerns for patient safety the IBC instituted a no visitors policy for the past 2 years. The Board were the first visitors on the IBC campus since the beginning of the COVID-19 pandemic. The IBC utilizes a masking protocol that fluctuates based on community transmission rates as well as revised CDC guidelines. Throughout the interviews it was mentioned how difficult the masking policy was for the patients at the IBC because they were unable to see facial expressions on the staff and one another. It was more difficult for the patients to recognize the faces of those who were caring for them. One of the ways

they were creative in assisting the patients is they allowed them to draw facial expressions on the masks, and they made masks for everyone at the Center.

It has been an intense period of time during the COVID restrictions, and many of the administrative team members have each taken on the responsibilities of two full-time staff members, as well as working shifts on the floor with the patients in order to adequately cover the care needs of the patients. The Board witnessed a very cohesive team of employees who are highly engaged and dedicated to preparing the residents under their care for the least restrictive living conditions in the outcome of their treatment.

With respect to outcomes, they have had a patient who had completed their treatment plan in March and was transferred to a less restrictive facility. They have another patient who is expected to be transferred to a less restrictive environment (community group home) in the next week or two.

The IBC implemented a COVID-19 protocol for patients and staff which included a COVID isolation area that was prepared at all times and available if a patient tested positive for COVID-19. The IBC team also holds weekly health/safety meetings to stay on top of any issues.

Similar to other healthcare providers, the IBC has seen an increase in the utilization of contracted staffing. Many of the staff at the IBC are working additional shifts throughout the month in order to maintain appropriate staffing ratios. The majority of the contracted staff has prior experience in behavioral health and comes to the IBC with CPR and other medical training already completed. All staff are trained on the MANDT system which is an evidence-based de-escalation system that is widely used throughout the country. The IBC provides Speech, Occupational, and Physical Therapy through a contracted outside provider.

The Department of Public Health and Human Services (DPHHS) recently awarded a facilities management/consulting contract to Alvarez & Marsal (A&M). During the time of this inspection the team from A&M had not yet been to the IBC. The IBC will have a new on the ground administrator beginning in early May 2022. The staff at the IBC were recently awarded an increased pay rate for the DSP position.

Rights, Responsibilities, and Safety

Upon admission, the residents and family members/guardians are given an Individual Handbook. The client services coordinator (CSC) explains the content of the Individual Handbook to residents and family members/guardians, both verbally and in writing. The Individual Handbook informs them of the care they will receive at the IBC and explains the rights and responsibilities, grievance procedures, and safety procedures for the residents. Information in the Individual Handbook lists the BOV and Disability Rights Montana as advocates for residents and family members/guardians. The BOV was pleased to see that a 2019 recommendation to update the Individual Handbook so the residents can better understand (using more pictures, simpler sentences, and less information per page) was made.

Staff identified the appropriate process to report allegations of abuse and neglect and all incidents involving residents and staff. All incidents are documented in the electronic Therap program being used at the IBC. 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) at the IBC. The EMC consists of the state department administrator, facility manager, director of staff operations, advanced practice registered nurse (APRN), qualified intellectual disabilities professional (QIDP), and investigative technician. The EMC reviews each report and agrees or disagrees with the findings and uses the information to make possible corrections to programs and personnel action if necessary.

The IBC has an abuse and neglect policy that protects the residents from physical, verbal, and psychological abuse or neglect which includes sexual abuse, sexual assault, sexual contact, indecent exposure, and intercourse without consent. During the Board interviews, it was very apparent the staff understands and can implement the policy for abuse and neglect. The safety of the residents is of utmost importance at the IBC. The staff reported and believed that the new Skills System ¹ model of treatment and techniques has reduced the number of incidents being reported. Whenever possible, the staff at the IBC use interventions and de-escalation techniques to reduce aggressive behaviors. The Skills System and improved staffing levels have made the units much safer, and the need for restraint has been reduced because of the improved relationship between the residents and staff. It is worth noting that IBC is no longer using seclusion or restraints anywhere in the facility. IBC implemented changes to protect staff and residents during the COVID-19 period. The IBC still uses the restraint chair occasionally and prn medications as needed. Residents have a new schedule of daily activities that will allow for greater social distancing and reduce the risk of spreading the disease between residents.

