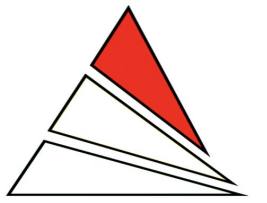


Tier 3 Informational Meeting

May 20, 2024

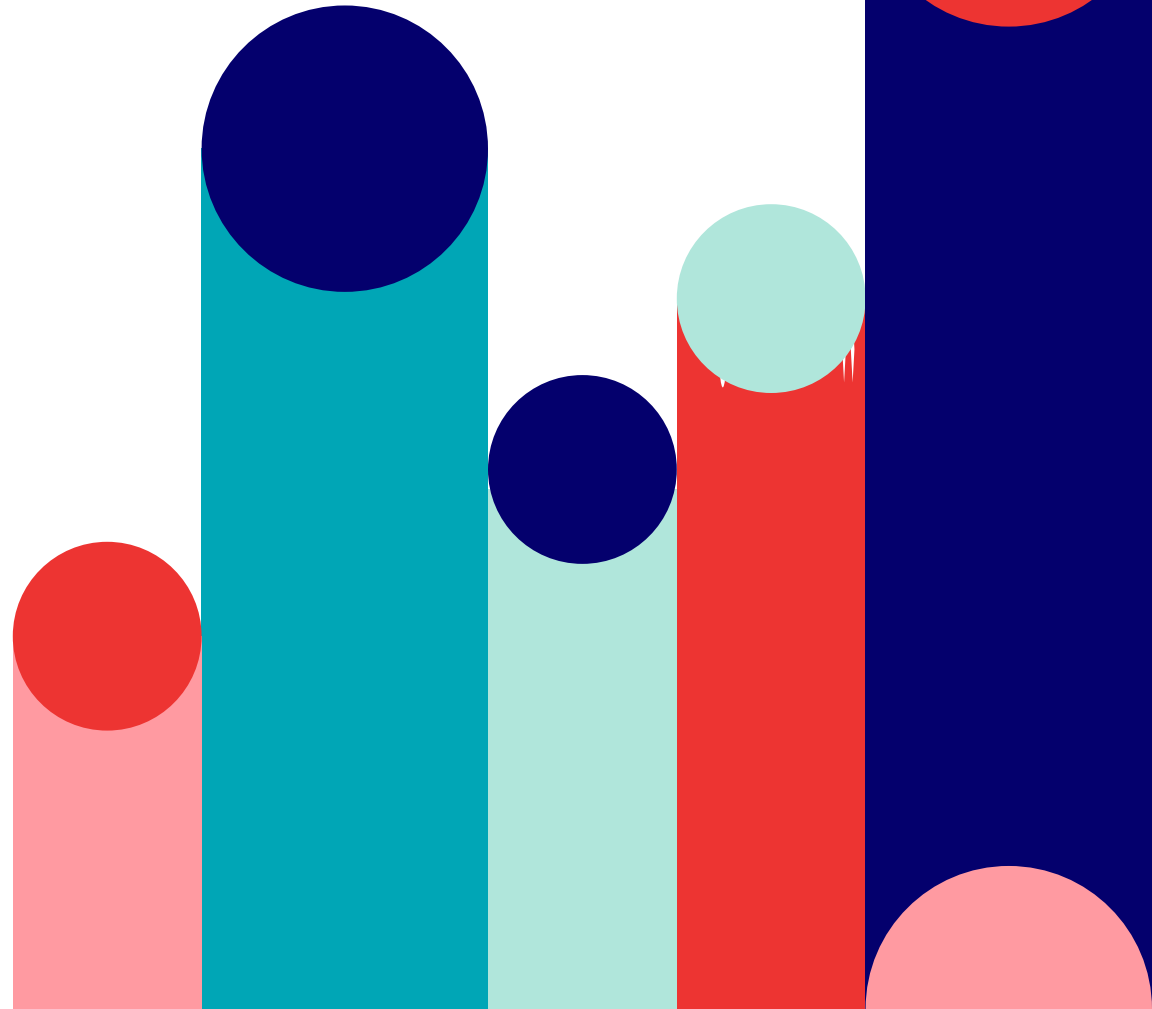


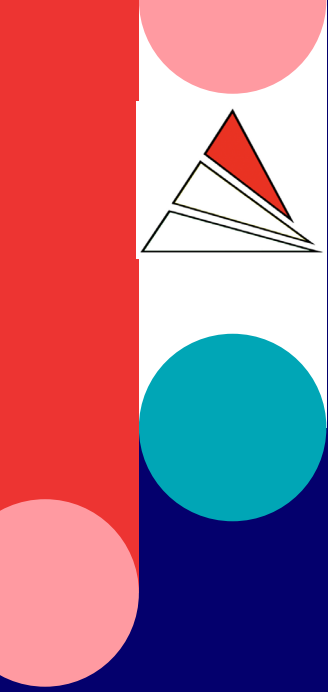
Welcome



MAGNIFICENT!

may



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

Agenda



Introductions



Chief Behavior Analyst

Dr Timothy Weil

Eastern Region

ABA - Melantha Witherspoon

ISC - Cindy Hanebrink

Central Region

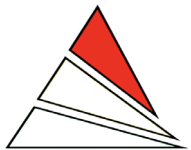
ABA - Syn McDonald

ISC - Chad Reyes

Western Region

ABA - Rita Cooper

ISC - Kay Hamblin



Introductions



Chief Behavior Analyst

Dr Timothy Weil

- Involved in the practice of behavior analysis since 1993
 - Undergraduate Degree
 - Florida State
 - Graduate Degree
 - University of Nevada, Reno
 - Taught in graduate Behavior Analysis programs
 - Florida State University
 - University of South Florida.
 - Ran the early childhood autism program at FSU
 - Program coordinator for both graduate programs
 - Presented hundreds of presentations at state, national, and international conferences
 - Published book chapters and research articles in a variety of journals.
 - Currently serves on the editorial board of a variety of behavioral science journals



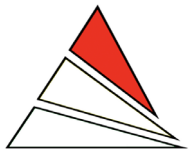
ISC Clips - Links to Previously Recorded Webinars

- SCP - The Basics for Everyone
 - <https://stateofmo.webex.com/recordingservice/sites/stateofmo/recording/e42e5f5db4af103cafffd280ebc66e5c/playback>
- Comprehensive Support Planning Tool
