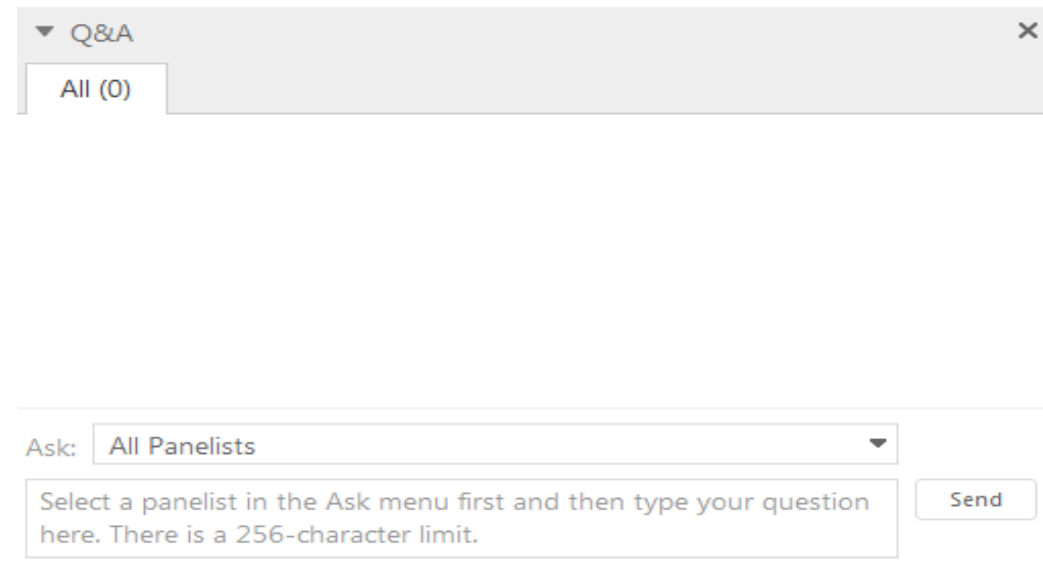




Support Planning Professional Learning Community (SPP LC)

July 25, 2018

To ask a question during the presentation use the Q&A Panel in WebEx



The screenshot shows a WebEx Q&A panel window. At the top, there is a header with a dropdown arrow and the text "Q&A" and a close button "X". Below the header is a tab labeled "All (0)". The main area of the panel is empty. At the bottom, there is a section labeled "Ask:" with a dropdown menu currently set to "All Panelists". Below the dropdown is a text input field with the placeholder text "Select a panelist in the Ask menu first and then type your question here. There is a 256-character limit." To the right of the text input field is a "Send" button.

Select “All Panelists”, type your question, and click Send.

Announcements

Individualized Home Supports

Quality of Life Interventions to Address Challenging Behaviors

Announcements

[2018 Minnesota Gathering for Person-Centered Practices](#)

[2018 St. Louis County Health & Human Services Conference](#)

[Lead Agency and Service Provider Employment Workshops](#)



Individualized Home Supports Launching a New Service July 1, 2018

DHS Disability Services Division

Stephen Horn – HCBS Policy Lead

- Overview of individualized home supports (IHS)
- Defining individualized home supports – in person
- Defining remote support – individualized home support and supported living services (SLS) for adults in own home
- Questions
- Link to the Community-Based Service Manual webpage
<http://www.dhs.state.mn.us/dhs-298716>

Overview of individualized home support

Designed to holistically support a person in their own home and within their community while increasing choices and options of how and where to receive services to live, work and enjoy life in the community.

Overview of individualized home supports

- A new service for BI, CAC, and CADI waivers
- 245D intensive service to support adults in their own home and community
- Service delivery includes in-person and remote support
 - Remote support includes the service: supported living services for adults in own home
- Provides support (e.g. supervision, cuing, and assistance) and training
- Launches July 1, 2018

What are individualized home supports?

- Providing support and training in four (4) broad community living service categories. The community living service categories are:
 - Community participation
 - Health, safety and wellness
 - Household management
 - Adaptive skills
- Service provided in the person's own home or in public community settings

Defining own home for individualized home support

- Individualized home support defines own home as outlined in the [CBSM – Requirements for a person’s own home](#)
- Own home means a setting in which the person or, if applicable, legal guardian:
 - (1) decides who lives in the home with the participant and within the restrictions of the lease agreement;
 - (2) decides who provides services in the home; and
 - (3) is responsible for maintenance of the home.
- If the response to any is "the service provider(s)," the setting is not a person’s own home.

Defining own home continued

- The responsibility for home maintenance does not prevent the person from hiring a service provider to complete home maintenance tasks.
- When a setting is a person's own home, the lease is held in the person's name, or if the person has a legal guardian, it may be the responsibility of the legal guardian to sign the lease on behalf of the person.
- When a person and provider comply with Minnesota Statutes, section 256B.49, subd. 23, regarding community- living settings, it may be considered a participant's own home.
- The individualized home supports service provider cannot have any direct or indirect financial interest in the property or housing in which services are delivered.

What types of support activities can be provided under IHS

- Staff support community living service activities by providing:
 - direct supervision
 - cueing
 - maintenance
 - guidance
 - instruction
 - incidental assistance with activities of daily living OR
 - assistance with coordination of community living activities.

What types of training can be provided under IHS

- Instructional services through which a person receives direct training from a staff member on community living skills identified in a person's assessment (e.g., MnCHOICES, long-term care consultation [LTCC]).
- Training includes skill building to acquire, retain and improve the person's experience living in the community.

Individualized home supports in a person's plan – Documentation

- There must be clear documentation of service needs and outcomes identified in the coordinated services and support plan (CSSP).
- The individualized home supports service provider is responsible to provide written reports to the case manager and the person who receives services. Reports are provided at a minimum of:
 - Once a year OR
 - The frequency established in the support plan.

Individualized home supports in a person's plan – Service delivery methods

- A person may receive direct support in person or remotely when it meets the criteria of the remote support policy for delivery of individualized home supports.
- In-person support must be scheduled a minimum of once a week when receiving remote support
- A person may receive in-person support and remote support on the same day.

Non-covered services with individualized home support

- For a person receiving individualized home supports, he/she cannot also receive:
 - Adult foster care
 - Customized living (24-hour)
 - Customized living
 - Independent living skills (ILS) training
 - Residential care.

Non-covered services with individualized home support

- Individualized home supports cannot be delivered as:
 - Supervision services during the person's primary sleeping hours (Support during these hours can be through another service [e.g., night supervision technology, 24-hour emergency assistance])
 - 24-hour on-sight supervision service.
- Individualized home supports do not cover services that duplicate other Minnesota state plan or waiver services.

Distinguishing individualized home support and independent living skills (ILS) training

- If a person has a need for training only, independent living skills (ILS) training is the appropriate service.
- ILS Training requires that training must be the primary service provided.
- If a person has a need for both support and training, individualized home supports may be the more appropriate service.
- Individualized home support may be delivered in-person or through remote support

Defining remote support

Remote support for individualized home support and supported living services (SLS) for adults in own home.

Providing multiple service delivery methods to increase a person's choice and options of how and where to receive services.

