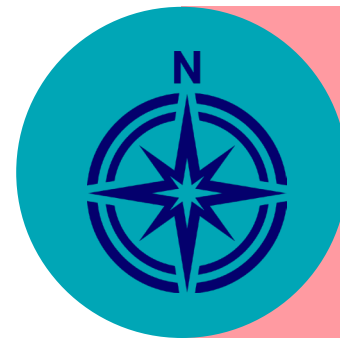
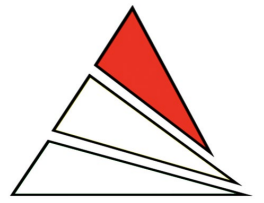


Tier 3 Informational Meeting

February 26, 2024

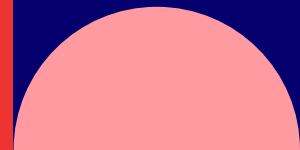
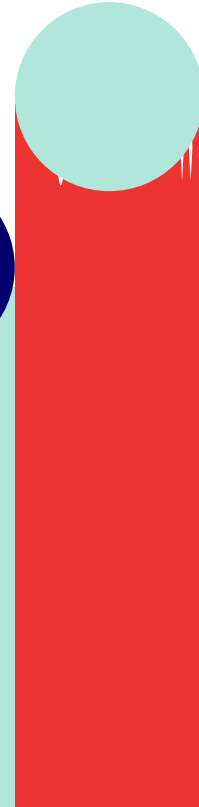
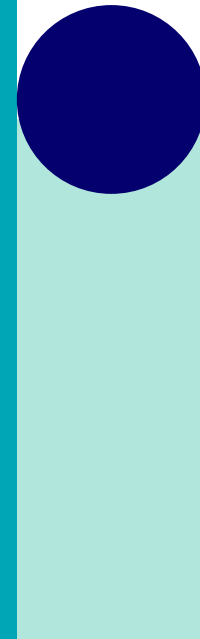
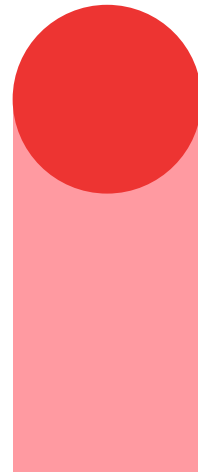


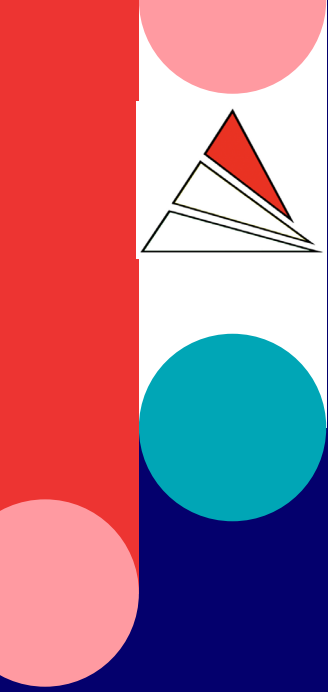
Welcome



**FEEL
GOOD**

February



- 
- 1 Introductions
 - 2 ISC Clips
 - 3 Subject Matter Expert Updates
 - 4 Important News
 - 5 General Reminders
 - 6 Questions and Answers
 - 7 Wrap Up

Agenda



Introductions



Chief Behavior Analyst

Position Vacant

Eastern Region

ABA - Melantha Witherspoon

ISC - Cindy Hanebrink

Central Region

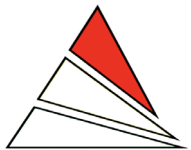
ABA - Syn McDonald

ISC - Chad Reyes

Western Region

ABA - Rita Cooper

ISC - Kay Hamblin



ISC Clips

- SCP - The Basics for Everyone
 - 3.4.20 24
- Comprehensive Support Planning Tool
 - 3.14.20 24
- Prohibited Practice Modules
 - Modules 1 & 2-3.11.20 24
 - General Information
 - Module 3-3.18.20 24
 - Communication Basics
 - Module 4-3.21.20 24
 - Fading Basics
- FOR ADDITIONAL SUPPORT IN THESE AREAS
 - Email BAT@DMH.MO.GOV



Subject Matter Experts Updates



- Training
 - Melantha Witherspoon
- Prohibited Practices
 - Syn McDonald
 - BSRC
 - Rita Cooper