 - <https://stateofmo.webex.com/recordingservice/sites/stateofmo/recording/6e426211a821103c87fdf6a5726a6fa9/playback>
- Prohibited Practice Modules
 - Modules 1 & 2
 - <https://stateofmo.webex.com/recordingservice/sites/stateofmo/recording/6e426211a821103c87fdf6a5726a6fa9/playback>
 - Module 3
 - <https://stateofmo.webex.com/recordingservice/sites/stateofmo/recording/6e426211a821103c87fdf6a5726a6fa9/playback>
 - Module 4
 - <https://stateofmo.webex.com/recordingservice/sites/stateofmo/recording/0063f854b7af103cbcfbda95a08a7979/playback>
- FOR ADDITIONAL SUPPORT IN THESE AREAS
 - Email BAT@DMH.MO.GOV



ISC Clips

- Shifting to Recordings on Relias
 - Recording of information
 - Post Test
 - Attend workshop
 - Ensure Relias Recording viewed
 - Workshops based on actually doing the work to
 - Write a Safety Crisis Plan
 - Write a Comprehensive Support Planning Tool
 - Considerations for getting better ways for individuals to communicate thier wants, needs and desires
 - Developing a Fading Plan for a Prohibited Practice that is in place



Subject Matter Experts Updates



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

Training Melantha Witherspoon

- Behavior Provider Trainings
 - Finishing up in May
 - Planning for next fiscal year will begin



Prohibited Practices

Syn McDonald

- Trainings
 - Prohibited Practice Modules
- Prohibited Practice Referral Form
 - Significant time with information inquires
 - Need specific guidance



