

WEBVTT

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00:00:01.560 --> 00:00:09.868

So my name is re, Evans, I'm the director verse prevention and with me, I have Nicole Jones. I'll let her introduce herself.

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00:00:09.868 --> 00:00:15.118

Hi, my name is Nicole Jones and I'm the Western area of risk prevention lead.

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00:00:16.469 --> 00:00:25.019

And we are going to talk to, you guys about some transition process updates we're gonna start with going over. What's changed so far.

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We'll move forward to what I'm going to change, starting in January and then some ongoing in the works stuff that we have.

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Happening.

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So, to start, these are the things that have changed so far.

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We back in July, went from 10 teams to 3 that back each other up statewide.

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We did this to help equalized case loads amongst our risk prevention team because we had.

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Some areas, some team members that had caseloads 2 and other team members that had case loads of 150.

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And so this really helped us equalize.

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Caseloads to where everyone has the same amount.

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We went from in that process, we also had the division is doing some organizational efficiency updates and we had some folks that were in dual roles and so in, and teasing out what their dual roles were.

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We went from 15 to 9 consultants, and 3 leads as some of those folks that were doing dual roles, went to different teams within the division.

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We created a central mailbox for, um, transitions to come to our team instead of going straight to that frontline staff. This was essential for us to have those equal caseloads.

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So that we would know who to assign the next case to.

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Um, so we have a dashboard that we look at that has everybody's current case numbers, and we assign based on whoever has the lowest.

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Caseload currently on that part of the state.

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00:02:11.490 --> 00:02:14.639

We went from being called the.

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Community living coordinators to now risk prevention consultants since we're part of the tier 2 risk prevention team it just made a lot of sense to have that United, um, name rather than.

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Um, confusing folks on who is part of what.

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We also decrease the number of consultants on transition calls.

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Previously, previous to July, we had 2 consultants on calls on, on on transition calls at all times with the sending and the receiving. We now just have the assigned risk prevention consultant on the call.

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00:02:55.319 --> 00:02:58.469  
Um, we also asked that.

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00:02:58.469 --> 00:03:13.289  
When providers, um, serve 30 day, notice to regional offices that the risk prevention area lead is included. The rationale behind that change was because, um, we get so many transition requests.

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00:03:13.495 --> 00:03:23.125  
On a daily basis that we want to make sure that those 30 day notices that are really time sensitive go straight to the area leads that way.

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00:03:23.335 --> 00:03:29.185  
Um, it can be assigned immediately rather than sitting in that inbox that has a lot of incoming.

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00:03:29.460 --> 00:03:37.110  
Um, requests I mentioned a little bit ago we have a transition management and dashboard internal.

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For all things transition related so it has.

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00:03:40.319 --> 00:03:46.680  
Easy to read readily available real time information related to the consumer referral database.

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00:03:46.680 --> 00:03:50.520  
It has, um, all of our case.

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00:03:50.520 --> 00:04:03.330  
Assignments some updates for each case, how progress is going where things are at if cases are stuck in need, um, central office leadership support. We have that on that dashboard as well.

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00:04:03.330 --> 00:04:12.389  
And this gets shared regular regularly with central office leadership so that we're all on the same page and know where things are at.

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00:04:12.389 --> 00:04:17.639  
We also have a transition's web page.

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With all of the transition related forms and resources now in 1 spot. So that support coordinators in.

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Um, risk prevention team members aren't having to go hunting around the division webpage to try and find those resources. They're all in 1 spot.

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And then we've really worked pretty hard to try and create a.

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Um, open safe community with all stakeholders.

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00:04:44.999 --> 00:04:53.158

So, that feedback is regularly, um, given and received we have, um, voices from all the different.

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Parties whether it's a support coordinator at risk prevention consultant, um, a person who's moving or guardian.

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00:05:00.473 --> 00:05:09.384

Um, we've tried to really create this community where everybody's voice can be heard and we can problem solve complain, celebrate what's working.

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00:05:09.774 --> 00:05:21.834

And we have many different avenues in which we're doing that. So we have our transition coffee and chat, which on these slides later, when they're posted to the division web page, you can click on that link can go.

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00:05:22.194 --> 00:05:26.153

There will be a joint event button for that coffee and chat.

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00:05:26.519 --> 00:05:40.528

We also have work groups with stakeholders that are working through what we want our future resources to look like, what we want the checklist to look like, what we want the manual to look like things like that.

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00:05:40.528 --> 00:05:48.358

That way everybody's, I mean, those resources are meant to make everyone's jobs easier and so making sure.

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That they are is really important and then, um, we also have been sending out several.

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00:05:55.139 --> 00:06:09.778

We send out surveys after each coffee and chat for those that don't feel comfortable speaking to a live audience. Um, or or speaking up in front of a big group. Um, they could also anonymously give their feedback via survey.

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And then I know Nicole recently sent out a survey specific to state support coordinators.

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And we're currently analyzing the responses from that.

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So that's all the things that we've done so far.

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Now, we want to talk a little bit about our 3 year plan, and the future.

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So 1 of the things we're working on, um, in January, we plan to implement this for 2022 would be.

