Positive Support Community of Practice

(PSCoP)

4/1/14
Purpose of PSCoP

Provide training and technical assistance on the new standards in 245D regarding positive support, emergency use of manual restraint and the creation of positive support transition plans
April 1 2014 Agenda

- Introduction and updates
- Introduction to the DHS Community Capacity Team
- Requirements for Positive Support Transition Plan Review (DHS Form-6810A)
- Discussion on Single-Case Designs for reviewing Positive Support Transition Plans
- Q&A
How to submit questions

Email your questions to:

positivesupport@state.mn.us
Update on the Community Capacity Building Team

April 1, 2014
Background

• U.S. Supreme Court Olmstead ruling requires that people receive services in the most integrated setting possible
• Minnesota has developed and is in the process of implementing an Olmstead Plan
• DHS data indicates that some people remain in state psychiatric facilities after treatment goals are met
  – Long stays are costly
  – May delay admission of others in need of specialized treatment
Reasons for Transition Delays

- Difficulty finding stable and affordable housing
- Difficulty finding residential support providers skilled in meeting complex needs
- Difficulty finding specialized outpatient mental health treatment, employment support, transportation, etc.
Strengthening Community Placement Options

• 2013 Legislature approved $8.2 million in new funding and grants to support transition of people from AMRTC and MSHS-St. Peter to community resources they’ve chosen
  – Legislation supports Olmstead v. L.C. Supreme Court Decision
  – Is consistent with Minnesota policy and direction under Minnesota Olmstead plan
DHS Actions

• Expand funding for housing costs, including rent subsidies
• Expand specialty community placements for people who need supervised care
• Explore options to expand community-based treatment resources to provide 24/7 care
• *Establish Community Capacity Building Team*
Team Members

• Discharge/Transition Coordinator
• Lead Clinical Consultation and Policy Development
• Systems-Policy Focus
• Systems-Data Analysis Focus
• CCB Team Lead
Mission

• Expand and enhance statewide use of person-centered planning, positive support practices, and evidence-based best practices

• Expand and enhance access to crisis services that divert people from being hospitalized or committed to institutional settings
Expanding and Enhancing Person Centered Planning

• Participate in discharge planning for people at AMRTC or MSHS who have met treatment goals
  – Identify barriers to transition/how to overcome them
  – Develop and implement protocol and processes for timely transition to more integrated settings

• Provide high-level technical assistance, training, and education, including expertise for complex clinical issues, on developing plans that:
  – Identify person’s preferences for where, when, how, and by whom direct support is provided
  – Contain outcomes desired by person
  – Respect each person’s history, dignity, and cultural background
Expanding and Enhancing Use of Positive Support Strategies

• Technical assistance, training, education, and consultation on developing plans that:
  – teach productive, alternative strategies/behaviors for dealing with stressful situations
  – include instruction in useful and valued positive behaviors
  – incorporate environmental modifications the person may need
  – result in personally desired outcomes
Expanding and Enhancing Use of Positive Support Strategies (cont.)

- incorporate evidence based treatment practices that have been demonstrated effective in improving consumer satisfaction, quality of life, and in reducing more costly, restrictive services. Examples include:
  - Assertive Community Treatment
  - Integrated Dual Diagnosis Treatment
  - Illness Management and Recovery
  - Permanent Supportive Housing
  - Individual Placement and Support Model of Supported Employment
  - Trauma-Informed Care
Expanding and Enhancing Access to Crisis Services

• Identify individuals/groups at risk of admission to ER/hospital/institutions or having unnecessarily long stays

• Examine individual and system-wide opportunities and barriers to discharge or divert admissions

• Develop and implement strategies to increase and improve use of methods for diverting people to community settings

• Conduct ongoing data analyses
Colleagues

• Work closely with:
  – Rule 40 Modernization
  – DHS Adult Mental Health
  – AMRTC, MSH-St. Peter, MSHS-Cambridge
  – Lead agency case managers
  – Provider agencies
  – DHS Direct Care and Treatment Services
  – Community Support Services
  – Advocates
  – University of Minnesota Institute on Community Integration
Initial Steps