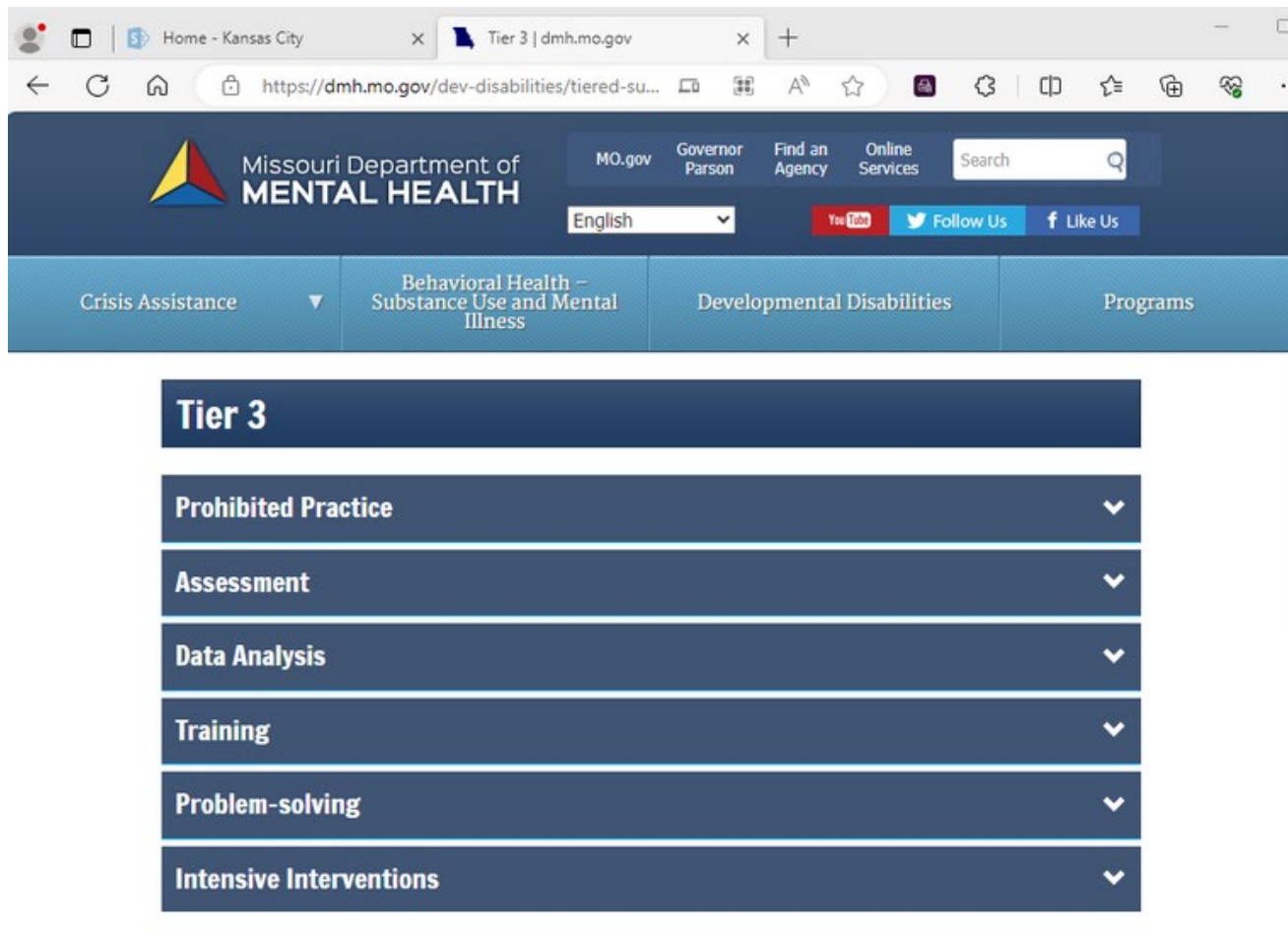
Prohibited Practices Syn McDonald

- Where are we located
 - GO to
 - <https://dmh.mo.gov/dev-disabilities/tiered-supports/tier-3>
 - DMH - DD - Community Supports - Positive Supports - Tiered Supports - Tier 3 - Prohibited Practices