Defining remote support for individualized home support and supported living services (SLS) for adults in own home

- Remote support is available when a person receives
 - Individualized home supports – in person OR
 - Supported living services (SLS) for adults in their own home as defined by [CBSM – Requirements for a person’s own home](#)
- Remote support is real-time, two-way communication through:
 - Telephone
 - Secure video conferencing
 - Secure written electronic messaging (not including fax or email)

What types of remote support can be provided under IHS and SLS for adults in own home?

- Remote supports must be within the scope the individualized home supports OR supported living services for adults in own home
- Remote supports are limited to:
 - Check-ins (e.g., reminders, verbal cues, prompts)
 - Consultation (e.g., counseling, problem solving).
- Remote support supplements direct in-person service delivery
- In-person support must be scheduled a minimum of once a week when receiving remote support

Defining remote support for individualized home support and supported living services (SLS) for adults in own home

- The person or the service provider staff may initiate remote support contact.
- Remote support is covered when it:
 - Is chosen as a service delivery method by the person (or guardian, as applicable)
 - Helps the person achieve an identified goal
 - Is supported by an assessed need
 - Is in the scope of the services specified in the coordinated services and support plan

Non covered services

Remote support for individualized home support and supported living services (SLS) for adults in own home

- Services that duplicate other Minnesota state plan or waiver services
- Technology used to gather data using sensing or biometric devices transmitted via telephone or internet.
- Providers may not:
 - Bill for direct support delivered remotely when the exchange between the person and the provider is social in nature
 - Bill for direct support delivered remotely when real-time, two-way communication does not occur (e.g., leaving a voicemail, unanswered written electronic messaging).
 - Use Global Positioning System (GPS), personal emergency response system (PERS) and video surveillance to provide remote check-in or consultative supports.

Remote support service limits

- Remote support is a unit-based service, authorized in 15-minute increments.
- A maximum of 730 hours can be authorized in a year (365 days), which is an average of two (2) hours per day.
- A person may use remote support in a flexible manner that meets his/her needs within the total yearly authorized units.

Remote support service limits – Exceptions process

- The lead agency may send an exception request for the delivery of greater than the average of two (2) hours per day of remote support to DHS.
- The case manager emails the exception requests to the DSD.ResponseCenter@state.mn.us with a subject line of “IHS / SLS Remote Support Exception Request – Waiver Policy Staff Review”.

Remote support service limits – Exceptions process

- In the exception request, the case manager must describe all of the following:
 - How the person identified he/she wants to receive remote support to meet his/her assessed needs
 - How two hours of remote support per day will not meet the person's needs
 - How the additional hours of remote support will be used
 - Previous strategies attempted or considered to meet the person's needs within the two hour limitation and the corresponding results
 - How the person will know the increased hours are meeting his/her needs
 - How the team will know the increased hours are meeting the person's assessed needs
 - Whether this is a temporary or ongoing request with explanation.

Authorizing the new services

In-person and remote individualized home supports

- The lead agency authorizes individualized home supports:
 - In-person at a 15-minute or daily rate
 - Remote support at the 15-minute rate.
- In-person individualized home supports 15-minute and daily units cannot be authorized at the same time.
- Remote support cannot be authorized without in-person individualized home supports.

Remote supported living services for adults in own home

- The lead agency authorizes remote support supported living services for adults in own home:
 - In-person at a 15-minute or daily rate
 - Remote support at the 15-minute rate.
- Remote support cannot be authorized without in-person supported living services for adults in own home.
- Reference link for the DWRS rate frameworks
 - <https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/long-term-services-and-supports/disability-waiver-rates-system/rate-setting-frameworks/>

Current procedure (HCPCS) codes

- In-person

- Individualized Home Supports 1:1 Daily (6 hr) H0043U3
- Individualized Home Supports 1:1 15 MIN H2014U3
- Individualized Home Supports 1:2 15 MIN H2014U3UN

- Remote Support

- Individualized Home Support 1:1 15 MIN H2014U3U4
- Supported Living Services (SLS) 15 MIN H2014U3U4

Adults in own home 1:1

Questions?

- Questions about services/programs discussed today contact
 - HCBS.Settings@state.mn.us

Thank you!

Agenda

- Define Quality of Life Interventions
- Cover requirements under 245D & Positive Support Rule
- Present research behind Quality of Life Interventions
- QOL Intervention examples
- Resources



Quality of life interventions defined

Interventions that focus on increasing quality of life rather than decreasing a challenging behavior

- Proactive: focus on *prevention* vs. *intervention*
- Create environments less likely to produce stress and challenging behavior
- Increase the person's autonomy
- Focus on individual preference and choice
- Strengths-based vs. deficit based
- Focus on avoiding or learning to cope with triggers

Focus on quality of life

- Higher quality of life correlates with fewer challenging behaviors/mental health symptoms
- #1 Factor in a person's quality of life: Autonomy

Domains of a Meaningful Life:

- **Community Membership**
- **Health, wellness and safety**
- **Own place to live**
- **Important long-term relationships**
- **Control over supports**
- **Employment earnings and stable income**



QOL interventions: When required

- All 245D-licensed/PSR programs must:
 - Use positive support strategies
 - 9544.0030, subpart 1
 - Create a desirable quality of life for the person through inclusive, supportive, and therapeutic environments
 - 9544.0030, subpart 2, F
- Person-centered planning requirements
 - 245D.07, subdivision 1a
 - 9544.0030, subparts 2 & 3
- Positive Support Transition Plans (PSTPs) identify quality of life indicators
 - Functional Behavior Assessment identifies QOL Indicators (9544.0040, subp. 3 D)
 - Teams review QOL Indicators during 90-day PSTP Review
 - Determine whether to modify, continue or terminate plans

Positive support strategies required for everyone

- 9544.0030, subpart 1
- The license holder must use positive support strategies in providing services to a person. These positive support strategies must be incorporated in writing to an existing treatment, service, or other individual plan required of the license holder.
- At least every six months, evaluate with the person whether the strategies meet the standards in rule and determine whether changes are needed.

Positive support strategy defined

Subp. 40. Positive support strategy. “Positive support strategy” means a strengths-based strategy based on an individualized assessment that emphasizes teaching a person productive and self-determined skills or alternative strategies and behaviors without the use of restrictive interventions.

-DHS Positive Support Rule: MN Rule 9544.0020

The goal of positive support strategies: increase a person’s autonomy/quality of life

Examples of positive support approaches



- Positive Behavior Support (PBS)
- Cognitive Behavior Therapy (CBT)
- Dialectical Behavior Therapy (DBT)
- Person-Centered Thinking and Planning (PCT & PCP)
- Systems of Care
- Wraparound Planning
- Trauma Informed Practices
- Multi-systemic Therapy
- Response to Intervention
- Motivational Interviewing

Challenging behavior defined

‘Umbrella’ term for:

- **Interfering behavior.** "Interfering behavior" means a behavior or psychiatric symptom that prevents a person from engaging in a more integrated setting or from participation in the most integrated setting. (9544.0020, subp. 23)
- **Target behavior.** "Target behavior" means an observable behavior identified in a person's individual plan as the object of efforts intended to reduce or eliminate the behavior. (9544.0020, subp. 54)