- Information session with AMRTC/MSH-St. Peter/MSHS-Cambridge staff
  - Review waiver program eligibility, available services, aggregate waiver budget management, additional funding, etc.
  - CFC moratorium exceptions
  - Identifying potential providers
  - Explain rate exceptions
Initial

• Provide information to county case managers of people currently at AMRTC or SPRTC to support discharge/transition planning
  – Review waiver program eligibility, available services, aggregate waiver budget management, additional funding, etc.
  – CFC moratorium exceptions
  – Support services available with transition (Synergy, CSS, etc.)
  – Identifying potential providers and other resources (Moving Home Minnesota, Housing Access Coordination, etc.)
  – Reviewing process for requesting rate exceptions
Next Steps

• Statewide information sessions that focus on discharge/transition planning from RTCs, psychiatric hospitals, CBHHs, other institutions/providers
  – May and June
  – 10 locations (Metro, Southern, Central, and Northern MN)
  – Will be announced via e-list and posted in Trainlink
Ongoing Activities

• Training and technical assistance to develop community provider expertise for serving people with complex needs
  – Build strong, regional cohorts of people with expertise in person-centered planning and positive support strategies
  – Increase provider ability to serve people with complex needs
  – Work with College of Direct Supports to develop additional training modules
  – Develop additional content area for DHS Positive Supports Community of Practice webpage
Questions about CCB

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How to submit questions

Email your questions to:

positivesupports@state.mn.us
Positive Support Transition Plan Reviews (DHS Form-6810A)

April 1, 2014
BIRF Data - Overview

July 2013 – March 27th, 2014

Number of Reports received: 7,167
Reports received since Jan 1: 2,856
Number of providers reporting: 322
Number of persons reported on: 1168
Number of persons with a Rule 40 plan: 185
Number of persons with a PSTP: 475
BIRF Data – Positive Support Transition Plans

Number of persons with PSTP reported on (BIRF submitted)

December 2013: 102
January: 104
February: 56
March (incomplete): 29
PSTP Reviews

• Minimum frequency: Quarterly
  – Face-to-face not required

• Purpose:
  – Review data
  – Maintain, revise or terminate PSTP
DHS Form-6810A

PSTP REVIEW WALK-THROUGH
Judging Effectiveness of Plan

Ultimately: Prohibited interventions reduced to zero by December 31st, 2014

Best Case Scenario:
- Interventions - decrease
- Target behaviors - decrease
- Quality of life - increase
### Judging Effectiveness of Plan Grid

<table>
<thead>
<tr>
<th>Target Behavior</th>
<th>Quality of Life</th>
<th>Effective Management?</th>
<th>Effective Treatment?</th>
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Decisions during the Review

1. Maintain PSTP for another cycle
2. Revise PSTP
   – Minor vs. Substantial changes
3. Terminate the PSTP
Maintain PSTP

Data shows that the trends are moving in the right directions

![Graph showing trends over time for Intervention, Behavior, and QOL.]
Revise PSTP

Data: Not trending in right direction
Terminate PSTP

Data: Goals have been met
Guidelines for Revisions

- PSTPs containing prohibited procedures: End ASAP or minimally within 11-months
- Substantial changes: require consent
- Some changes can be made w/o consent:
  - Updating medication information (Part A)
  - Changing data collection methods (Parts B, C or E)
- Send Review forms/new plans to DHS
  - positivesupports@state.mn.us
Substantial Changes

- Changes to target interventions (PSTP Part B)
- Changes to target behaviors (PSTP Part C)
- Inserting a prohibited intervention to the crisis plan (PSTP Part D)
- Changing quality indicators (PSTP Part E)
- Changes to frequency of PSTP review (Part A)
- Terminating the PSTP
How to submit questions

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Single Subject Evaluation
Design Strategies

Determining
The Effectiveness
of
Interventions
Graphing Behavior

Graph Construction
Hitting: 9-10:00 AM

Baseline        Point System        Baseline

Day

# of Hits

Mon Tue Wed Thu Fri Mon Tue Wed Thu Fri Mon Tue Wed Thu Fri

Time

x-axis

y-axis

Quantity
Phase or Condition Labels

A = Baseline

B and other letters = Intervention Phases or Conditions

Phase or Condition Lines

Plotting Behavior Data Points
Single Subject Evaluation Design Strategies
Single subject evaluation designs are tools to help you decide whether or not what you are doing is helping or effective.