Prohibited Practices Syn McDonald

- Where are we located



The screenshot shows a web browser window with the URL <https://dmh.mo.gov/dev-disabilities/tiered-su...>. The page header includes the Missouri Department of Mental Health logo, navigation links for MO.gov, Governor Parson, Find an Agency, and Online Services, a search bar, and social media links for YouTube, Twitter, and Facebook. The main navigation menu includes Crisis Assistance, Behavioral Health - Substance Use and Mental Illness, Developmental Disabilities, and Programs. The content area displays a dark blue header for "Tier 3" followed by a list of prohibited practices, each with a dropdown arrow:

- Tier 3
- Prohibited Practice
- Assessment
- Data Analysis
- Training
- Problem-solving
- Intensive Interventions



Prohibited Practices Syn McDonald

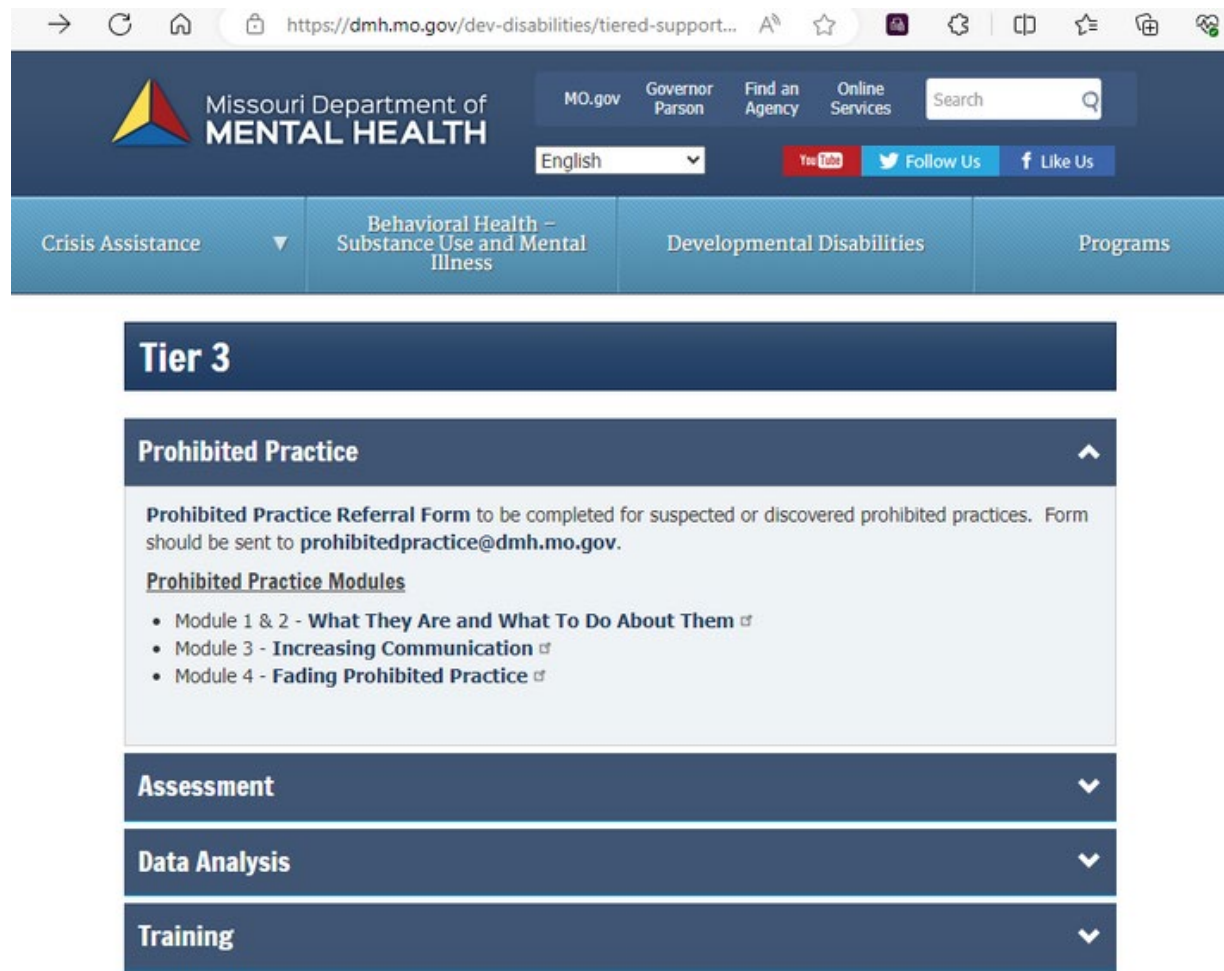
- What will you find
 - Overview
 - Link to the Prohibited Practice Referral Form
 - Link to the Prohibited Practice Module Recordings
 - Email
 - prohibitedpractice@dmh.mo.gov