Pitfalls of programmatic punishment



- Punishment can be shaming and dehumanizing
- Punishment can escalate interfering behavior or create new, unwanted behavior
- Restrictive and intrusive interventions, once implemented, may remain in place longer than needed
- Reductions in target behaviors learned may not transfer to settings outside of the area punishment is used
- The use of punishment has the potential for abuses by caregivers/therapists
- Use of punishment can violate ethical standards and laws such as 245D/PSR

Pitfalls of punishment (continued)

- Prior experience with punishing stimuli can decrease sensitivity to that punishment. This means that to be effective, intensity of punishment must increase to maintain the same behavior
- Punishment arouses emotion in both the punisher and the punished. The punisher may feel excited, satisfied or more aggressive impulses – which may cause the punisher to get carried away. The punished may feel pain, discomfort or humiliation, fear, hate, a desire to escape or self-contempt – emotions which may be counterproductive to the situation and/or relationship
- Punishment teaches about power and control. It can teach that powerful people get to hurt less-powerful people. For this reason, it has been found that parents who were abused as children may become child abusers themselves
- Many interfering behaviors and symptoms are the result of trauma experiences. The use of punishment to change behavior adds to the person's trauma history. Rather than further traumatizing people who have histories of trauma, we need to provide them with therapy and healing environments.

Positive support transition plans (PSTP)

Clear Form

Positive Support Transition Plan

651-431-4300 or 866-267-7655

Attention: If you need free help interpreting this document, call the above number.

ملاحظة: إذا كنت بحاجة مساعدة لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

ආකර්ෂණය: ඔබට මුද්‍රාදායක නොවන ආකාරයට මෙම ලේඛනය පැහැදිලි කිරීමට අපහිමිතය.

Palača. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, nazovite gore navedeni broj.

Thov ua reb zee nyem. Yag lais taa koj xav taa kev pub tsahis las rau sab staab ntawv no pub dawb, ces lu rau taa najqraob sov tsoj saum tej no.

විද්‍යාලය. විද්‍යාලයේ සිටින අයට මෙම ලේඛනය පැහැදිලි කිරීමට අපහිමිතය.

Hababshita. Debaawad in kan bilaa akka siif kiihams gargaarsa loo farta, lakkoobsa gabbarti kamaama bihihi.

Помощь: если вам нужна бесплатная помощь в чтении перевода данного документа, позвоните по указанному номеру телефона.

Dignito. Haddii aad u baahantahay caawimaad laag-ita'aa ah ee tarjumaadda qoraalka, temberka kore wax.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

You must have version 9.1 or newer of Adobe Reader or Acrobat to use this form. Adobe Reader is available to download for free at <http://get.adobe.com/reader/>.

This information is available in accessible formats for individuals with disabilities by calling 651-431-4300, toll-free 866-267-7655, or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.

Part A. Background Information

NAME	PIB	PROJECTED IMPAIRMENT DATE	PROJECTED END NO DATE
PRIMARY/SECONDARY DIAGNOSIS			
FREQUENCY OF REVISIONS <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Other	DATE POSITIVE SUPPORT TRANSITION PLAN COMPLETED	DATE PLAN EXPIRES	
SERVICES/NO TREATMENT PROVIDED/NO INVOLVED IN IMPLEMENTATION OF PLAN			

Prescribed [psychotropic medication\(s\)](#)

Medication	Intake frequency	PRN? (as needed) <input type="radio"/> Yes <input type="radio"/> No

Part B. Target Interventions

[Target intervention\(s\)](#) targeted for elimination (e.g. Emergency Use of Manual restraints (EMR), mechanical restraints, seclusion, etc.)

Intervention	Comments
1.	

Objective Data Collection of Target Interventions
How will you measure each Target Intervention throughout the course of this plan? Examples of methods would be:
[Frequency count](#) | [Duration recording](#) | [Time sampling](#) | [Interval recording](#) | [Examiner products](#) | [Rating scale](#)

Intervention	Method	Comments
1.		

Page 1 of 4

- A focus on Prevention and Intervention
- DHS Form 6810

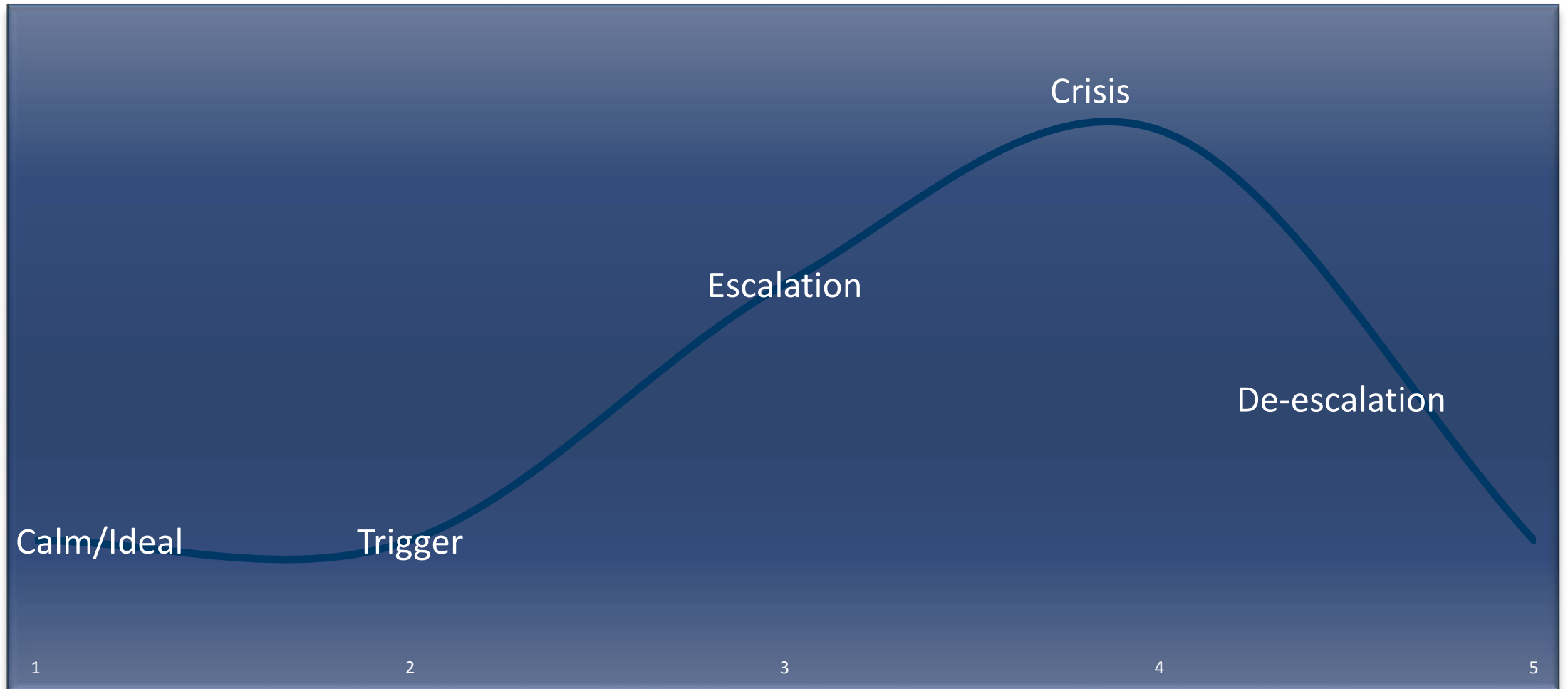
Positive support transition plans (PSTP)