Single subject evaluation designs provide a way to objectively examine how things are going, and make informed decisions about progress.
AB Design
The AB Design is a two phase or condition design consisting of:
(A) baseline no-intervention phase and 
(B) an intervention condition.
Disadvantages:
1.) It cannot be used to make confident assumptions about functional cause & effect relationships.
2.) Susceptible to extraneous confounding variables.
Reversal - ABAB - Design

Involves the sequential application and withdrawal of an intervention to verify the intervention’s effect on a behavior.
A disadvantage is that an intervention is being stopped and re-started in order to demonstrate the effectiveness of the intervention being used.

- Should not be used when behavior is dangerous or when it would be unethical to remove the intervention.
BAB Design

- An intervention is already implemented without getting baseline data at first.
- Again, should not be used when behavior is dangerous or when it would be unethical to remove the intervention.
Changing Conditions Reversal Design (ABCBC)
Can possibly be used when behavior is dangerous.
Comparing effects of noncontingent with continent reinforcement; target

Reversal with reinforcement not contingent upon target behavior during A condition

Same as ABAB, except reinforcers not contingent upon the targeted behavior during A and contingent upon the targeted behavior during B
Multiple Baseline Designs Across Behaviors, Settings or People
Multiple Baseline Designs Across People

Across Individuals

- Baseline
- Self-Monitoring and Reinforcement
- Maintenance

Number of times uses "Takes-Time - Away Technique" from conflict situations

Roy

Tommy
Multiple Baseline Designs Across Behaviors

Across Behaviors

- Incidents of Physical Aggression
- Incidents of SIB

Baseline | Token Economy | Maintenance
Multiple Baseline Designs Across Settings

Graph showing baseline, vibration massage, and maintenance phases with data points for IDT&H incidents of SIB and Home Incidents of SIB.
Changing Criteria Design (ABCD....)
Alternating Treatment Design

Allows comparison of the effectiveness of more than one intervention strategy on behavior
Graph Interpretation

Common Data Patterns
Change in Level

A

B

A

Number of Refusals

35
30
25
20
15
10
5
0

DAY

M T W R F M T W R F M T W R F
Change in Slope
Variability

- **Behavioral Variability** is a dimension of behavior like: *Response frequency/rate,* *Response force/intensity,* *Response topography/shape,* *Response accuracy,* etc.

- **Behavioral Variability** is caused by uncontrolled antecedent and consequence events.
Behavioral Data Rules For Changing Phases or Conditions That Help Prove Effectiveness

- Data is stable with a flat trend or minimal variability for at least 3 consecutive data points.
- Data is trending in an *opposite direction* from the intended direction of the next condition or phase for at least 3 consecutive data points.
- Stagger the starting and changing of phases or conditions in a Multiple Baseline Design
Keep your eye on the real “prize” for the people you serve and support

- train for success to produce meaningful changes and outcomes

- not just data differences between phases or conditions on a graph.

- learning portions or percentages of a skill is a work in progress.

- achieving mastery or competency in a skill is an accomplishment.
How to submit questions

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positivesupports@state.mn.us
Upcoming PSCoP Meetings

April 15, 10a-12p:
*Heather Forbes*, Beyond Consequences; A trauma-focused approach

April 29th, 10a-12p:
*Dr. Anne Gearity*, Introduction to Developmental Repair

No meeting on May 13th – Will meet May 27th

*Notifications sent out through e-list*