

WEBVTT

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I'd like to thank everyone for joining us on this 3rd, in a series of 3 tier 2 risk prevention today is on transition. And with that said, I will turn this over to re and Lucas.

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Thank you. Hi, my name is 3 Evans. I'm the statewide risk prevention coordinator.

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And with me, I have Lucas Evan.

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Good morning everyone I'm the central area of behavior analyst. You may recognize my voice. Hopefully you've attended all 3 of these, and it's happy to see you all.

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Thank you for joining us today, say we're going to talk about transition.

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And why it is more than just finding a place for a person to.

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Silence.

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So, today we're going to utilize the chat box if you.

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Have any questions or any comments concerns.

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Put those in the chat box and make sure you send those to.

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All that way, we can all feed and then we'll be monitoring those as we go through the presentation today.

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Some objectives for the day, it are to really.

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Um, talk about what makes moving risky for people.

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And then what it would take to have a less.

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Risky move and then also we'll give you some links to resources that are available to help aid you in the transition process.

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So 1st off, why is moving risky.

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So, nationally, we have data showing that approximately a little more than 50% of people that move.

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Within a healthcare or mental health setting don't have the prescribed support in place that are needed for them to be successful.

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So someone is saying this is what this person needs.

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And they don't have those needs being met Missouri data shows, a really strong relationship between moves and bad outcomes.

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What happens when people move is we tend to use band aid fixes during the move. So what we mean by band aid fixes are things like.

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Psychotropic medications are increased, or maybe some or prescribed.

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We increase staffing and those.

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Things that we're using as band aid fixes.

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Create a circular effect of risk, because those are also some of our risk indicators. We know that those things increase risk for a person, and we're using them in an attempt to try and decrease risk.

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But really what it's doing is just creating more and more risk.

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Okay, so what should be our primary consideration when somebody is moving? Well, should be the person.

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So, person centered means persons in the driver's seat, and we're all on the bus along with that person.

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And we're supporting that person to live in the community. So, 1 of the 1st, things that we should be thinking about.

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When considering the transition is, it's the person involved and.

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Do they actually want to move 1 of the things that I see happens sometimes specifically with people who have a significantly challenging behavior is nobody wants to tell the person they're moving until the very last minute and then just kind of either spring it on them

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or.

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Get them to get in the car, and then they show up at their new house.

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And this is not the best thing to do for lots of reasons, but 1 of the things that's.

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Is it completely opposite to what?

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Person centered means, so if you're not involving the person and their supports, and where they live is significant.

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Support of theirs, then you're not being person centered and we're not meeting the spirit of CBS and what's the likelihood that a transition is going to go? Really well.

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And be less risky if the person doesn't even know that they're moving. So just.

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You know, think about yourself if you got in a car.

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With your friend 1 day, and you thought you were gonna go to McDonalds the next thing, you know, when you come back.

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You show up in a new house, and they'll let, you know that that's where you're going to live. Now.

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We would probably be really freaked out and that probably wouldn't go. Well, so it's no different for people that we support in our system. They should be driving the bus. So they should be involved. They should want to move and if they don't want to move or they're.

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They have concerns or challenges, then those things should be part of the transition process, figuring out how to address those, letting those suggest that needs that we can do. And we'll talk about some of those throughout.

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The other thing to think about is it's not just having the person in the driver's seat, but has there been a visit? Has the person seen textures? Have they met the person they might be living with all of those things should happen.

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Prior to a move, and I know that currently.

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Uh, you know, we have this pandemic, so in person's hard.

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Sometimes sometimes distance is a challenge, but those things can be done remotely. I think 1 of the 1 of the positive effects of the reason situation is that it's shown us how much stuff we can do remotely. So, face time and video calls are all really good ways to.

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Have this happen to get input from everybody involved and to have people see where they're going to move. And if you just think about what you would want, if you were moving.

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Uh, it's really no different. You'd want to know where you're going you want to have some saying where it is.

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We want to have preparation for moving, just those things and those should be the primary considerations when anybody's moving.

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Some other considerations think about would be.

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Just the sheer amount of stress that moving.

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Brings with it, so even.

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I've moved several times in my life and it's always so so stressful. So, how is the person.

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Um, being supported to help reduce the amount of stress that happens when they're moving. So, are they getting counseling?

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Are for those that are familiar with tools of choice.

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Stay close pod I mean, having empathy asking some open ended question, just spending some time with the person talking about the move.

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And then maybe creating a timeline to help them anticipate what's going to come next.

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And Lucas covered this really well, but making sure that their interests their likes are being considered and.

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Arranged so that they can have access to those.

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As soon as possible after the moon.

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And then thinking outside of that things, like, have you been able to tell their friends in the areas they have friends.

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But they're moving, have they been able to say goodbye and continued contact be arranged? So I know with the pandemic, like, because that's hard, but maybe they could use zooms or face time phone calls.

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But besides the move itself, what can the person look forward to? So that it's a positive thing.

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And 1, last point on the previous side, also, just when can they expect to move? So, that is a.

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Do they have a sense of how long it's going to take? Do they know the steps that are involved?

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Again, just just having some support for site or some awareness of what's happening rather than having it sprung on them at the last minute.

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And 1 of the things that a provider might say is, well, you know, if we tell them ahead of time.

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They'll flip out, or they'll do something to hurt staff because they have nothing to lose.

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And I would push back on that a little bit and say, well.

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You know, that may be true, but if it is true, you're just passing that buck off to the next provider.

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And having that happen for them, when they don't know anything about, or don't know as much about the person as as you do.

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And the other thing is, you know, if that is a, if that's the kind of reaction that they would have.

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That would probably be a good opportunity to think about why, what are the reasons behind that? What would be the why would a person do that?

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What about the situation that they're currently experiencing would make that news.

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Something that would result in them.

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Attacking staff, or tearing the house, they don't care anymore. So I think that would be a good time to do some, some reflection of what of how that situation has come to be. And I still don't think it's a sufficient reason to not tell people they're moving.

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So, in this leads perfectly into what about challenging behavior, if you have been attending these webinars, you may have heard safety crisis plans mentioned.

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If you haven't attended them, you may also have heard about safety price plans. I hope everybody on here, all 87 of you have heard about safety crisis plans and know when they're required and why they're a good idea.

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Uh, and these are incredibly important when people have challenging behavior and there are even more important when people move.

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So, if a person has had lots of behavioral incidents, and that's.

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Specifically, if that's the reason why they're moving, they have to have a safety crisis plan.

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And that needs to be done before they move.

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And the sending team sending provider should guide that discussion because they're the ones that have been living with the person and have the best information about what has and has not been successful. So they need to be guiding.

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The document it needs to be created before somebody moves.

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Obviously, it will need to be updated after they move safety crisis plans are living document. It should be updated all the time anyway. But there needs to be some set of strategies. Some plan on what to do.

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To prevent and effectively respond to challenging situations.

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And that needs to be in place before somebody moves and there needs to be clear communication about it. So, there needs to be a clear identification that 1 is necessary.