The plan required to:

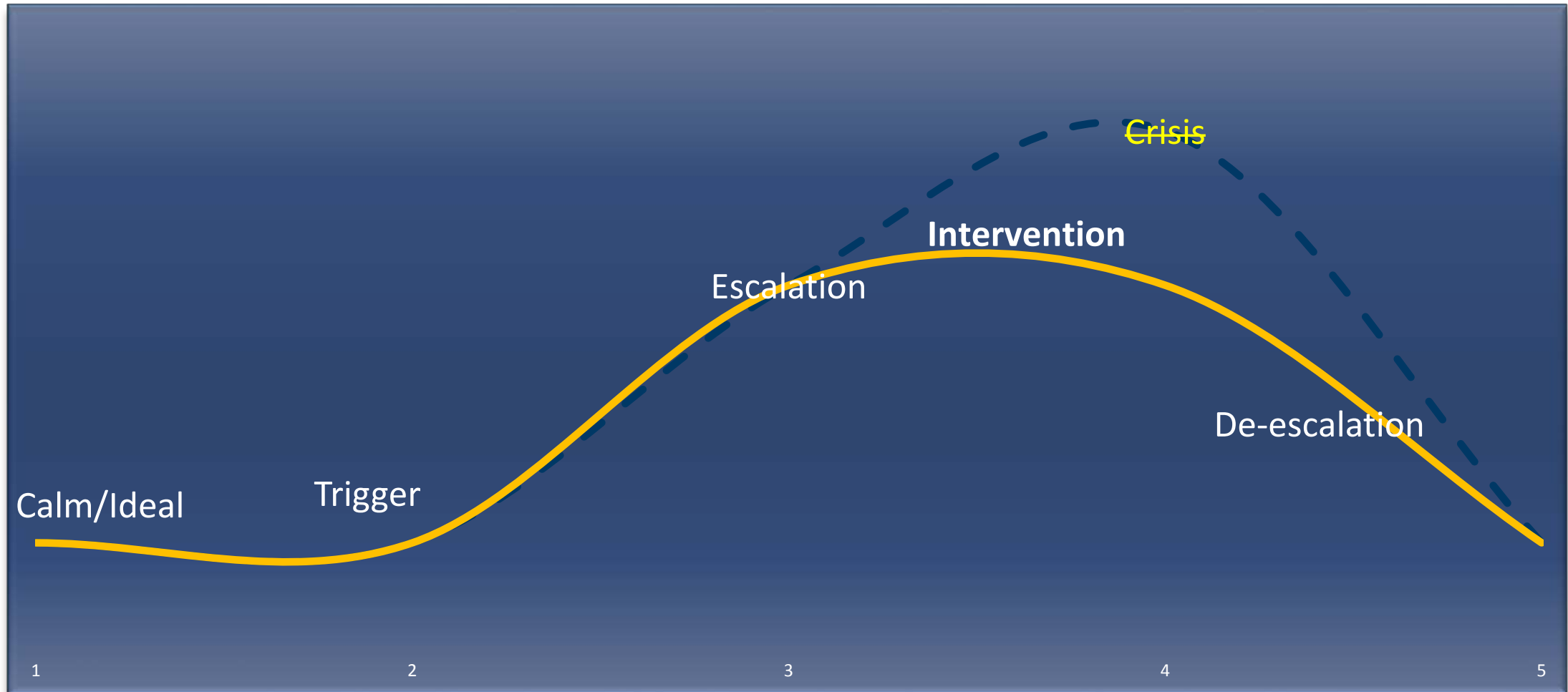
1. Eliminate prohibited procedures
2. Avoid EUMR
 - 3 incidents in 90 days or
 - 4 incidents in 180 days
3. Prevent the person from physically harming self or others
4. Increase quality of life

- Target Interventions
- Target Behaviors
- Crisis Support/Intervention Plan
- Quality of Life

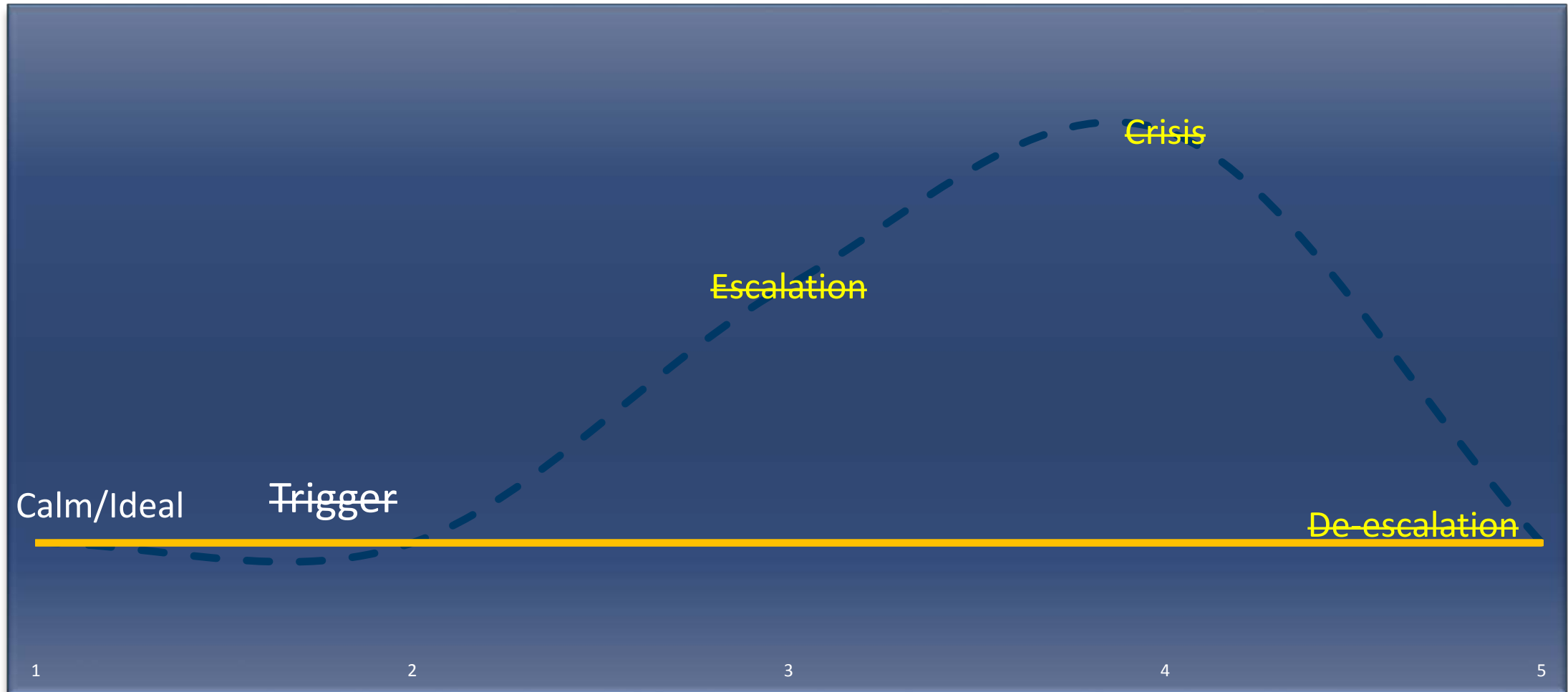
Stages of a crisis



Crisis intervention



Crisis prevention



Quality of life indicators

Reportable or observable outcomes that are measurable and important to or for the person. Quality of life indicators are used to assess beneficial changes desired by the person that enrich the person's life experiences

(Minn. R. §9544.0020, subp. 48).