Prohibited Practices

Syn McDonald

- What will you find



The screenshot shows the Missouri Department of Mental Health website. The header includes the logo, navigation links for MO.gov, Governor Parson, Find an Agency, and Online Services, a search bar, and social media links for YouTube, Twitter, and Facebook. The main navigation menu includes Crisis Assistance, Behavioral Health – Substance Use and Mental Illness, Developmental Disabilities, and Programs. The content area is titled "Tier 3" and features a "Prohibited Practice" section with a dropdown arrow. Below this, there is a "Prohibited Practice Referral Form" section, a "Prohibited Practice Modules" section with a list of three modules, and three more sections: "Assessment", "Data Analysis", and "Training", each with a dropdown arrow.

Tier 3

Prohibited Practice ^

Prohibited Practice Referral Form to be completed for suspected or discovered prohibited practices. Form should be sent to prohibitedpractice@dmh.mo.gov.

Prohibited Practice Modules

- [Module 1 & 2 - What They Are and What To Do About Them](#) ☞
- [Module 3 - Increasing Communication](#) ☞
- [Module 4 - Fading Prohibited Practice](#) ☞

Assessment v

Data Analysis v

Training v



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



Behavior Support Review

Committee

Rita Cooper

- BSRC

- Back to the Monthly
schedule in July

- 2nd Tuesday
- 3rd Thursday
- 4th Wednesday

Special Session for
Prohibited Practices



Behavior Support Review Committee Rita Cooper

- BSRC
 - New Referral Form
 - Aligns with DPRC & PP
 - Update of the Web Site
 - Additional Changes to Expand the overall Capacity
 - Potential ramping up to double the capacity



Behavior Support Review Committee Rita Cooper



BSRC Intake Use Only	
Date Received	
Date Entered	
Date to Attend	

Intake Referral Form

All personal and provider agency information is secured 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 BSRC process.

Checking this would indicate that this is a referral to the Behavior Support Review Committee

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/Sup	
Describe Meeting Accommodations, If Applicable:		

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

State Plan Services
PLACEHOLDER:

Current Diagnoses:



Behavior Support Review Committee

Rita Cooper

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

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 Identified
- Restrictions Nutritional Assessment
- Physical Therapy Evaluation
- Speech Therapy Evaluation
- Occupational Therapy Evaluation
- Other (Specify):

CASE SPECIFIC INFORMATION

1) What are your biggest behavioral concerns?

2) What is the frequency/duration of the behaviors of concern?

3) Do you have a current safety crisis plan?

a) What is or is not working with the plan

4) Do you have current behavior services or a current behavior support plan?

a) Identify the services authorizations and if the behavior support plan has been written identify what elements of the plan seem to be working at this time?

Services Authorizations:

Elements of BSP that are working



Behavior Support Review Committee Rita Cooper

5) When where things working well for the individual? Provide the approximate date and describe the situation?

Date:

Situation Description:

6) What are individuals' strengths and interests?