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There needs to be clear identification of what's what, what exists.

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And if nothing exists, there needs to be planning as part of the transition process to get that created prior to the move.

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And then there needs to be, um.

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A follow up with the provider.

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After the move, so continued support from service coordinators and other team members.

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Um, with those calls to make sure that it's working as intended, and if not, what what modifications can be made to it and as in the other.

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Webinars that we've done is we've got links here on some resources related to safety crisis plan so you can get to a template an assessment.

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And some training, so again, safety crisis plans.

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They're not, they're not themselves restrictive.

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They might have restrictive pieces, restrictive interventions in them, but they're just a set of strategies that staff can use to prevent child these situations or if challenging situations happen, what they need to do to effectively respond.

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Another thing I'd like to know on safety crisis plans is more than.

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Just communicating the plan with the receiving provider, but but.

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The receiving provider's staff, whatever staff will be working with the person needs to be trained on the safety crisis plan prior to the.

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So, extreme challenging behavior, if there has ever been a need for manual restraint.

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If law enforcement or emergency services have been responding to.

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Behavioral incidents, then an approved physical crisis management system is necessary. This is required based on the.

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9 CSR 45 dash 3.090.

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And it's also in the provider contract so if manual restraint is necessary.

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The staff at the receiving providers.

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Need to be trained on physical crisis management.

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Before I move takes place.

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So, all staff needs to be trained there needs to be monitoring of the use of the, the physical.

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Management and then documentation of that, you.

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Can I add 1 thing and yeah.

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Yeah, so and this will be true on several of the considerations, but specifically this 1 so if if you're a provider that's considering.

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Whether or not, you can support a person, and in the recent past, they have needed.

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This level of response either from law enforcement from a hospital, or from staff.

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And you are an agency that is hands off that has said that your policy is that you don't use physical crisis management that should probably be a hard stop on considering accepting this person into your care.

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Because the best predictor of future behavior is past behavior, all things being equal. So, the likelihood that this person will do some.

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Something that will require this level of response in the future.

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Um, at least once is almost guaranteed.

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And some staff that are working with this person will have to do something.

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So, it sounds like they're not going to do anything they're going to do something and they need to have the correct training 1 of the things. That is important to point out here as well. Is that use of law enforcement and emergency services as a standard response to address challenging behavior?

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So the thing that you do all the time, when people get out of control, you just call the cops that's actually a prohibited practice. So it is okay. To have a policy, a general policy at your provider.

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That you call for emergency services and emergencies, and but if emergencies are happening on a weekly occurrence, those aren't emergencies. Those are common occurrences and you need to have a better strategy to deal with that.

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And 1 of those things is fiscal crisis management for those people that need it. And.

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Um, again, if you're an agency that has elected to not use those systems, that's fine.

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And you should be thinking about that when accepting people that have extreme challenging behaviors.

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And this continuing on with talking about challenging behavior. So, does the person have behavior services, apply behavior, analysis services if they currently have services.

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Who's going to continue to do this treatment now if you're a residential provider, you may be asking yourself. Well, that doesn't matter really to me, because I don't do behavior services. I do residential services.

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And it's not my responsibility to request services either.

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And those things are technically true. Well, the thing that we want everyone to think about is we're all part of a team and.

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If if you're going to be supporting this person, who needs that extra level of consultation or support, you want to make sure that they have access to that when you're supporting them.

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Um, because it really affects how well you're going to be able to do as a residential provider.

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So, what I mean, by that is that you could be the best resident provider in the world, and you do universal stuff, and you give them a really good quality of life and.

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If they need that extra level of consultation that extra help.

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The person still is probably not going to do all your agency, not because the resident provider is doing anything other than the best.

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But because they need in addition to that, they need even more, they need individualized, specialized services. And this could be said for mental health services as well.

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If you have somebody who has a significant trauma history and really need ongoing treatment from a counselor or a psychologist.

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That person's probably not going to do really well with your agency if they can't continue to access those needed services. So that's another 1 of those considerations where even though it's not directly related to the residential services, it's it's definitely indirectly related.

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And when people move, they need to have the supports wrapped around and that's why Randall titled this presentation is more than a roof over your head. It's more than a place that you go to live.

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It's a community that you're joining, and then that community has to meet your needs.

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And so, behavior services is 1 of those things that if the person has it and needs it.

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That needs to continue and that should be set up prior to the move.

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So,

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they so you wouldn't want to lapse and care if they're currently getting services,

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you'd want that to just continue and then the same consideration as if the person needs services again,

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if the person is moving because of challenging behavior,

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they probably need additional services beyond just residential,

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they probably need applied behavior analysis services.

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So, again, are those services available in your area?

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Again, it's not your responsibility to request services. That's not what this about, but this is about making sure that all of those.

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Needs can get met in in your community.

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It would be the same consideration and we'll talk about medic specifically medical and a little bit, but it's just 1 of those things to make sure that this community can meet. This person's needs.

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And so you, as a resident provider can be supported, can be successful with a person.

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Um, because they're getting their their specialized needs met above and beyond.

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Um, a good place to live and a good a good quality of life.

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And again, we have links there for the a services on our website.

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And again, beyond just finding, or making sure that ABA services are available.

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If the person already has the or behavior services then making sure that.

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The receiving provider staff is trained on the, by the behavior analyst prior to the.

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Okay, so sitemap, um.

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If the person has psychotropic medications prescribed, we spent a lot of time on our last webinar talking about segments.

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And 1 of the big roles for residential providers would be to share data regarding that med use and the behaviors and symptoms that we talked about in the previous webinar with.

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Be accepting providers and whoever the person is moving to.

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That's who needs that information. There should also be some sort of communication form around psychotropic medications that shared between the residential provider and the prescribing position.

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And that should also be shared with the accepting provider.

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Not way they can continue monitoring they use those psychotropic medications.

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And continue trying to assess what the behavior indicators are that are the reasons the medication being prescribed.

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So, that's that's really the residential role. And then also, just like Lucas said with.

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Of a meeting to to know what services are available in your community.

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Knowing is there a physician available to continue monitoring the use of those medications and.

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Not only are they available, but have they accepted the person and have appointments been made.

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If not then, maybe we should reconsider the move and look at locations where the person can get the care that they.

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Okay, before we talk about physical health, I'm going to pause just for a 2nd. We have a.

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Comment and a question actually 2 questions. So Kay rights and as a, can we suggest putting a stop to the move if the needed services are not provided in the new location so let's take that. 2nd.

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You know, as as part of.

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Consultation and support to a move if you have concerns about a move.

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Specifically related to needed services, you should definitely be pointing that out and.

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Making the team aware that those things aren't aren't being met now.

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Can moves be stopped. That's a hard question to answer. So, I have seen some moves that have been.

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Slowed down and in the past, but what we really want to focus on is helping teams recognize.

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The needs that a person has, and how they're going to meet those needs.

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So, I, I don't want to say that the regional office has any intention of, of.