Quality of life indicators cont.

Domain	Common Quality Indicator
Community membership	<ul style="list-style-type: none"> • Community integration/participation levels • Roles in community that bring respect and social equity • Community involvement and social supports
Health, wellness and safety	<ul style="list-style-type: none"> • Status of health • Activities that include exercise, stimulation and relaxation • Leisure – quality and number
Own place to live	<ul style="list-style-type: none"> • Control over person's living arrangement • Person is living where they would like to/in the most integrated setting
Important long-term relationships	<ul style="list-style-type: none"> • Interactions with others – frequency and/or quality
Control over supports	<ul style="list-style-type: none"> • Extent to which person can control important life experiences • Choice making opportunities • Extent goals and personal values are acknowledged
Employment earnings and stable income	<ul style="list-style-type: none"> • Employment – Type and Preference • Person's income increases • Person has control over income and how money is spent

Form 6810 – Quality of life

Part E. Quality of Life

Quality of Life Indicator(s) *Submit a minimum of two indicators, each from different categories*

Indicator	Comments
1. <input type="text"/>	<input type="text"/>

Objective Data Collection of Quality of Life Indicators

Examples of methods would be: [Frequency count](#) | [Duration recording](#) | [Time sampling](#) | [Interval recording](#) | [Permanent products](#) | [Rating scale](#)

Indicator	Method	Comments
1. <input type="text"/>	<input type="text"/>	<input type="text"/>

Quality of Life objective(s)

Baseline for Quality of Life Indicator(s) *Minimum two weeks of data, or if unable to acquire, document reasons*

Part F. Authorship and Consent

NAME OF AUTHOR OF PLAN	POSITION/TITLE
------------------------	----------------

Form 6810 - Indicator

Part E. Quality of Life

Quality of Life Indicator(s) *Submit a minimum of two indicators, each from different categories*

Indicator	Comments
1. <input type="text"/>	<input type="text"/>

Quality of Life Indicators

[Duration recording](#) | [Time sampling](#) | [Interval recording](#) | [Permanent products](#) | [Rating scale](#)

Method	Comments
1. <input type="text"/>	<input type="text"/>

Quality of Life Indicators

Community Membership
Health, wellness and safety
Own place to live
Important long-term relationships
Control over supports
Employment earnings and stable income

Quality of Life objective(s)

Baseline for Quality of Life Indicator(s) *Minimum two weeks of data, or if unable to acquire, document reasons*

Part F. Authorship and Consent

NAME OF AUTHOR OF PLAN	POSITION/TITLE
------------------------	----------------

Form 6810 - Method

Part E. Quality of Life

Quality of Life Indicator(s) *Submit a minimum of two indicators, each from different categories*

Indicator	Comments
1. <input type="text"/>	<input type="text"/>

Add indicator

Objective Data Collection of Quality of Life Indicators

Examples of methods would be: [Frequency count](#) | [Duration recording](#) | [Time sampling](#) | [Interval recording](#) | [Permanent products](#) | [Rating scale](#)

Indicator	Method	Comments
1.	<input type="text"/>	<input type="text"/>

Quality of Life objective(s)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Baseline for Quality of Life Indicator(s) *Minimum two v*

<input type="text"/>	<input type="text"/>
----------------------	----------------------

- Frequency count
- Duration recording
- Time sampling
- Interval recording
- Permanent products
- Rating scale
- [Enter other]

acquire, document reasons

Part F. Authorship and Consent

NAME OF AUTHOR OF PLAN	POSITION/TITLE
------------------------	----------------

Form 6810A

Add name

Data on Target Behavior

Did the data indicate an increase, decrease or stability in occurrence?

Data on Target Intervention

Data on Target Intervention

Did the data indicate an increase, decrease or stability in occurrence?

Data on Quality of Life Indicators

Page 1 of 2

Did the data indicate an increase, decrease or stability in Quality of Life Indicators?

Does the team consider the person's current setting/treatment to be the most integrated setting? Yes No

Does the team recommend changes to the Positive Support Transition Plan? Yes No

NOTE: Changes in the plan require a new document to be created within seven (7) days of the review

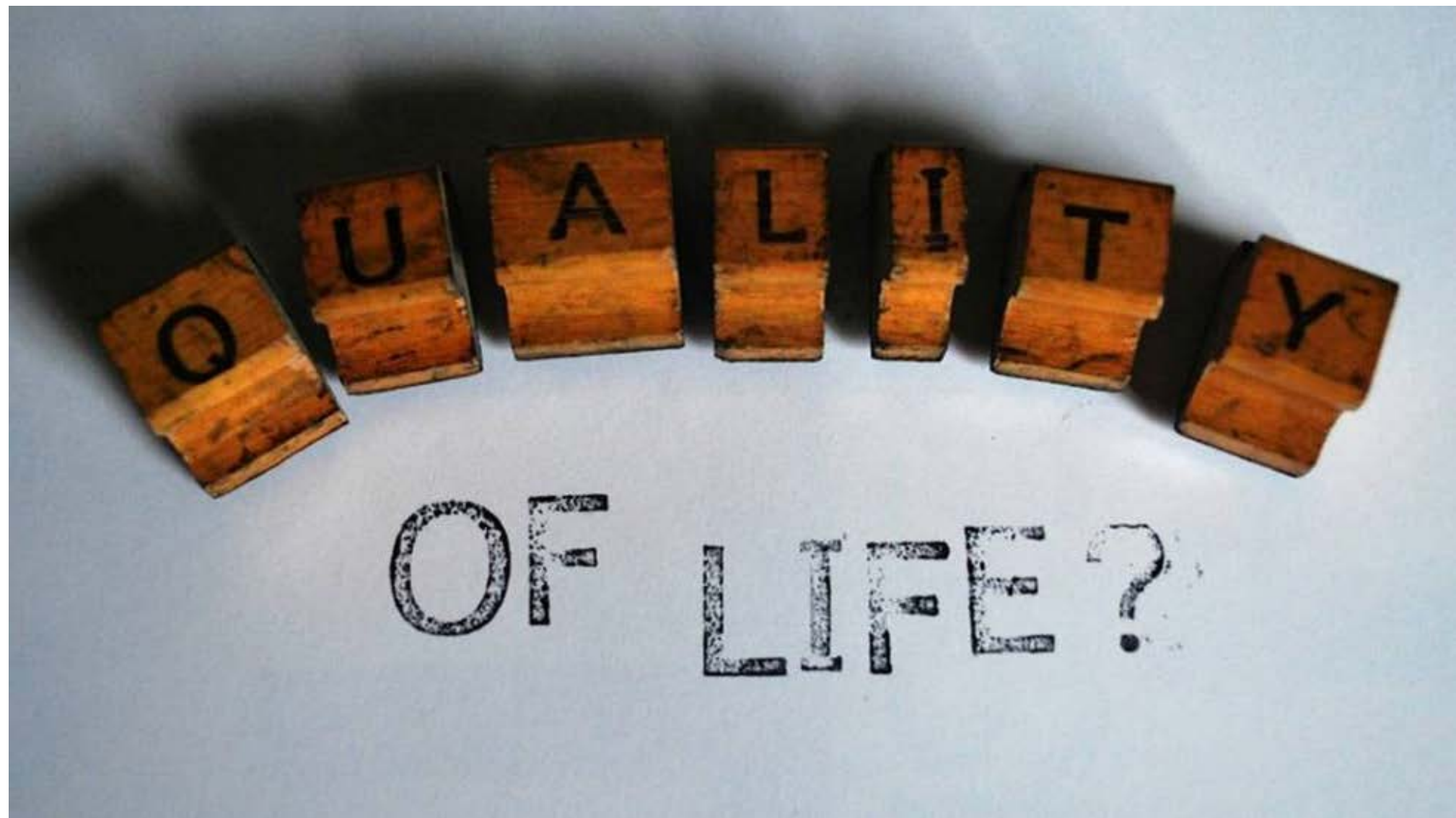
Does the team recommend terminating the Positive Support Transition Plan? Yes No