The IBC has a grievance policy that is easily accessed, fair and responsive. Family members/guardians also have access to the forms electronically. A direct service professional (DSP) is responsible for helping the resident fill out the grievance form, and the CSC or QIDP works with the resident to resolve the grievance. If a resolution is not reached, the treatment team will discuss the grievance, and the CSC will then explain the resolution to the resident. If the resident is not satisfied with the resolution, the Facility Manager will work with the CSC and the resident to resolve the grievance. The guardians can also see grievances filed electronically through s-com (secure communications). The grievances are noted by staff through medical records charting and the client's guardians can access the electronic log. Grievances are also reported to Montana Department of Justice to better ensure patient safety. It was reported that the IBC receives on average 1- 2 patient grievances per month, most of these incidents being minor grievances. Contact information regarding advocacy services from the Board and DRM to assist with grievances is listed in the Individual Handbook and on the resident's individual phone lists. The Board did not observe this patient advocacy contact information posted anywhere else on the IBC campus.

¹ The Skills System is a user-friendly set of emotion regulation skills, designed to help people of various ages and abilities, manage emotions. It helps us be aware of our current moment, think through the situation, and take goal-direction actions that align with our values. <https://skillssystem.com/>

Patients are allowed to make phone calls at a certain time each day. They are allowed 15 minutes for their conversations and then they need to wait for their turn if they wish to make another contact. Then they can have an additional 15 minutes per call. They love to make their phone calls and look forward to that time each day.

Any abuse of patients is to be reported immediately to the shift manager. The IBC staff are trained to notice signs of physical harm, abusive comments to clients, exploitation of any kind and neglect. Staff are not allowed to photograph patients for their own gain, and they watch out for staff using cell phones and electronic devices needlessly, causing neglect to patients. Any abuse, neglect, etc. is reported to the Montana Department of Justice.

Individual, Family Member Participation

The client's family members/guardian are clearly identified within the client's chart. It was reported that all family/guardians are invited to participate in the client's treatment and that a lot of them do, more so than in the past. The families will often provide staff with suggestions on what may work or treatment that has not worked in the past. During COVID-19, participation in treatment was done through videos conference or phone due to visitor restrictions. The staff expressed that they expect more family members to visit and attend meetings in person now that the precautions have been lifted and the campus has re-opened.

The individual clients are always invited to be involved with the treatment planning process and are encouraged to do so as much as possible. Participation is limited to the individual's capability, but the IBC does afford the client every opportunity to participate.

The Board would recommend that the IBC look to fill the vacant Client Service Coordinator (CSC) position. During the downsizing and transition of the facility from MDC to IBC, this CSC position had assumed several other job duties and is now vacant. This position seemed to come up during interviews and appears to be a vital piece in ensuring communication between patients and families, outside providers, and fulfills many other needs the patients have during their treatment stay.

Cultural Effectiveness

The IBC does not currently have a Cultural Effectiveness Plan but does try to accommodate client's individual requests as they arise. It was reported that previously the staff has helped clients acquire Native American Head Dresses and Star Quilt. Prior to COVID-19 the IBC had a Pastor coming from Helena to offer religious services to the clients. It was reported that re-starting these services is in the works now that COVID-19 precautions have been lifted at the facility. One unintended silver lining from the heavy reliance on traveling contracted staff is that

the clients have been exposed to different cultures which has reportedly been a positive experience for a lot of the clients.

The Board recommends that the IBC implement a Cultural Effectiveness Plan as part of the Facility's overall strategic planning.

Staff Competence, Training, Supervision, and Relationships with Residents

Interviews with staff indicate that most new staff are contracted and arrive at the IBC fully trained. The administration could not articulate the level of training both for new and experienced staff. There has been a gap with consistent training due to COVID, retirements, and lack of trainers. It was reported that contracted and current staff have excellent relationships with clients. The administration has only had to reject two contracted workers. The College of Direct Support (CDS) program offers additional and ongoing training. CDS is a web-based curriculum and learning management system designed to train direct support professionals (DSPs) who work with individuals with intellectual and developmental disabilities

Staff are required to read the entire policy manual, the rights and responsibilities and grievance policy procedures. Staff are also required to review the information regarding each patient and be familiar with who they are and their needs prior to working on the floor. They are required to go through training in the MANDT System. Then for one-week new staff members shadow another staff member on the floor to become familiar with the job and job duties. Staff are also trained in CPR and trauma-informed care. Direct Support Personnel receive 4 hours of training in documentation, reporting, charting and forms. Their complete training is generally approximately 2 to 3 weeks, depending upon their qualifications. The contracted CNAs generally do not need the medical portion of the training since they are already skilled in that area. The CNAs are under contracts for 8 to 12 weeks, but their contracts can be renewed for up to a year, by reviewing every 12 weeks.

It was noted that there is not a great deal of continuing education for the staff. Much of this has been due to the demands that COVID restrictions have placed on everyone.