Training Melantha Witherspoon

Cultivating Systems for
Successful Supervision

2.29.2024

12:00 - 1:00



Importance of Scientific
Principles in Decision-Making

3.5.2024

1:15 - 3:15





Training Melantha Witherspoon

Case for Implementation -
From Referral to
Implementation

3.15.2024

2:30 -4:30

Relational Frame Theory

3.18.2024

1:00 -3:00



Training Melantha Witherspoon

Mastering Systems Processes
in Behavior Analysis: A
Comprehensive Guide

3.26.2024

1:00-3:00

Growing Together

3.28.2024

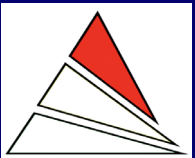
12:00-2:00



Prohibited Practices

Syn McDonald

- Trainings
 - Prohibited Practice Modules
 - As identified on the previous slide
- Prohibited Practice Referral Form
 - Significant time with information inquires
 - Need specific guidance



Prohibited Practices Syn McDonald

DMH/DD Prohibited Practice (PP) Referral Form

All personal and provider agency information is secured by the Tier 3-Behavior Analyst Team in accordance with HIPAA regulations and DMH requirements. All referral documents will be completely de-identified prior to distribution to committees. The following referral is a component of the DMH DD PP process.

| PP Intake Use Only | |
|-----------------------|--|
| Date Received | |
| Date Entered | |
| Date of Determination | |

SECTION I: CASE REFERRAL PROFILE INFORMATION

| | | |
|--------------|-------------|----------------|
| Name: | DOB: | DMH ID: |
|--------------|-------------|----------------|

| Support Coordinator | | |
|---------------------|---------------|---------------|
| Name: | Email: | Phone: |

| Targeted Case Management Agency | | |
|---------------------------------|---------------|---------------|
| Name: | Email: | Phone: |

| Legal Status: | <i>* Minor: A person who is under the age of 18 unless emancipated by a Court of Law per Title XII, Chap. 211, §211.442.</i> | |
|---|--|---------------|
| Guardian/Conservator Information, If Applicable | | |
| Name: | Email: | Phone: |

| |
|--|
| Specific Meeting Accommodation Needs for Individual: <input type="checkbox"/> Communication <input type="checkbox"/> Environmental <input type="checkbox"/> Assistance/Support |
| Describe Meeting Accommodations, If Applicable: |



Prohibited Practices

Syn McDonald

| | |
|---|---------------|
| Home and Community Based Waiver Services | |
| Living Arrangement: | Other: |
| Employment/Day Habilitation: | Other: |
| Other: | Other: |

| |
|----------------------------|
| State Plan Services |
| PLACEHOLDER: |

| |
|---------------------------|
| Current Diagnoses: |
|---------------------------|

| |
|--|
| Total Number of Prohibited Practices within this Referral to be Reviewed: |
|--|



Prohibited Practices

Syn McDonald

| | | |
|------------------------------------|---------------|---------------|
| Person Submitting Referral | | |
| Name: | Email: | Phone: |
| Relationship to Individual: | | Other: |

Suspected Prohibited Practice (Check all that apply)

- Any technique that interferes with breathing or any strategy in which a pillow, blanket, or other item is used to cover the individual's face;
- Prone restraints (on stomach); restraints positioning the person on their back supine, or restraint against a wall or object;
- Restraints which involve staff lying/sitting on top of a person;
- Restraints that use the hyperextension of joints;
- Any technique or modification of a technique which has not been approved by the Division, and/or for which the person implementing has not received Division approved training
- Mechanical restraints are prohibited from use in Home and Community based settings;
- Any strategy that may exacerbate a known medical or physical condition, or endanger the individual's life or is otherwise contraindicated for the individual by medical or professional evaluation;
- Use of any reactive strategy or restrictive intervention on a "PRN" or "as required" basis;
- Seclusion - Placement of a person alone in a locked or secured room or area which the person cannot leave;
- Standing orders for use of restraint procedures;
- Any procedure used as punishment, for staff convenience, or as a substitute for engagement, active treatment or behavior support services;
- Use of law enforcement/emergency departments incorporated into individual support plans or behavior support plans as "PRN" procedures or as contingencies to eliminate or reduce problem behaviors;
- Reactive strategy techniques administered by other individuals who are being supported by the agency;
- Corporal punishment or use of aversive conditioning- Applying painful stimuli as a penalty for certain behavior, or as a behavior modification technique;
- Overcorrection strategies;
- Placing persons in totally enclosed sleeping arrangements or barred enclosures other than cribs;
- Any treatment, procedure, technique or process prohibited by federal or state statute.