Old model for effective interventions

Target Behavior	Effective Intervention?
Increase	No
Stable	No
Decrease	Yes

New model for effective interventions

Target Behavior	+ Quality of Life	Effective Intervention?
Decrease	Decrease	No
Decrease	Stable	Possibly
Decrease	Increase	Yes
Stable	Decrease	No
Stable	Stable	No
Stable	Increase	Possibly
Increase	Decrease	No
Increase	Stable	No
Increase	Increase	No



Quality of life intervention research & examples

Right science and right results: Lifestyle change, PBS, and human dignity

- Paper published in the Journal of Positive Behavior Interventions (2011).
- The authors describe their journey with their son, Jay, in two stages:
 - A restrictive congregate living environment where Jay experienced restrictive programming.
 - A life of joy fully lived to Jay's standards and his families hopes.

Built Around the Family



- Jay had an amazing ability to endear himself to people.
- He was kind, complimented people, gave them his special handshake, and had an uncanny ability to remember lyrics and a sufficiently joyful voice that off-key singing was irrelevant to the uplift that came through music.
- He reached out to others, inviting them into his life;
- He wanted and expected to be loved, for he was unaware of his “difference,” oblivious of his limitations.

How the family supported Jay with his quality of life

- Three foundations for Jays life
 - The three foundations for Jay's quality of life included following his leads, identifying and merging funding streams, and having a home of his own with caring housemates.
- Jay's weekly schedule of comprehensive supports
 - Everyone close in Jay's life developed a weekly schedule that combined predictability with variety, all grounded in Jay's choices.
- Four elements of a dignified lifestyle
 - Reciprocal relationships
 - Anticipation
 - Being Engaged
 - Music

Final thoughts

- Jay died suddenly and unexpectedly on a Wednesday morning
- Jay reminds us of the dignity of living full lives;
 - lives rich with friends and family and the dignity of work and the security of home and the joy and gift that is each day.
- “Jay was our best teacher about how to pass the “test” of creating the life he wanted”.

“When Jay died, his behaviors were rarely challenging; their frequency and intensity had abated; his mood swings had stabilized. He had scads of friends. He had events and people to anticipate. He was fully engaged in his home, work, and community. He delighted in music and others shared his delight. Diagnostically, he had not changed. He still had the same IQ in the “severe” range, but his JQ (joy quotient—the degree to which he enjoyed life and because of which he had fewer difficult behaviors) was at the genius level”.

Ann Turnbull¹ and Rud Turnbull¹ (2011)

Meet Taylor

- Taylor is in her early 20's and is fun to be with because she likes to laugh a lot.
- Her diagnosis includes Schizoaffective Disorder; Intermittent Explosive Disorder; Intellectual Disability.
- She loves animals. She loves to pet and hold them and talk to them.
- Taylor enjoys spending time with her family but only in small doses.
- Her sense of style is rock star-loves pink hair and skater clothes.
- Seems like she always has a smile on her face.

- Removed from her birth parents due to abuse and neglect.
- Grew up on a farm in a large family.
- Did well in school.
- Spent time receiving treatment at several adolescent treatment facilities. Had also received treatment several different times as an adult in locked treatment facilities.

Self-injury

- Would swallow batteries, toxic chemicals, pieces of furniture, pins, plastic silverware, carpeting, jewelry.
- Had several hospitalizations for removal of swallowed objects and damaged her lung.
- Started experiencing multiple ER stays that were increasing in length.
- Multiple group home settings tried with re-hospitalization occurring within 1-3 months of moving.
- Group homes felt she was too high a risk to serve, or if they did provider services it was with sterilized environment and high staff ratios.
- Multiple stays at locked treatment facilities that were increasing in length.

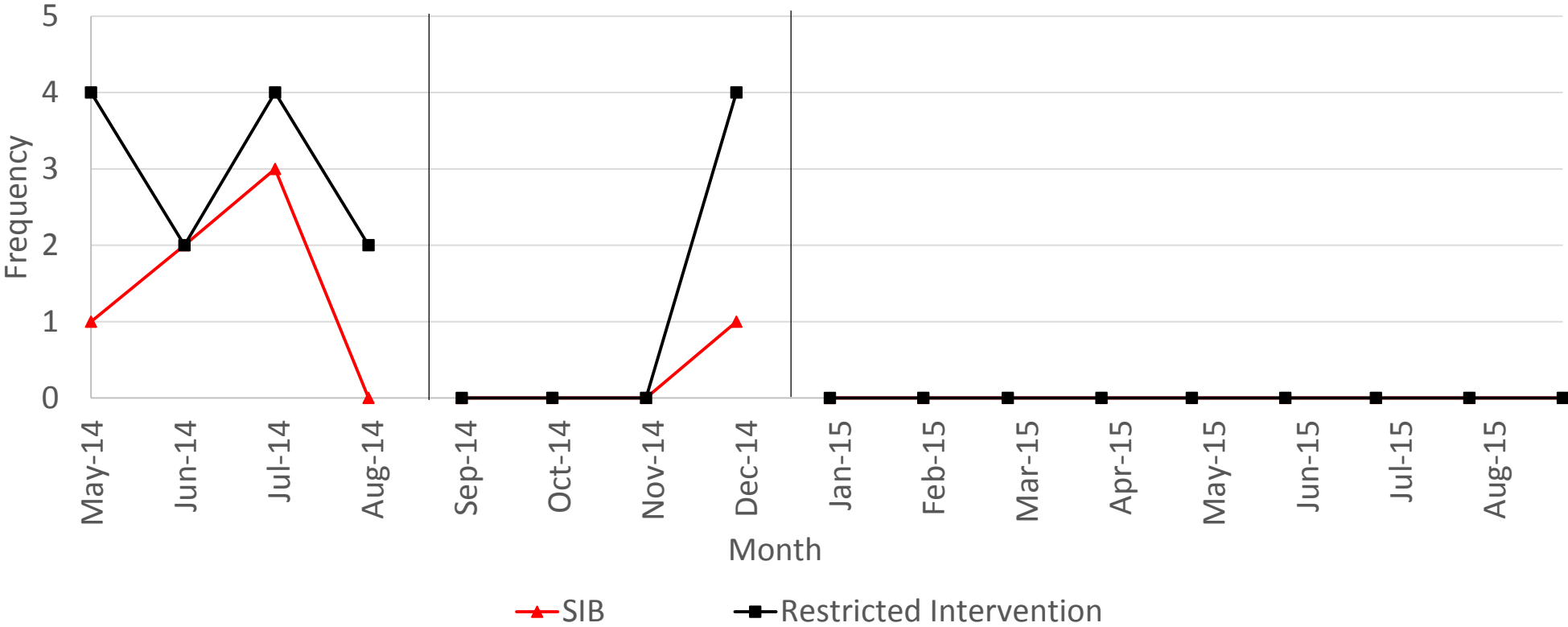
What was in place prior to 245D and PSR

- Therapy for PTSD
- DBT
- Taking away personal possessions that could be used for self-injury.
- Keeping the home cleansed locked common areas.
- Seclusion
- Time Out
- Response cost
- Emergency use of manual restraint