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You know, stopping moves from happening. That's not really what we want to have happen.

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We, what we want to have happen is teams to go through the planning process as intended and to do a cost benefit analysis of what's going on to make sure that they have done their due diligence to get people.

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Supported in the best way that is possible in whatever community that they choose.

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00:21:42.689 --> 00:21:52.499

So, that's kind of a weasel answer and I don't mean it to be a weasel answer. But what I'm really trying to say is cause regional offices stepping in and just saying no.

187

00:21:53.124 --> 00:22:07.763

To moves is also restricting the choice of the person. So what we want to do is support people to choose to live in communities that they want and to make sure those supports are around the person as appropriate. That's our that's our ideal.

188

00:22:08.512 --> 00:22:20.423

And if we have concerns, we should certainly say that anybody on the planning team, any outside consultant that has been asked to come in to help a CLC or somebody else from the regional office should feel empowered.

189

00:22:20.729 --> 00:22:25.348

And they should feel obligated to point out when things don't seem like.

190

00:22:25.348 --> 00:22:30.989

They're going to be successful or all the supports don't seem like they're in place.

191

00:22:30.989 --> 00:22:35.009

And what that's actually 1 of the things we're going to end on. So I'll leave that there for now.

192

00:22:35.009 --> 00:22:47.219

The other thing that Kay asked is, how do we know that new staff has been trained? What proof is there of this training? That's a great question. And I would say that that would be however, the.

193

00:22:47.219 --> 00:22:52.138

The receiving provider tracks, their training, they should have a system in place.

194

00:22:52.138 --> 00:22:56.338

For all their trainings for staff that documents that it, it has occurred.

195

00:22:56.338 --> 00:23:01.108

And so I would say that they should use their standard process to document.

196

00:23:01.108 --> 00:23:10.739

Training has happened, we would prefer that training be competency based so that documentation would include some indicator that staff can actually do.

197

00:23:10.739 --> 00:23:21.088

The strategies as described in the natural settings. So not like, in a training room, but they can actually do it kind of in, in the areas that they're going to have to be doing it.

198

00:23:21.088 --> 00:23:27.088

So that that's that's going to be up to the provider. They, they should be providing.

199

00:23:27.088 --> 00:23:33.929

Proof of any trainings, whether that be med aid or that be being able to be successfully.

200

00:23:33.929 --> 00:23:42.058

To successfully implement a report plan where that'd be a safety crisis plan. Any of those things, it's the same documentation they should have for any training.

201

00:23:42.058 --> 00:23:53.308

Kane asks what about emergency translations? How could we support a person and those cases when there is no other option, but to move the person to the new location or the agency.

202

00:23:53.308 --> 00:24:01.348

Specifically contract termination or 30 day notice is given well, that is a really, really, really good question.

203

00:24:01.348 --> 00:24:12.628

And I want to hold off on that towards the end, because I, I want to end on talking about those things. So let's so, let's put that aside. That's a really good question. Kana. And we're definitely going to come back to that.

204

00:24:12.628 --> 00:24:17.398

So, let's talk about physical health. Okay. So.

205

00:24:17.398 --> 00:24:26.159

1 of the things that is often true. When you have a sudden emergence of a behavioral challenge or behavioral challenge gets a.

206

00:24:26.159 --> 00:24:31.618

Continues to get gradually worse is, um, there's sometimes a medical component involved and.

207

00:24:31.618 --> 00:24:37.739

1 of the things we also know is that people are at increased risk of going.

208

00:24:37.739 --> 00:24:51.598

To the hospital for medical reasons, after they move and so that indicates to us that people have unmet medical needs and as part of the transition process, specifically when people have challenging behavior, we should be making sure that medical needs have been recently assessed.

209

00:24:51.598 --> 00:24:57.118

Those could be the, some of the things that we talked about in our.

210

00:24:57.118 --> 00:25:03.239

Psychotropic medications specifically, things like constipation.

211

00:25:03.239 --> 00:25:09.898

Thyroid issues metabolic situations, sleeping problems.

212

00:25:09.898 --> 00:25:16.828

All those things can affect people's behavior and should be ruled out and supported addressed before they move.

213

00:25:16.828 --> 00:25:21.929

And if they need ongoing care for those issues, those things should be set up.

214

00:25:21.929 --> 00:25:34.733

Ahead of time again, if you if you're noticing the theme of making sure you identify the needs and have those things set up before the person moves so that they can just continue to have their needs met. Great. And we have succeeded, because that's what we're really trying to say.

215

00:25:34.733 --> 00:25:47.963

It's not, it's not exactly rocket science. It's just hard to carry out in practice. So, if they have physical health problems, you need to find a doctor that can care for them. And it's not just any doctor to doctor that actually has.

216

00:25:48.419 --> 00:25:59.068

Either expertise or awareness of how to treat that condition in that population and can actually take them. So, it's not just that they.

217

00:25:59.068 --> 00:26:04.318

They can, they can, they could treat a patient like that, but do they currently accept new patients and.

218

00:26:04.318 --> 00:26:07.888

When can they get in is the sky is it actually scheduled.

219

00:26:07.888 --> 00:26:14.009

Um, 1 of the things that sometimes happens, and this is not just for medical concerns, but a lot of time this year.

220

00:26:14.273 --> 00:26:21.324

More frequently for behavioral concerns is the team says yeah, we'll we'll get the person moved and we'll see how they settle in.

221

00:26:21.324 --> 00:26:30.384

And then we'll consider whether we need to request behavior services as well any of you who have ever been involved in a person that needs behavior services and requesting services.

222

00:26:30.719 --> 00:26:34.828

It can be it can be.

223

00:26:34.828 --> 00:26:44.548

Quite a wait to get those services set up. And so the longer you put off asking for services, the harder it is to get, and those things should be requested ahead of time not.

224

00:26:44.548 --> 00:26:53.669

Not wait a while and see because data shows that there's a significantly increased amount of risk immediately after a move.

225

00:26:53.669 --> 00:27:02.038

There basically is no honeymoon, period, just increased risk and so we need to be addressing those things.

226

00:27:02.038 --> 00:27:06.388

Not waiting and then ran and go ahead and take amber's question.

227

00:27:06.388 --> 00:27:11.818

Okay, so amber's asking.

228

00:27:11.818 --> 00:27:16.169

Is this just for internal or outside to.

229

00:27:16.169 --> 00:27:21.298

To our recommendations today I'll say are for any time.

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00:27:21.298 --> 00:27:26.249

The person is moving, so for internal or outside, some of this stuff might not.

231

00:27:26.249 --> 00:27:36.203

Necessarily be applicable like, if they already if their behavior analyst isn't going to change, then you don't have to worry about finding a new behavior analyst.

232

00:27:36.413 --> 00:27:42.324

However, if the person is moving to a new house within the same agency, it's likely they might have.

233

00:27:42.689 --> 00:27:49.618

New people working with them so, new staff working with them, which would mean they, they need to be trained on the plan.