7) Identify any developmental concerns you may find relevant:

8) Identify any other concerns you find relevant:

9) Is the individual involved in any other systems of support or care (Criminal Justice System/Children's Division....) and if so identify them and the contact if not indicate no in the space below

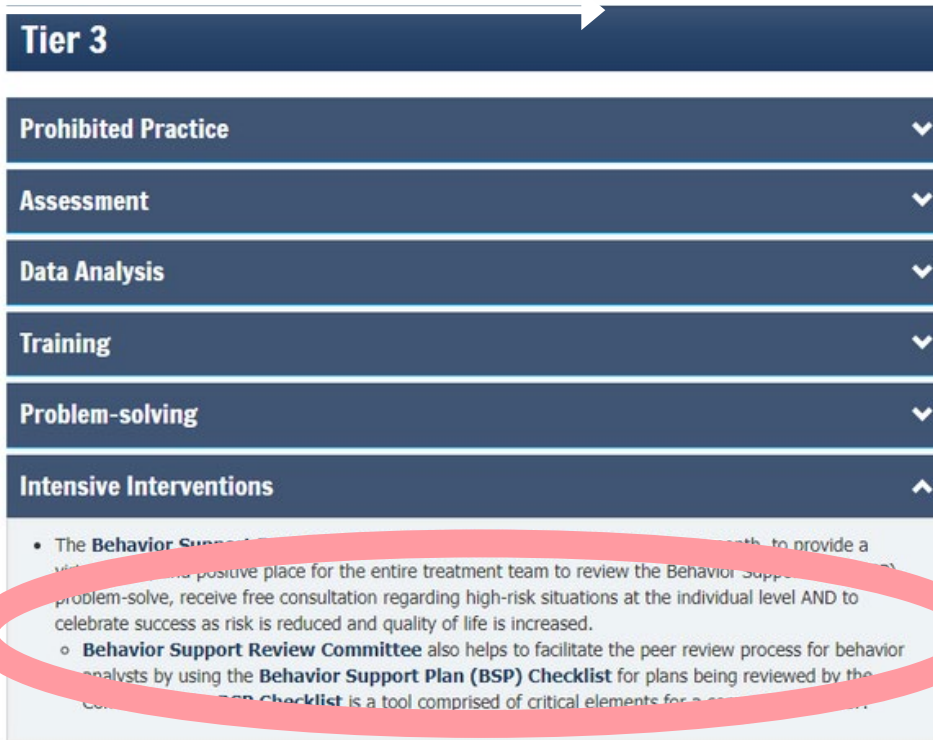


Behavior Support Review Committee Rita Cooper

- Where are we located
 - GO to
 - <https://dmh.mo.gov/dev-disabilities/tiered-supports/tier-3>
 - DMH - DD - Community Supports - Positive Supports - Tiered Supports - Tier 3 - Intensive Interventions



Behavior Support Review Committee Rita Cooper



Under
Reconstruction



General Reminders

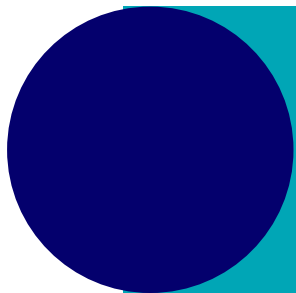
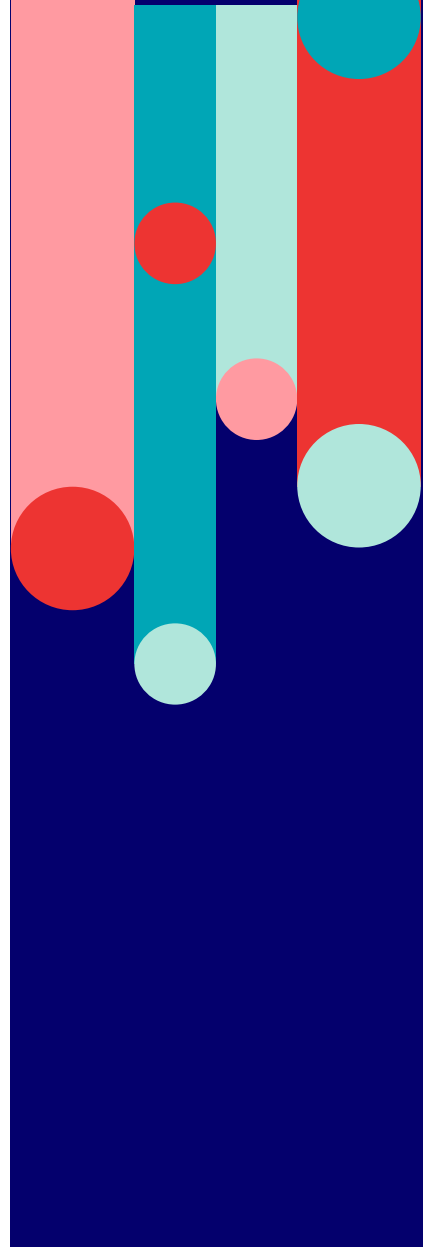