The direct staff reported seeing supervisors and professional staff on the units and in the milieu on a regular basis. IBC leadership team discussed plans being to be implemented to have many of their offices in the areas where patients are able to be familiar with them. Shift managers are always present with the staff and between shift managers and leadership they are very observant about the quality of care the patients are receiving, as well as correcting any issues between staff and clients.

Treatment and Support

Prior to admission to the IBC, all referrals are reviewed by the Residential Facility Screening Team (RFST). RFST reviews the patient's information and makes the determination on approving the civil commitment to the IBC or recommending an enhanced community treatment program. The commitments to IBC are for period of 90 days at which point a petition for recommitment is filed with the appropriate county court.

Upon admission, an Individual Treatment Plan (ITP) is developed for each resident and a meeting with the resident, his/her family/guardian, and the treatment team takes place after ten days to ensure that all parties will agree to proceed with the services at IBC. The final ITP is developed within thirty days.

The IBC team begins a resident's discharge plan and the search for community providers shortly after the resident's admission. The typical stay at the IBC is three to six months, although some residents live at the IBC for many years because of their symptoms and diagnoses require services that are not available in the community. The IBC interim-administrator did mention that one of the goals when working with the Alvarez & Marsal team is to better establish the role of the IBC as a short-term stabilization facility within the state's developmental disabilities system.

The IBC utilizes a primary care physician that takes care of the client's medical needs along with the 24/7 nursing that is on campus. The IBC also provides on-site dental care for individuals when needed. The Board was pleased to be informed that the IBC also rules out any medical conditions that may be responsible for presenting behaviors. This includes ruling out allergies and monitoring medication levels.

The staff at the IBC work directly with the clients to help prepare them for life by offering them compensated job opportunities around the campus. Some of the job opportunities are mowing, raking leaves, and shredding. COVID-19 precautions have limited some of these job opportunities for the patients, but the staff is looking forward to re-engaging the patients in these opportunities.

The IBC provided copies of active treatment plans for all 9 patients for the Boards review. The Board does question how much active treatment has been provided due to staffing struggles and the COVID-19 pandemic. Trauma informed care is not currently incorporated into the client's treatment. Discussions around trauma informed care were being had but COVID-19 had delayed any progress on implementation. The MANDT System de-escalation training that all employees receive training on touches briefly on trauma informed care, but staff reported this could be improved on. Adverse Childhood Experiences ACEs was previously used at MDC. Staff are also trained to watch for signs that a non-verbal resident may need extra help and how to recognize signs that the resident may soon become dysregulated so that staff may be able to prevent someone from being injured.

Housing consists of three secure units within a closed area of the entire campus. Each unit can house up to four residents, and each unit is staffed according to the residents' diagnoses and

behaviors. There is no facility kitchen or on-site food service at the IBC. The IBC has partnered with the community and has a contractual agreement with a local restaurant to provide the meals for the residents. It was reported that the residents enjoy the variety of food. During the tour of the facility the Board noticed that some of the floors of the buildings appeared in need of cleaning. It was reported that the IBC contracts out janitorial services for 3 days a week. The Board recommends that the number of days are increased to better provide a clean, healthy, and safe environment for clients and staff.

Nursing staff are supervised by the Director of Nursing, who is an APRN and also the Director of Psychiatric Services. Medications are prescribed, reviewed, and adjusted by both the Director of Psychiatric Services and the contracted Medical Director. Medication reviews are completed every 90 days as needed. All medications, including narcotics, are prescribed, transported, administered, and monitored according to current laws, regulations, and professional guidelines. When unused medications need to be disposed of, they are documented and handled according to established laws and regulations. All medications are stored in a locked medication cart that is accessed only by the nursing staff with their own individual code. The medication cart is transferred to a locked staff office in each housing unit. The staff offices are accessible to employees only by swiping their badges to open the door. It should be noted that the IBC has improved their ability to discharge and admit clients.

IBC staff promotes each resident's access to independent advocacy services listing contact information for the Board, the Mental Health Ombudsman, and Disability Rights Montana in the Individual Handbook and on each living unit.

The Board of Visitors Recommendations

- Hire for the vacant CSC position as this seems to be a vital position in the IBC staffing and a point of contact for patients and families.
- Develop a Cultural Effectiveness Plan as part of facility strategic plan – access to religious and spiritual services.
- Increase the number of days per week of contracted janitorial services (Currently 3 days per week, the Board recommends 5-7 days per week)
- Access to mental health therapy for those patients with co-occurring disorders.
- Re-implement trauma informed care program.