234

00:27:49.618 --> 00:27:54.209

Um, the safety crisis plan, and all the other things that we're talking about today. So really.

235

00:27:54.209 --> 00:28:01.618

I'm working with an agency right now, who's go to right now during the pandemic is to move people.

236

00:28:01.618 --> 00:28:11.608

From house to house, and what is happening is we're seeing a huge increase in behavioral incident because.

237

00:28:11.608 --> 00:28:20.788

Staff are not being trained in the new locations that the the person is moving to. And so it's really, really concerning. So we want to make sure.

238

00:28:20.788 --> 00:28:25.709

All of these things are considered considered, whether it's an internal or an external.

239

00:28:33.898 --> 00:28:42.179

And keener asked a good question about, is there a checklist or support tools for providers, which can help them consider all of these things.

240

00:28:42.179 --> 00:28:47.189

And, yes, we will talk about that towards the end of the presentation.

241

00:28:47.189 --> 00:28:53.278

But what about staffing? So we talked in our.

242

00:28:53.278 --> 00:28:57.898

1st, in the series about added staffing.

243

00:28:57.898 --> 00:29:01.138

And we talked about having a staffing plan.

244

00:29:01.138 --> 00:29:10.499

And so, in that staffing plan, there are specific staff expectations regarding supporting the person they're working with.

245

00:29:11.034 --> 00:29:11.453

So,

246

00:29:11.513 --> 00:29:12.983

if a person is moving,

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00:29:13.913 --> 00:29:16.134

if you're the discharging provider,

248

00:29:16.374 --> 00:29:27.173

you would need to communicate your current staffing plan and any changes that might be helpful based on the current situation to whoever the receiving provider or receiving staff are.

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00:29:27.509 --> 00:29:36.538

If you are the accepting provider, you would need to make sure that all of your staff are trained on that plan prior to the new date.

250

00:29:36.538 --> 00:29:43.229

And then we also linked the enhanced staffing review form for you again. So that you can kind of.

251

00:29:43.229 --> 00:29:47.548

Use that during the transition process as well to determine.

252

00:29:47.548 --> 00:29:51.749

Um, what changes might have happened that might change.

253

00:29:51.749 --> 00:29:55.888

What staffing would look like in the new location.

254

00:30:00.358 --> 00:30:08.699

All right, so we talked a little bit about housemates of roommates. We'll talk a little bit more about it here.

255

00:30:08.699 --> 00:30:15.509

We actually have a housemate compatibility tool that you can use to kind of guide the conversation around.

256

00:30:15.509 --> 00:30:20.308

Are these 2 people likely to get along when they live together? I don't know.

257

00:30:20.308 --> 00:30:27.118

Again, I, I don't, I don't know if any of you live with other people, but sometimes living. So, people can be kind of hard specifically during a pandemic.

258

00:30:27.118 --> 00:30:34.679

So these are these are significant things to be considered and again, the person should be driving the bus.

259

00:30:34.679 --> 00:30:37.979

And so housemade compatibility tool is, is.

260

00:30:37.979 --> 00:30:41.489

Is is just a tool to help have those conversations.

261

00:30:41.489 --> 00:30:46.378

To support the people that will be living together to decide if if.

262

00:30:46.378 --> 00:31:00.719

They want to live together, not for staff to just, you know, it's not Tetris. It's not staff planning. It's not the team playing Tetris to figure out where the person will check in to their organization. That's again, not person centered per. The people should be.

263

00:31:00.719 --> 00:31:04.138

The people that are receiving the services should be driving the bus.

264

00:31:04.138 --> 00:31:09.838

We should do that to the best of our abilities. Oftentimes we can say to the person last.

265

00:31:09.838 --> 00:31:17.909

And housemate compatibility is is a perfect example and it's not just the person who is moving into the house. It's a person who's already lives there. They should have say.

266

00:31:17.909 --> 00:31:21.328

On who's going to live with them.

267

00:31:21.328 --> 00:31:32.128

So, when we do that surprise, I mean, we have a higher chance of of being successful. So we have several tools for this. They're just guides to conversations.

268

00:31:32.128 --> 00:31:36.598

They shouldn't be taken as as literal, numerical.

269

00:31:36.598 --> 00:31:49.499

Odds that this housemates will be successful living together and going further than this part of the transition process. And shortly after the person moves should include.

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00:31:49.499 --> 00:31:58.709

The housemate's getting together to talk about what are their shared values for the house that they live in? What what would they consider to be some acceptable.

271

00:31:58.709 --> 00:32:10.138

Kind of rules that they have. So I'm not talking about house rules that the staff or the agency makes. I'm talking about rules that people have in their own homes. So I have, I.

272

00:32:10.138 --> 00:32:16.318

Have rules that I have in my house that I have agreed upon with my wife.

273

00:32:16.318 --> 00:32:20.038

Mostly, she just tells me what to do and that's what I do.

274

00:32:20.273 --> 00:32:34.614

Just kidding, but people have rules to get along and they should mutually agree upon those things. And this is part of living together and getting along in social skills. All those things. That are really important. That should be part of the move.

275

00:32:34.614 --> 00:32:40.673

It may not be part of those transition meetings, but it definitely should be the conversation that's happening after people move them. Once they kind of.

276

00:32:41.009 --> 00:32:47.519

Start to get a custom to 1 another and those inevitable conflicts come up because again.

277

00:32:47.519 --> 00:32:52.858

Living with somebody is, is there's gonna be conflicts. That's just that's just what it is to live with somebody.

278

00:32:58.374 --> 00:33:08.634

Yes, thank you Rachel. That's a really good comment. Tool is currently being revised. We do have 1 right now. We'll have a Rachel in her group are working on a better 1.

279

00:33:08.939 --> 00:33:15.028

That you'll see in the near future, but again, those, those are supposed to support conversations around how to make sure people.

280

00:33:15.028 --> 00:33:18.179

Have the best chance that they can to live successfully together.

281

00:33:18.179 --> 00:33:23.519

But the current links here will be to.

282

00:33:23.519 --> 00:33:31.739

The the old fascinate tool that's available, but like, Lucas and Rachel said it will be updated in the near future.

283

00:33:36.028 --> 00:33:42.749

So we talked about all of these things today, but we want to recap on them.

284

00:33:42.749 --> 00:33:51.509

For you now, so successful moves, the big general what's needed for moves to be successful or less risky.

285

00:33:51.509 --> 00:33:56.729

Would be to make sure that there's communication between all treatment team members.

286

00:33:56.729 --> 00:34:02.548

So, that means all team members for both the sending and receiving teams.

287

00:34:02.548 --> 00:34:17.213

And again, like, we, we discussed in previous webinars teams, include everybody involved in the care for the person. So it could include a BCBA, a psychiatrist position residential staff. It's already in the person themselves.

288

00:34:17.213 --> 00:34:18.324

It's everybody.

289

00:34:18.688 --> 00:34:27.958

Involved in their care, we also know that successful moves and include competency training for staff.