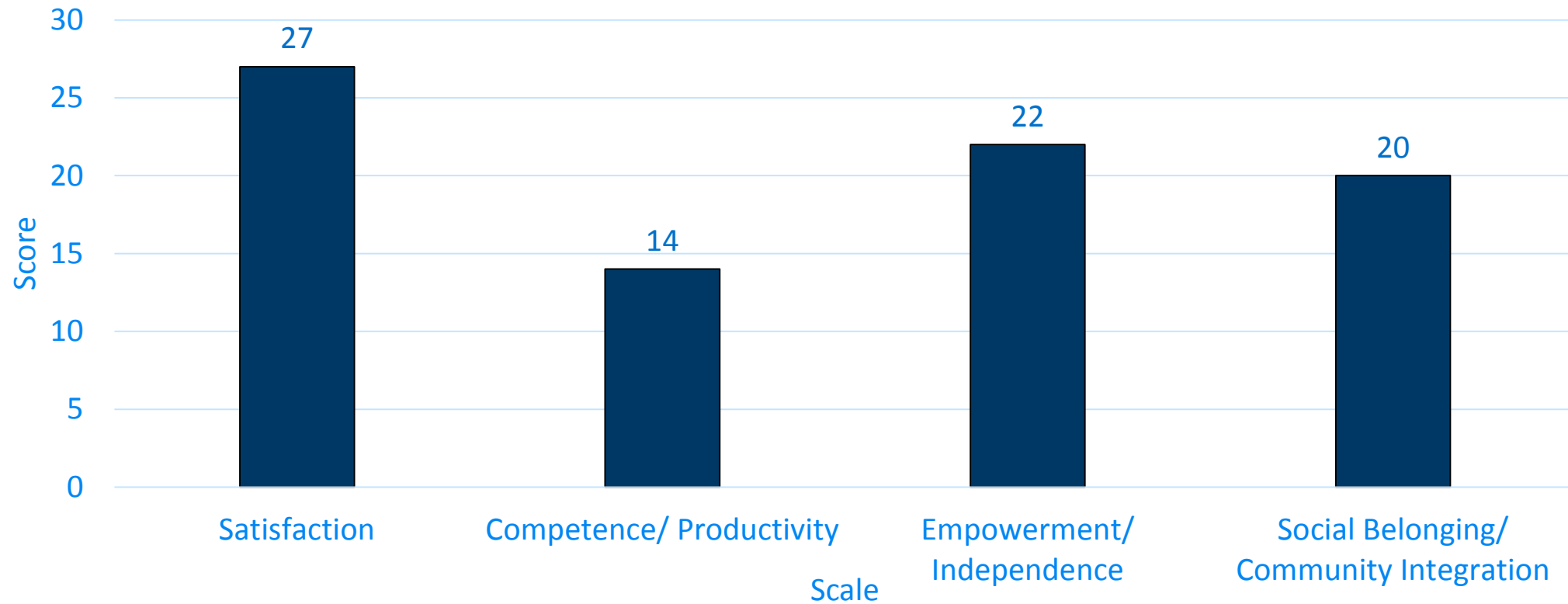
What they tried after 245D and PSR

- Stopped taking away personal possessions.
- Completed detailed and robust FBA.
- Created a plan with ER staff.
- Created and implemented a Person-Centered Plan focused on making the things important to her happen.
- Adjusted approach during escalation or crisis.

Monthly restricted intervention and SIB data



Quality of life questionnaire

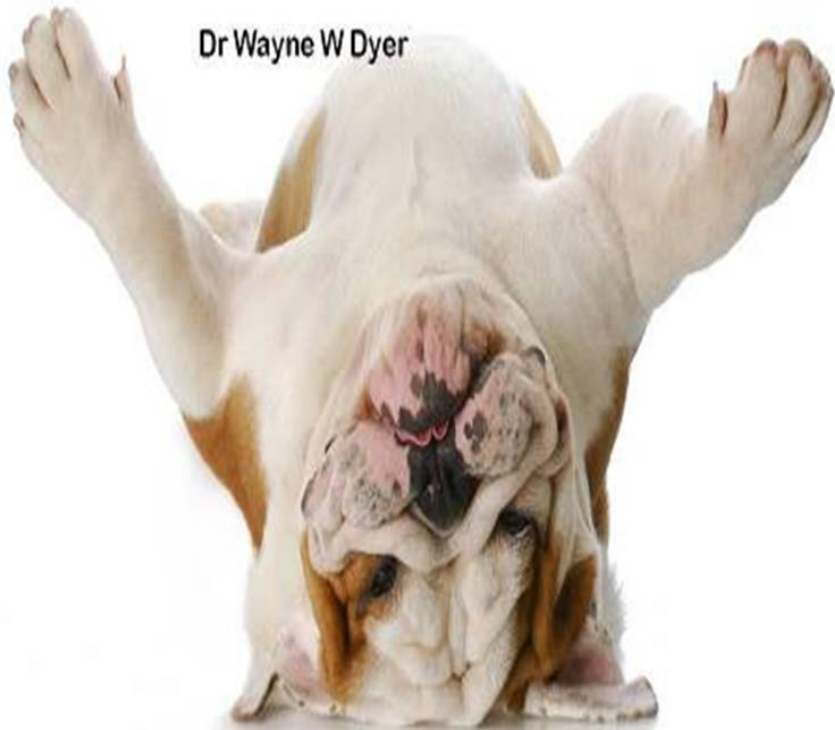


Robert L. Schalock, Ph.D., and Kenneth D. Keith, Ph.D (2004)

Take Away

If you change the way you look at things the things you look at change.

Dr Wayne W Dyer



- Prior to using positive supports was in a cycle of long hospitalizations with brief stays at group homes.
- The focus of supports was on preventing or decreasing SIB and this resulted in a lower quality of life.
- Shifting the focus to a power with approach.
- Altering the reinforcing value of hospital visits.

Rapport



Quality of rapport as a setting event for problem behavior: Assessment and intervention

- Research paper by McLaughlin and Carr (2005) in the Journal of Positive Behavior Interventions.
- Investigated the quality of rapport between staff and people being supported as having an impact on problem behavior (Functional Analysis of demand delivered by Good Rapport versus Bad Rapport staff groups measured in a reversal design).
- Then completed a second study on how to intervene to improve rapport for staff that had low rapport with the people they supported.

