



Department of Public Health and Human Services

Behavioral Health and Developmental Disabilities Division ♦ Developmental Disabilities Program
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To Whom It May Concern:

An emergency admission to the Intensive Behavior Center (IBC) may be requested when there is concern for a person believed to be seriously developmentally disabled and in need of protection for the person and/or others from death or serious bodily injury.

Emergency admission can only be authorized by a Certified Developmental Disabilities Professional (DD Pro) once they have received a request for emergency admission to IBC and the following conditions are present:

- The person being referred must be at least 18 years of age and have documentation of a developmental disability as defined by 53-20-102 (9) (a-e).
- An emergency placement must be to protect the person and/or others from death or serious bodily injury. Please note that “serious bodily injury” is defined as creating a substantial risk of death or causing/expected to cause serious permanent disfigurement, protracted loss or impairment of function. 45-2-101 66 (a) (i-iii) MCA.
- IBC has confirmed in writing that they can meet the person’s needs and have a bed available. 53-20-129 MCA

To request an emergency admission, the documents referenced on the Emergency Commitment Checklist must be submitted to a designated DD Pro.* The DD Pro will render a decision and respond to the referring party and the DDP Program Officer in writing.

Should emergency admission be authorized by the DD Pro, arrangements between the sending team/referring party and IBC must be made prior to admission. Following emergency admission, the following steps must be initiated:

- A county attorney must file the petition for emergency commitment by 5 pm of the next judicial day following emergency admission.
- If the petition for emergency commitment is not filed on the next judicial day, the sending team/referring party and IBC are responsible for arranging the person’s return to the community.
- An emergency commitment to IBC may not continue longer than 30 days after placement unless a petition for re-commitment has been filed.

Reference: 53-20-129 MCA

https://leg.mt.gov/bills/mca/title_0530/chapter_0200/part_0010/section_0290/0530-0200-0010-0290.html

45-2-101 MCA https://leg.mt.gov/bills/mca/title_0450/chapter_0020/part_0010/section_0010/0450-0020-0010-0010.html

53-20-102 MCA https://leg.mt.gov/bills/mca/title_0530/chapter_0200/part_0010/section_0020/0530-0200-0010-0020.html

Emergency Commitment Checklist

MEMBER NAME:	CHIMES NUMBER:
DATE OF BIRTH:	ADDRESS:
NAME OF PARENTS/GUARDIAN/NEXT of KIN:	CONTACT INFORMATION (address, email, phone):
NAME OF THE COUNTY ATTORNEY:	CONTACT INFORMATION (address, email, phone):
NAME OF ADVOCATE, IF ANY:	CONTACT INFORMATION (address, email, phone):
DATE FORM SUBMITTED:	FORM COMPLETED BY REFERRING PARTY AND CONTACT INFO (address, email, phone):

REQUIRED INFORMATION:

____ Documentation of intellectual disability as defined by 53-20-102 (9) (a-e) MCA.

____ Detailed description of current behaviors which demonstrate the need for emergency placement to protect the person and/or others from death or serious bodily injury. Please note that “serious bodily injury” is defined as creating a substantial risk of death or causing/expected to cause serious permanent disfigurement, protracted loss or impairment of function. Include circumstances surrounding any incidents and the dates they have occurred.

____ Documentation of interventions that have been tried to keep the person and the community safe from the behaviors. Please include the results of these interventions.

____ Current hospital/police reports, if applicable.

OPTIONAL INFORMATION:

____ Current Behavior Support Plan

____ Functional Behavior Assessment

____ APS reports