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00:34:27.958 --> 00:34:34.648

What we mean by competency training is that it's more than just reading a piece of paper it's more than just reading.

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00:34:34.648 --> 00:34:41.969

The or the safety crisis plan, it's more than just reading the staffing plan. The person's.

292

00:34:41.969 --> 00:34:48.748

Competency training means that those that were given and clear instructions and expectations.

293

00:34:48.748 --> 00:34:56.548

They were offered opportunities to practice. There was modeling involved. They got feedback on how they did.

294

00:34:56.548 --> 00:35:00.568

Well, or the person gets to their new location.

295

00:35:00.568 --> 00:35:04.619

And then all prescribed services.

296

00:35:04.619 --> 00:35:13.528

Aren't just available, but they've been secured appointments have been made. Communication documents have been transferred.

297

00:35:13.528 --> 00:35:20.818

And then, I think 1 of the most important points here is knowing when to slow down the move.

298

00:35:20.818 --> 00:35:27.778

So, if all of those about things that we've talked about, have not been completed, or aren't able to be completed.

299

00:35:27.778 --> 00:35:36.449

You might want to Lucas likes to say, pump the brakes slow down the move. Maybe this isn't the right place for the person to move to.

300

00:35:36.449 --> 00:35:41.309

And 1 thing national and Missouri data shows is that.

301

00:35:41.309 --> 00:35:47.849

If you spend a little bit more time planning for the move and finding the right location the right.

302

00:35:47.849 --> 00:35:55.768

Place for the person to be, it's going to be more successful and save you time in the long run because then you won't end up with a bunch of.

303

00:35:55.768 --> 00:36:05.128

Repeat because if we send someone to a place or accept someone that we can't provide all of the services that they need.

304

00:36:05.128 --> 00:36:12.148

Then it's more likely that they're going to be unsuccessful there and end up having to again in the future.

305

00:36:12.148 --> 00:36:19.168

So so I want to circle back to question about what about emergencies.

306

00:36:19.168 --> 00:36:28.949

And our recommendations are the same, so we should slow down as much as possible to make sure things get set up.

307

00:36:30.023 --> 00:36:40.673

And we should be honest with ourselves that if this is if this is a legitimate emergency. So, like, let's say, the person's in the hospital, and they're going to put them out in the street. And he doesn't have a place to go. Or the person doesn't have a place to go.

308

00:36:41.813 --> 00:36:55.793

We should be really honest that we've really just kind of kicked the can down the road to the next provider and that all of the problems will follow that person and we haven't done good planning. So, it's really just a stopgap measurable and we shouldn't think of it as anything other than that.

309

00:36:55.793 --> 00:36:58.373

And sometimes those are necessary. Sometimes all we can do.

310

00:36:58.708 --> 00:37:03.268

Just kick the can down the road, but we should recognize that we've kicked the can and we should.

311

00:37:03.268 --> 00:37:15.233

Continue that that planning around the person, we shouldn't expect things, or just magically going to get better. The main reason why people get into situations where they need to move in in emergencies because they have unmet needs that haven't been addressed.

312

00:37:15.233 --> 00:37:21.414

They have services that haven't been secured, and they haven't been able to access all of the things that they need.

313

00:37:21.748 --> 00:37:27.809

And when we move people too quickly, and not don't have those things, set up, all we're doing is just.

314

00:37:28.643 --> 00:37:35.664

Setting that next place up to have the exact same issue and maybe they can make it a few months before the issue happens. Maybe they make it a week.

315

00:37:35.873 --> 00:37:48.623

Maybe they make it an hour, but it's probably going to fail if we don't get these things set up that's why as soon as there are challenges we are doing something about it. That's the whole point of the series.

316

00:37:48.804 --> 00:37:55.434

That's why, if you are needing to request staffing for behavioral challenges, you need to start thinking about what that means.

317

00:37:55.704 --> 00:38:07.014

And what other things a person made, that means that if the person's having to take a ton of medication, and we start thinking about what are the reasons for the medication and what other things to the person need so that we can prevent those legitimate.

318

00:38:07.349 --> 00:38:17.250

Emergency situations, we can minimize those so that they're not happening all the time. Will they happen ever? Yeah, absolutely. We're always going to have emergency situations that are hard to foresee.

319

00:38:17.250 --> 00:38:26.579

But so many of our emergency situations are emergencies and airquotes there things that have been going wrong for a long time that we didn't do anything about until.

320

00:38:26.579 --> 00:38:40.050

All of a sudden, it became a big deal on a Friday afternoon and now they need some place to go. Right now those aren't real emergencies. Those are failures to plan and get things set up for people. And sometimes the hardest.

321

00:38:40.050 --> 00:38:52.679

Thing to do, is also the right thing to do and that sometimes is slowing down loops even when it's uncomfortable even when providers don't want to keep supporting somebody because it's almost 30 days since they've given notice.

322

00:38:52.679 --> 00:38:57.510

Still the best thing to do to have the person stay where they've been and make sure those.

323

00:38:57.510 --> 00:39:06.929

Supports are set up in the new place of that person can be successful in a community and not keep bouncing from place to place, or keep going to the hospital, or end up in jail.

324

00:39:06.929 --> 00:39:10.980

We're we're looking for long term.

325

00:39:10.980 --> 00:39:15.269

Success not how do we make the problem? Go away right now?

326

00:39:23.190 --> 00:39:33.239

Tina earlier had mentioned, is there a checklist for providers to kind of plan out all of this and make sure there.

327

00:39:33.239 --> 00:39:37.619

They're covering what's necessary for a person to be successful with moving.

328

00:39:37.619 --> 00:39:41.010

I've linked the current checklist for.

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00:39:41.010 --> 00:39:50.969

And this is a good tool for not just the to use or support coordinator, but residential providers to look at and see.

330

00:39:50.969 --> 00:39:54.000

What's necessary for the person to be successful?

331

00:39:54.000 --> 00:40:02.880

Now, I will mention just like the housemate combat compatibility tool. We are working on revamping this right now. We're enhancing it to.

332

00:40:02.880 --> 00:40:16.079

Include more things that we think would be helpful and so it will be updated in the near future. But for now, this is the current 1 that's public on our website for anybody to access.

333

00:40:23.130 --> 00:40:27.059

Some next steps again, we have additional.

334

00:40:27.059 --> 00:40:32.250

Webinars that the team might be offering would be found following that link.

335

00:40:32.250 --> 00:40:37.530

We have some virtual workshops that right now the you're putting on or coaching.

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00:40:37.530 --> 00:40:41.099

And then we have provider support committee, which the.

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00:40:41.099 --> 00:40:45.389

Our 1st, day back to provider support community will be November 17.

338

00:40:45.389 --> 00:40:57.534

And our theme is going to be adapting to the virtual world and updates to tools of choice, going virtual on reliance. So each each perfect support committee day, it happens.

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00:40:57.534 --> 00:41:01.224

Bi, weekly will have a different theme to help presidential providers out.

340

00:41:01.530 --> 00:41:05.340

In the future, we're, we're going to have some themes around.