PDF Documents Submitted with this Referral (Select All that Apply)

- Individualized Support Plan (ISP)
- Behavioral Support Plan (BSP)
- Safety Crisis Plan
- Physician's Order(s) Pertaining to Potential Prohibited Practice
- Nutritional Assessment
- Physical Therapy Evaluation
- Speech Therapy Evaluation
- Occupational Therapy Evaluation
- Other (Specify):



Behavior Support Review

Committee

Rita Cooper

- BSRC
 - May 14 AM
 - May 16 PM
- Pilot of Templates
 - BSP
 - Monthly Summaries
 - If interested please reach out

IMPORTANT NEWS

Informational meetings
are going Quarterly

Schedule

4.29.2024

7.29.2024

10.28.2024

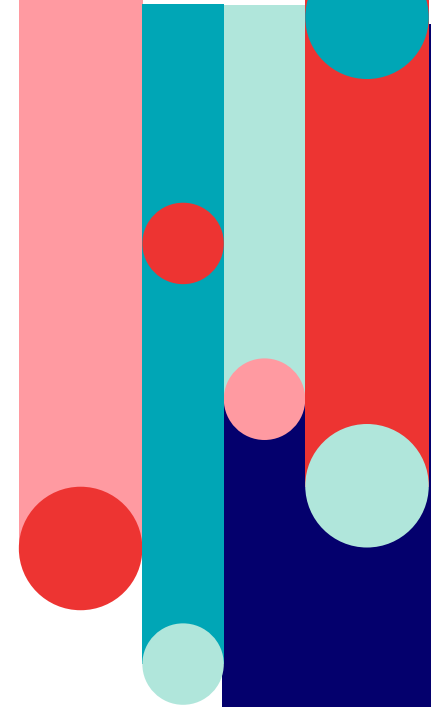
1.27.2025



General Reminders

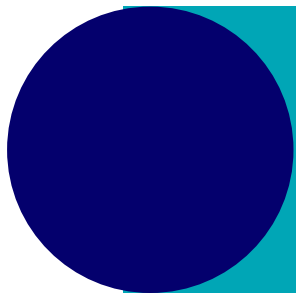
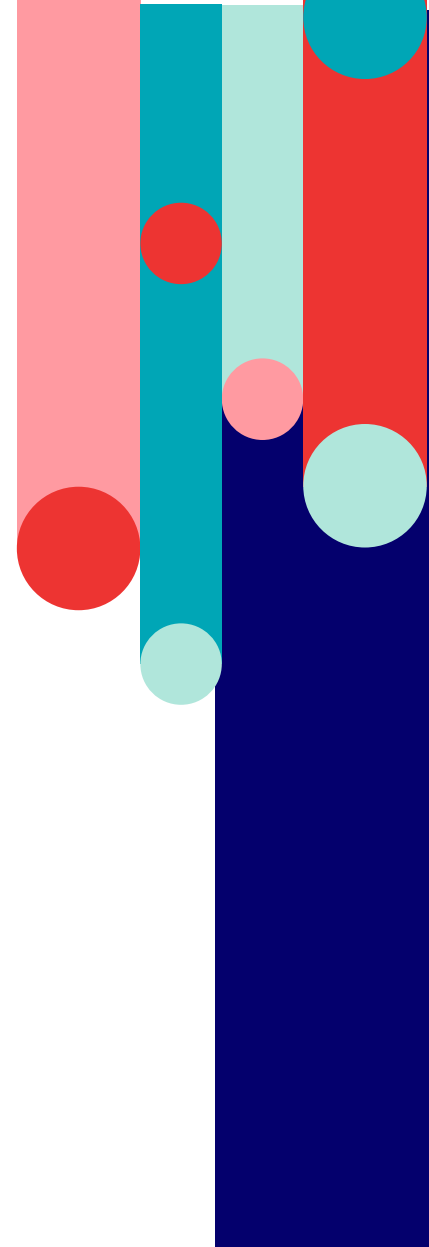


- EMAILs Tier 3
 - prohibitedpractice@dmh.mo.gov
 - Send all things Prohibited Practice
 - Suspected prohibited practice
 - Questions about GL 85 or CSR related to Prohibited Practices
 - BSRC@dmh.mo.gov
 - Send all things Behavior Support Review Committee (BSRC) related
 - Questions about GL 84 or CSR related to BSRC
 - BSRC Referrals
 - Materials related to attendance at BSRC
 - BAT@dmh.mo.gov
 - General Tier 3 questions
 - Personal Emails



General Reminders

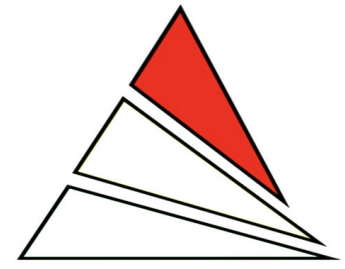
- Our Role
 - To Build Capacity
 - Behavior Providers
 - Support Coordinators
 - Regional Office Staff
 - To work across the aisle with DBH
 - To work collaboratively with Tier 1 and Tier 2
 - Build resources
 - Provide access to training
 - Provide consultation



More than Compliance



Questions and Answers



Wrap - Up

Next Informational Meeting

4.29.2024