- EMAILs Tier 3
 - prohibitedpractice@dmh.mo.gov
 - Send all things Prohibited Practice
 - Suspected prohibited practice
 - Questions about GL 85 or CSR related to Prohibited Practices
 - BSRC@dmh.mo.gov
 - Send all things Behavior Support Review Committee (BSRC) related
 - Questions about GL 84 or CSR 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

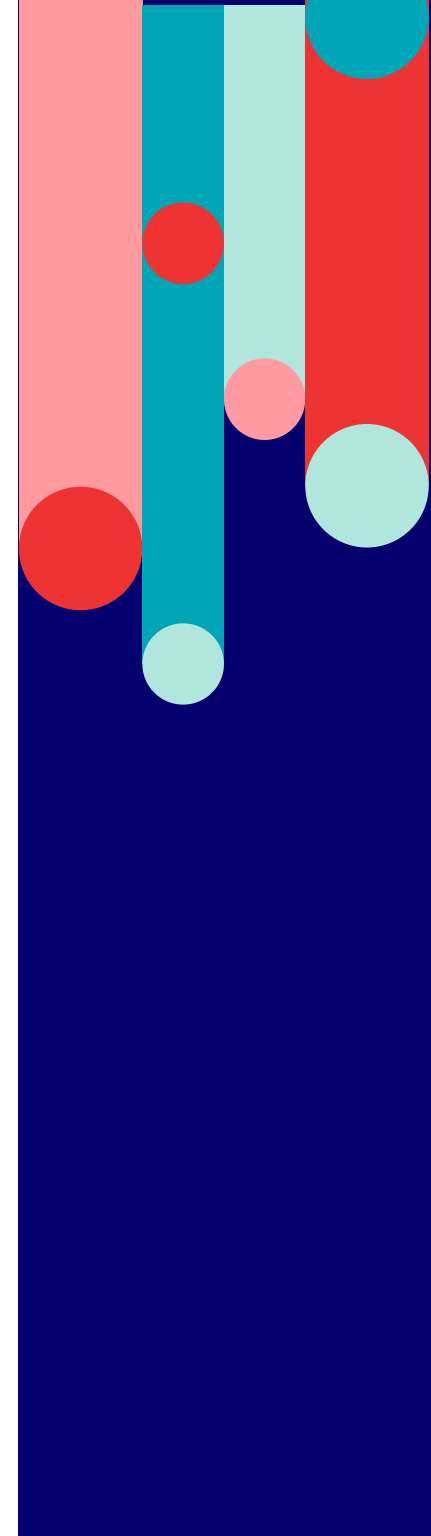
General Reiminders Informational Meetings are Quarterly Now

Schedule

7.29.2024

10.28.2024

1.27.2025

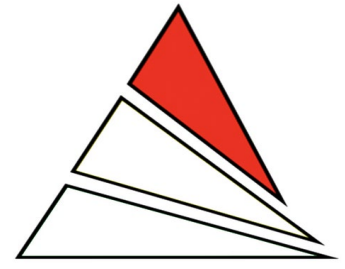




Questions and Answers

Wrap - Up

Next Informational Meeting



7.29.2024