341

00:41:05.340 --> 00:41:08.760

All of the subjects we've covered in the series of web.

342

00:41:08.760 --> 00:41:19.530

And Rachel makes a good point in the chat box. She says that she's hoping that the.

343

00:41:19.530 --> 00:41:25.559

New checklist tool will help prompt more questions and conversations during those transition calls.

344

00:41:32.545 --> 00:41:33.085

All right,

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00:41:33.085 --> 00:41:33.534

so now,

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00:41:33.534 --> 00:41:34.284

we're at the part,

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00:41:34.284 --> 00:41:35.155

where you guys,

348

00:41:35.155 --> 00:41:37.074

we've got about 15 minutes left,

349

00:41:37.164 --> 00:41:39.894

so if you have any questions as we,

350

00:41:40.045 --> 00:41:47.965

if you think we missed anything big because that is important when it comes to having a successful less risky move,

351

00:41:48.355 --> 00:41:48.625

please,

352

00:41:48.625 --> 00:41:49.525

let us know,

353

00:41:49.824 --> 00:41:52.195

if there's barriers to things we've talked about,

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00:41:52.675 --> 00:41:53.755

let's talk about that.

355

00:41:53.755 --> 00:41:56.335

And then what else can we do to better help.

356

00:41:56.670 --> 00:42:00.449

Team the successful.

357

00:42:25.110 --> 00:42:30.630

No, it's a quiet quiet bunch this today.

358

00:42:30.630 --> 00:42:34.079

No, no questions no thoughts.

359

00:42:34.079 --> 00:42:42.269

Do do any of you are any of you sitting out there thinking, gosh, this isn't realistic, or they're not considering.

360

00:42:42.269 --> 00:42:47.730

X or they're not considering the why we really want to hear that feedback because we want to help you.

361

00:42:47.730 --> 00:42:53.760

In the best way that we can, and if there's something we've missed, we want to make sure we address that.

362

00:42:53.760 --> 00:43:03.269

Kate comments that being able to monitor how many individuals a provider is recently accepted as a big task. I, I agree.

363

00:43:03.864 --> 00:43:15.985

1 of the things that we, we, as a behavior team, and the have been working together, collaborative, collaboratively over the last few months is better ways to track things.

364

00:43:15.985 --> 00:43:18.864

So that we have a, we can identify providers.

365

00:43:19.289 --> 00:43:25.289

That might benefit from help. This isn't about getting people in trouble or being a. gotcha. It's really just about.

366

00:43:25.289 --> 00:43:35.639

Needs assessment, so, as you all are doing these assessments for people that move, we need to be doing a needs assessment on how we best support our providers. And this is 1 of those things that we're trying to do.

367

00:43:35.639 --> 00:43:40.019

Oh, lots of stuff coming that. Awesome. Um.

368

00:43:40.019 --> 00:43:44.099

Do you, do you want to take the 1 from Jennifer re?

369

00:43:44.099 --> 00:43:57.599

Sure, so jennifer's asking, is there any way to assess the safety crisis plan and how he's just guide teams on this? So.

370

00:43:57.599 --> 00:44:08.550

And Lucas and Rita, Rita Cooper, who is the Western area behavior analyst have put together an enhanced staffing review process and.

371

00:44:08.550 --> 00:44:12.750

Um, in that, we really look at the safety crisis plan and.

372

00:44:12.750 --> 00:44:16.710

If they have clear expectations for staff and.

373

00:44:16.710 --> 00:44:27.630

Are going to be successful beyond that. I'd say, looking at our templates and the resources we have around the safety crisis.

374

00:44:27.630 --> 00:44:36.750

Would be a good way to point teams for guidance and help around safety crisis plans. We've got some recorded some templates.

375

00:44:36.750 --> 00:44:40.409

Things that will help them be successful.

376

00:44:40.409 --> 00:44:47.730

Yeah, so the, the template's a great place to look because it's got all the elements you have to have. Other things to think about is.

377

00:44:47.730 --> 00:44:50.820

How when was the last time it was updated?

378

00:44:50.820 --> 00:45:03.835

So, if it's been months, since it was updated, it needs to be updated. If it's been in place for a long time and things are getting worse. It staff are actually doing it as intended it working and it needs to be updated.

379

00:45:04.764 --> 00:45:14.965

Other things to think about is if nobody knows the staff are doing it. That's also a conversation. So, how do you make sure that if if this is what the strategies are, that staff are doing it? And how do you know that they're doing it? And.

380

00:45:16.320 --> 00:45:23.489

If you don't have that information, you really have no idea whether it, the strategies would or wouldn't work because you don't know what's been done.

381

00:45:23.489 --> 00:45:33.750

So, that's where I would that's where I would start. Usually if people make sure that plans have all the elements, and that they're updated.

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00:45:33.750 --> 00:45:40.289

Frequently that usually is a pretty good indicator on on whether.

383

00:45:40.289 --> 00:45:43.500

They're going to work or could work, or or.

384

00:45:43.500 --> 00:45:46.920

Could be, it may be an indicated that teams just need help.

385

00:45:46.920 --> 00:45:56.275

And if you have revised the plan a few times, and it's just not working, you're having to go to that crisis response. Every single time need help.

386

00:45:56.364 --> 00:46:02.275

You need to ask for additional help from a behavior analyst, not from the behavior resource team, or the.

387

00:46:03.570 --> 00:46:15.929

You might ask for some help from the area behavior analyst but more than that, you need you need the person who needs applied behavior analysis services to help them individually the regional office.

388

00:46:15.929 --> 00:46:29.699

Loves to help teams in need, but we simply don't have the resources to be the safety crisis consultants for everybody. And so that's why we're doing these trainings that's helping. You get the skills and we're helping you identify when you need extra help.

389

00:46:29.699 --> 00:46:34.889

An extra health is ABA services Andrea sent in.

390

00:46:34.889 --> 00:46:46.920

Do you have recommendations on supporting individuals the transitions and transitions happening around them? So specifically what she's saying is the person themselves isn't moving, but maybe a housemate is moving.

391

00:46:46.920 --> 00:46:52.590

In or out or around them, how do you support them? So.

392

00:46:52.590 --> 00:47:00.420

I think many of the same things that we're talking about now, person centered just really good person centered, planning. So thinking about, you know.

393

00:47:00.420 --> 00:47:08.760

How you would feel is a good starting spot about how you would feel about people moving in and out of your house and what things would help. You feel better about it and.

394

00:47:08.760 --> 00:47:19.224

How having them help you guide what they need to to be supported and thinking about, why are people getting moved in and out if people are getting moved in and out of this person's house? Because the person's hard to live with.

395

00:47:19.585 --> 00:47:24.114

Well, then that probably speak to some challenging behavior on their part and.

396

00:47:24.449 --> 00:47:32.400

Teams should consider what they need to do to support that person. Does that person this anti Christ plan? Does that person need additional skills training? Does that person need it?