- Selecting Participants:
- People Receiving Supports
 - preference for certain staff and not others
 - history of serious problem behavior and
 - evidence that the combination of certain staff members with specific task-demand situations was especially likely to evoke problem behavior
- Staff Providing Supports
 - preference ratings of staff members made by the person
 - self-ratings made by each staff member,
 - ratings of specific staff members made by other staff members.



Poor Rapport versus good rapport

- Staff in the good rapport group:
 - were consistently preferred by the people they supported
 - they had high self-ratings
 - they were ranked by their fellow staff members as being in the 50th percentile or above, relative to other staff in the home.
- Staff members in the poor rapport group:
 - they were rarely, if ever, preferred by the people they supported
 - they had neutral to low self-ratings
 - they ranked below the 50th percentile on rankings made by fellow staff members.

Found the following

- When participants were asked to work with poor rapport staff members most demand sessions ended early due to problem behavior
- For all three participants, the amount of time that elapsed before problem behavior occurred was almost always less than the amount of time needed to complete the activity.
- When a participant was working with a staff member who was identified as having good rapport with him or her, few problem behaviors occurred when demands were presented.

Task completion

- Participants were also able to engage in the activity for longer periods of time without demonstrating problem behavior.
- When a person was working with staff members in the poor rapport condition he or she was rarely able to complete the target tasks.
- In contrast, when a participant was working with staff members in the good rapport condition, he or she was able to complete the target tasks on most occasions.

Intervention study

- Staff from the poor rapport group:
- Rapport-building staff training sessions (i.e., intervention) carried out over a period of 10 to 13 weeks across participants.
- Rapport-building consisted of:
 - Coaching in noncontingent presentation of reinforcers to establish the presence of staff as a generalized reinforcer.
 - Next, they received responsivity training to increase their overall responsiveness to communicative attempts.
 - Finally, they received up training and coaching in turn-taking/reciprocity to facilitate equal sharing in activities.

Responsivity training

- While delivering preferred stimuli, staff members were coached (i.e., prompted verbally and through modeling) by the researcher (who acted as an observer) to follow what was termed “the 3-A’s rule”:
- Acknowledge all communication attempts
- Use the existing context to Assess the function of the communication
- Address identified needs/requests whenever feasible to do so

Found the following

- Rapport scoring method reapplied as described earlier and all staff ratings improved.
- Staff with improved rapport ratings then implemented the demand and task sessions with rates of success seen in Study 1 for the Good Rapport group.

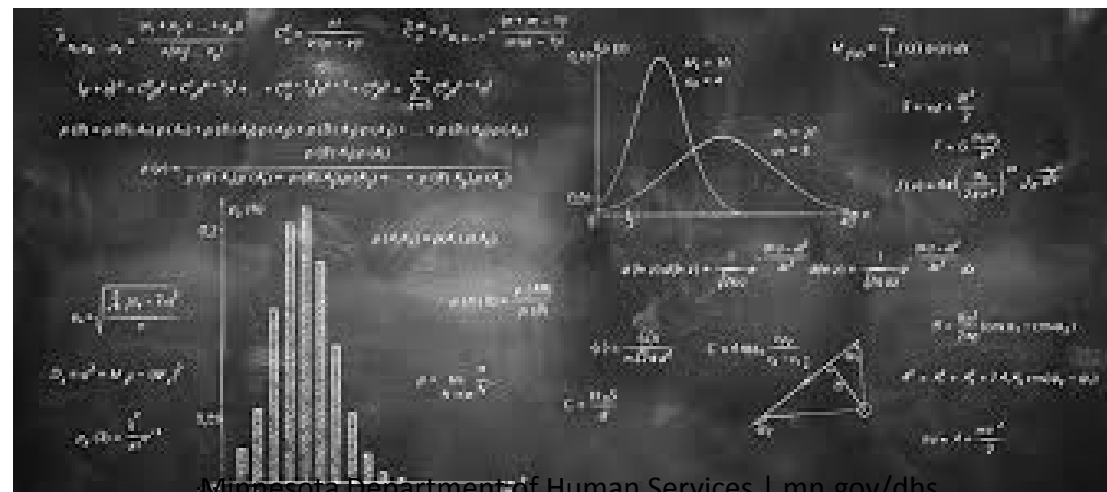


Take away regarding rapport

- Poor rapport may have increased the averseness of the demands, resulting in an increase in escape-related problem behavior.
- Good rapport may have decreased the averseness of the demands, resulting in a decrease in escape-related problem behavior.
- How does good versus poor rapport impact the following:
 - Choice
 - Functional communication training
 - Acquisition of other life skills
 - Activities of Daily Living
 - Leisure and Recreation,
 - Vocational Competency

Methods of measurement

- National Core Indicators - At the State Level
- World Health Organization Quality of Life Measurement Scale – At the county level
- The Family Quality of Life Scale – Within families
- Real Life Quality Standards – for an individual and those that know them best
- Quality of Life Questionnaire – for an individual and those that know them best



Why is quality of life important?

- It's important to everyone.
- Health is more than the presence of illness or the length of ones life.
- Factors affecting health include, but are not limited to:
 - Quality of ones job
 - Access to housing
 - The safety and connections within ones neighborhood
 - Cultural practices
 - Personal values
 - And much more
- Trauma Informed Care
- It is a required goal of 245D & PSR

- <https://mnpssp.org/>
- Guidelines for Positive Supports in DHS-Licensed Settings – [eDocs 6810C](#)
- [Minnesota Rules, Chapter 9544](#)
- [Disability Services Division Training Handouts Archive page](#)
- [DHS Positive Supports Page \(FAQs\)](#)
- [eDocs](#)
- DSD E-lists – [Instruction to subscribe](#)
- [Behavior Roadmap](#)

Questions on positive supports in DHS services

positivesupports@state.mn.us

Where to find help now

- Person Centered Thinking 2-day Trainings
 - <http://rtc3.umn.edu/pctp/training/newdates1.asp?training=1>
- Person Centered Practices Webpage
 - <http://mn.gov/dhs/partners-and-providers/continuing-care/provider-information/person-centered-practices/>
- Olmstead Plan Webpage
 - <http://mn.gov/dhs/general-public/featured-programs-initiatives/olmstead-plan/>
- DHS Training Archive page
 - http://www.dhs.state.mn.us/main/dhs16_143138
- Bulletins
 - http://www.dhs.state.mn.us/main/id_000305
- Lead Agency Review Website
 - <http://www.minnesotahcbs.info/>
- E-List Announcements
 - http://www.dhs.state.mn.us/main/id_000677#
- CBSM Main Page
 - http://www.dhs.state.mn.us/main/id_000402
- Disability Hub MN
 - <http://disabilityhubmn.org/>
- Positive Supports Minnesota
 - <https://mnpsp.org/>

Please take a moment to let us know your thoughts.

- Take our [Survey](#):
- <http://surveys.dhs.state.mn.us/snapwebhost/s.asp?k=153235791879>

Audio from today's session will be available beginning tomorrow morning by dialing:

855-859-2056

Conference ID:

5487819

If you have questions following the session, email to
DSD.ResponseCenter@state.mn.us

Thank you for attending!