397

00:47:32.400 --> 00:47:42.750

Applied behavior, analysis services does that person need counseling services other things that could happen? So, 1 thing that happens sometimes is people lose a housemate because the person passes away that.

398

00:47:42.750 --> 00:47:51.900

Happens unfortunately, that's also part of life and with somebody live with somebody is sometimes people pass away and.

399

00:47:51.900 --> 00:48:00.840

That might be an indicator or an opportunity to help the person with the grieving process. Maybe they need to see a counsellor to help with that.

400

00:48:00.840 --> 00:48:04.889

Maybe you should consider kind of.

401

00:48:05.485 --> 00:48:09.204

That moving somebody in is going to be a little bit touchy,

402

00:48:09.204 --> 00:48:14.905

because maybe the persons live with their old housemate for 20 years and now they're gone and so thinking about,

403

00:48:14.905 --> 00:48:22.704

what does it look like to have a new person living there and thinking about how maybe this transition process is to be extra slow with lots of visit.

404

00:48:22.704 --> 00:48:25.675

So the person can get comfortable with this new house. Nate.

405

00:48:25.949 --> 00:48:31.260

When they've been used to somebody that they've lived with almost a lifetime, 20 years.

406

00:48:31.260 --> 00:48:34.380

So, that's what I, that's what I would suggest.

407

00:48:36.744 --> 00:48:48.655

And then Rachel has a really, really, really great suggestion that she's adding into this. So thank you so much Rachel. She said she'd like to encourage all team members to ask more questions during the transition calls.

408

00:48:48.864 --> 00:48:51.954

Not just the community living coordinators, and the service coordinators.

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00:48:52.260 --> 00:48:57.960

These calls are the time to address anything that a team member is unsure of.

410

00:48:57.960 --> 00:49:08.789

So, when we talk about knowing when to slow down, if you are confused about something, ask about it, if you think something doesn't seem right or you don't think that.

411

00:49:08.789 --> 00:49:21.179

What's been done is is sufficient. That's the time to bring it up. Everybody on the team has a hasn't responsibility and obligation to suggest those things. And if you think things aren't moving in the right direction. Are you things.

412

00:49:21.179 --> 00:49:27.869

You think things are moving too quickly say something that's when that's those meetings are the time to problem solve those.

413

00:49:27.869 --> 00:49:38.429

Katie's saying that they utilize the home matrix tool to set up households when people together.

414

00:49:38.429 --> 00:49:47.610

And so the housemates can look at roles and see if there's anything they want to talk about change on a regular basis that it's awesome. I, I.

415

00:49:47.610 --> 00:50:01.980

Think that would be a helpful tool to have so that yeah, I love that. I think so that has so many more benefits beyond just making sure a transition successful. That's teaching life skills. That's teaching self management. That's teaching people to be independent and.

416

00:50:01.980 --> 00:50:05.219

Um, part of communities is being able to successfully live.

417

00:50:05.219 --> 00:50:12.510

In the community and with another person. So I think that's fantastic. That's not just good for transitions. That's just good for.

418

00:50:12.510 --> 00:50:17.489

Life skills that should be helping people learn.

419

00:50:22.769 --> 00:50:29.849

Amber has a good comment that making sure those medical records transfers to sometimes.

420

00:50:29.849 --> 00:50:33.300

Agencies don't actually get medical history.

421

00:50:33.300 --> 00:50:37.710

That on a person that is incredibly important point.

422

00:50:37.710 --> 00:50:50.130

Those things are critical and we need to continue to be followed up on. So, if you, if a transition happens and something doesn't come with the person.

423

00:50:50.130 --> 00:50:57.179

That would be the time to to follow up with the team and to make sure you're letting the regional office know that.

424

00:50:57.179 --> 00:51:01.409

You're missing critical information about this person.

425

00:51:07.650 --> 00:51:11.099

Do you want to take K's question?

426

00:51:11.099 --> 00:51:20.789

Suggestion yes, I'm scrolling through trying to find where we're at now. Okay so okay. Says that.

427

00:51:20.789 --> 00:51:33.119

Training all staff, how to monitor transition is also in a necessity. So, making sure that support coordinators supervisors are trained on how to assist in asking those tough questions.

428

00:51:33.119 --> 00:51:45.809

The Guardian, current provider, and the support coordinator know the individual, the best and that is so so true. So that's why it's very, very important that everybody involved in the care for the person.

429

00:51:45.809 --> 00:51:49.800

Is involved in the transition process, so that.

430

00:51:49.800 --> 00:51:58.320

Um, those people that know know the person best, including the person are able to ask questions and help with problems developing around.

431

00:52:02.760 --> 00:52:06.300

And then Tina says that.

432

00:52:06.300 --> 00:52:19.110

Um, she's a parent of someone who is going to be transitioning to residential services in the near future, and that this information will help them make the best choices by asking.

433

00:52:19.110 --> 00:52:26.250

The right questions and so this, this, we talked a lot today about moves between providers or within a provider.

434

00:52:26.250 --> 00:52:33.300

But this is also applicable for folks that are moving from natural home into residential services.

435

00:52:33.300 --> 00:52:41.099

And I think the key just to keep hammering at home is there's, there's no secret sauce. There's no magic.

436

00:52:41.099 --> 00:52:46.320

Really what it takes to make a transition successful is just really good person centered planning.

437

00:52:46.320 --> 00:52:52.829

So, it's just doing those basics really, really well, and sticking with it to make sure those things are happening.

438

00:52:52.829 --> 00:53:03.000

And it's not easy, and sometimes there are situations that make it way more difficult because we're under a constraint and people need to move quickly for whatever reason.

439

00:53:03.000 --> 00:53:06.869

Um, but I would, I would I would push back a little bit to.

440

00:53:06.869 --> 00:53:15.059

To think about bigger picture, what does this what does this person need to have a forever home or as close to it forever home as we can get.

441

00:53:15.059 --> 00:53:26.519

And am I willing to sit in the discomfort of this transition taking longer than people wanted to in order to get these supports in place that will help this person be successful?

442

00:53:26.519 --> 00:53:38.820

Um, and I would, I would recommend that if I were, if you are a resident provider that you be willing to say, no are pulled up or wait a little bit.

443

00:53:38.820 --> 00:53:42.780

Um, because.

444

00:53:42.780 --> 00:53:49.260

As we talked about, if those things aren't in place, it doesn't matter if you're the best resident provider in the world.

445

00:53:49.260 --> 00:53:55.230

I'm assuming that you all are doing a really good job, but if a person needs more than just.

446

00:53:55.230 --> 00:54:05.460

Residential services, more than just a good place to live and a good quality of life. They need other services in addition to that it can't be successful. If those things aren't in place. Even if they have a really good place to live.

447

00:54:05.460 --> 00:54:11.880
Lindsay made a good comment about.

448
00:54:11.880 --> 00:54:19.139
Sometimes providers will accept a person that has.

449
00:54:19.139 --> 00:54:27.000
Um, a lot of behavioral incidents, and when asks questions, they'll say, well, we had.

450
00:54:27.000 --> 00:54:32.969
People like this before we can handle it. So what might be some good prompting questions to.

451
00:54:32.969 --> 00:54:39.030
Dig into into whether the provider is really prepared and I think.

452
00:54:39.030 --> 00:54:51.420
Asking questions like, is there a safety crisis plan? Can we see that? Is there a, can we look at that? And then also our staff trained on crisis management.

453
00:54:51.420 --> 00:54:56.280
Techniques you have, can we see your staff training? Well.

454
00:54:56.280 --> 00:55:05.039
Those might be questions that would help show whether they have the systems in place to be successful with the person.

455
00:55:16.860 --> 00:55:22.860
And I think there's 1 more that was sent just to me and.

456
00:55:22.860 --> 00:55:26.070
Don is asking.

457
00:55:26.070 --> 00:55:36.599
How we might get more behavioral providers contracted with the state and that is the 1M dollar question of the day.

458
00:55:36.599 --> 00:55:40.380
I don't know Lucas, if you want to answer that 1.

459

00:55:40.380 --> 00:55:45.119

I'm sorry, my, my sound cut out just for a 2nd. Could you repeat the question?

460

00:55:45.119 --> 00:55:52.650

Donna is asking how we might get more behavioral service providers contracted with the state.

461

00:55:52.650 --> 00:56:00.480

Yeah, that's a hard question. There's definitely way more need than there is services.

462

00:56:00.480 --> 00:56:10.800

I don't have a great answer for how to get more, but I would say that you should be thinking about what's available when people move. So, if a person needs behavior services and.

463

00:56:10.800 --> 00:56:23.364

That team is considering a resident provider in the middle of nowhere that has no behavior services in that area that should be probably a hard stop for the team to think about is that the right move?

464

00:56:23.485 --> 00:56:31.375

So, again, this is about long term versus short term so short term yeah, we can find some places person to go, but in the long term, it's not going to work.

465

00:56:31.679 --> 00:56:42.210

And the person probably has a history of it not working because this, because people have continued to take a short term view of the situation, rather than what works best for the person longterm.

466

00:56:42.210 --> 00:56:56.429

And Rita, Rita makes a good point about. It's also not just about more more behavior providers, but also better quality. And 1 of the things that we also are working on is, how do we help behavior providers.

467

00:56:56.429 --> 00:57:01.110

Better support the people that they provide services to.

468

00:57:01.110 --> 00:57:10.110

Behavior analysts are pretty smart, but that doesn't mean that they have expertise in every single situation that could come up or every single.

469

00:57:10.110 --> 00:57:17.219

Um, kind of problem and so, 1 of the roles that the behavior team plays is how to help behavior analyst.

470

00:57:17.219 --> 00:57:22.530

Recognize when they need some additional consultation, how to grow and build their skills as well.

471

00:57:22.530 --> 00:57:34.650

And then, okay, it looks like asked it 1 more question about who can ask for the staff training log. I don't know why it would be a secret. So, I'm going to say that anybody in the planning team should be able to bring that as a question up.

472

00:57:34.650 --> 00:57:39.059

Again, this isn't as I got you or.

473

00:57:39.059 --> 00:57:43.949

As a period of thing, it's just, hey, you know, can I see.

474

00:57:43.949 --> 00:57:50.639

The staff log, just I just want to check off my box here that staff got trained. So I don't know why it would be a problem for.

475

00:57:50.639 --> 00:58:04.769

Anybody on the planning team during the transition to inquire about documentation for a service, being requested staff, being trained an appointment happening. Like, I don't know why those things would be a problem and I don't know why anybody could couldn't ask.

476

00:58:04.769 --> 00:58:17.849

And then cases, so, at what point do we consider the, or not the right providers of residential service that the mental health diagnosis are more prevalent incident? Yeah. I don't know. So.

477

00:58:17.849 --> 00:58:22.230

Dd services are what they are. We, we are.

478

00:58:22.230 --> 00:58:29.519

We are a major thunder of services for individuals with developmental disabilities and intellectual disability.

479

00:58:29.519 --> 00:58:33.000

We have additional.

480

00:58:33.000 --> 00:58:45.059

On specialized services in our kind of umbrella of services. 1 of those being applied behavior analysis services. You all might be aware that in the near future less than a year, we're no longer going to.

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00:58:45.059 --> 00:58:51.809

Um, covering under the waiver counseling services, which will still be under male Health Net. So we don't have a lot of.

482

00:58:51.809 --> 00:58:58.920

Specialized services around mental health concerns. However, most of our.

483

00:58:58.920 --> 00:59:03.179

Individuals that have mental health concerns. Probably all of them would qualify for.

484

00:59:03.179 --> 00:59:06.269

Treatment through a local mental health center.

485

00:59:06.269 --> 00:59:09.329

Now, they don't do residential, but they do have treatment services.

486

00:59:09.329 --> 00:59:17.849

And so that's a really good question. I don't know the answer to that. K, but I do think that we should be considering what people need and if people need.

487

00:59:17.849 --> 00:59:30.929

Mental health concerns, and that we should try to get those met and we have an entire division as part of the departmental health. It's related to behavioral health. It's division of behavioral health and they run many.

488

00:59:30.929 --> 00:59:37.860

Mental health centers around the state that, um, if people qualify, they can get help from.

489

00:59:37.860 --> 00:59:46.800

And we should take advantage of those things and I know that sometimes people will say, well, you know, they won't take anybody who has D or and.

490

00:59:47.125 --> 01:00:01.974

That certainly has been true in the past, but 1 of the things that we've really tried to work on in the last couple years is helping them see that. They do have the expertise to help individuals. Even if they have intellectual development disability.

491

01:00:01.974 --> 01:00:03.204

And we have actually an entire.

492

01:00:04.045 --> 01:00:16.764

Personal organization that we recently launched called Missouri alliance for newly diagnosed, that really is focusing on how to help clinicians recognize that they can, they can successively support people that have both mental health concerns.

493

01:00:16.764 --> 01:00:21.655

And so that's what I would say about that the only the only option we really have is just become better at.

494

01:00:21.989 --> 01:00:30.059

Um, support planning for people and making sure we can reach into all of those services that a person needs. So, which means recognizing that a person.

495

01:00:30.059 --> 01:00:35.670

Could probably access services outside of the division of DD and it's probably in the division of behavioral health.

496

01:00:42.599 --> 01:00:48.539

It looks like we have covered all the questions and comments in the chat box.

497

01:00:48.539 --> 01:00:53.610

If you have any further questions, feel free to email and Lucas or myself.

498

01:00:53.610 --> 01:00:59.460

And we'll be sending out a follow up thing for additional support.

499

01:00:59.460 --> 01:01:06.239

In the future, so thank you all for joining us today. It was awesome to get to talk to all of you and.

500

01:01:06.239 --> 01:01:09.750

Hear your thoughts around moving.

501

01:01:09.750 --> 01:01:13.980

Thank you all very much.