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Targeting our individual consultation,

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so risk prevention consultants,

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being on transition calls for select moves,

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00:06:51.504 --> 00:06:56.303

rather than for every move and shifting more towards a training model,

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which I'll talk about a little bit more at the end.

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We also are going to be providing more training and support to our consultants so that they are more confident in what it takes to consult and train and provide oversight, not only to the transition process.

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00:07:13.163 --> 00:07:23.334

But also to those other tier 2 risk prevention interventions that they are now going to be responsible for providing oversight and support to as well.

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So, their job and role is expanding to be beyond transitions as we move forward over the next 3 years.

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We also, um, starting in 2023 we plan to have tier 2 interventions, packaged for providers and when I say providers, I mean, it could be support coordinators.

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It could be a behavior analyst, employment, specialist, residential providers, um, whatever service you're providing. The intervention might differ, depending on that service, but.

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00:07:56.369 --> 00:08:05.699

But the core here is, we hope to have risk prevention, interventions, packaged, which means they're off the shelf ready for you to grab and take in.

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00:08:05.699 --> 00:08:11.278

Um, implement, and they should be relatively easy to do as well.

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And we're hoping 2023 we likely will have some ready in 2022, but we want to be, um, a little lenient with ourselves with all the other changes going on and put we shot for 2023. instead.

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00:08:24.959 --> 00:08:31.769

And then after that, um, we also are establishing a regular review and feedback loop.

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Within our own team as well as with our stakeholders we've actually kind of already started that 1 with our community that we that I mentioned on the previous slide of getting feedback from everybody having regular review of are these changes

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00:08:46.823 --> 00:08:51.114

working are they not if they're not we're going to go back to the drawing table,

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00:08:51.114 --> 00:08:53.094

tweak things a little bit and try again.

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And that's part of just doing better and continuously improving.

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And then our last goal for 2024.

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00:09:04.528 --> 00:09:19.134

Would be to have easy to do assessments for risk and regular tiered meetings. So tier 2, we have tier 1 fairly well established with regular tier 1 meetings happening with positive supports consultants across the state in 2024.

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00:09:19.134 --> 00:09:29.094

we're hoping to have regular tier 2 meetings happening with tiered providers across the state as well with the risk prevention consultants.

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00:09:32.578 --> 00:09:36.448

So that's a a high level overview of our.

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00:09:36.448 --> 00:09:42.269

3 year plan, it might change over time, but this is what we're aiming for right now.

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00:09:44.339 --> 00:09:48.418

And I'm going to pass it off to Nicole, so she can talk about.

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The why behind this? Thanks.

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So, as we just provided kind of an overview of the efforts we're planning to undertake within the next 3 years, in order to shift from that individual consultation to more targeted risk prevention. So why the shift.

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The main reason is to ensure we're being more effective and efficient by developing systems that will allow us to offer supports and prevent crisis from happening. Currently we're trying to deal with crisis on an individual basis.

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And many of our efforts are reactive supports, not proactive, supports meaning we're trying to put out a fire instead of preventing the fire in the 1st place.

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This approach isn't sustainable. We want to prevent 30 day notices and reduce force moves across the state by ensuring providers have increased capacity to deal with complex individuals.

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Um, and we also want to develop systems that ensure a better quality of life. Not only for the individuals being supported, but also for the support staff.

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We also want to develop systems and support.

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00:10:53.729 --> 00:11:03.653

That work on teaching skills to individuals so that they can lead happy healthy and independent lives feels like emotional regulation, anger, management, social skills.

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00:11:03.683 --> 00:11:11.514

Mindfulness are all different package interventions that we're planning on developing, um, and making available to different service providers.

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00:11:11.759 --> 00:11:19.349

By shifting our approach to developing strong systems of support, we're going to be able to prevent crisis and reduce risk.

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00:11:19.673 --> 00:11:31.403

At the present moment, however, we're, we're trying to fish people out of the river as they're going over the waterfall and we want to shift from fishing people out of the river 1 by 1 to going up river and figuring out.

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00:11:31.433 --> 00:11:43.464



Why are they falling into the river in the 1st place and then developing systems of support to prevent them? We're falling in and heading over that waterfall. So that's a little bit of the reasoning of why we're working on this plan.

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00:11:43.918 --> 00:11:50.698

To give a good, um.

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Overview of how this will affect transitions.

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00:11:54.328 --> 00:12:02.399

This is what the transition process will look like moving forward, starting in January. This is a a visual, the entire process.

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The yellow boxes are, what has changed slightly from our current transition process, and I realize it's hard to read any details like this, but we want to show what the zoomed out picture to really show what the transition process looks like. So, people have a clearer understanding of, like.

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00:12:17.759 --> 00:12:25.889

There are a lot of steps during a transition, um, and we will be making this available on our website.

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Who will also be attaching this to the webinar when it's, um, posted for the recording but if you would like to zoom in on the left side of your screen, there should be 2 little magnifying glass icons that will pop up and the magnifying glass with the.

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00:12:40.948 --> 00:12:52.139

Positive signed in the middle of the plus sign will be the zoom inside. So you can try to zoom in. I'm going to get out of laser pointer, though, just to walk us kind of through, um, what I'm talking about.

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00:12:53.519 --> 00:12:57.298

So, um.

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00:12:57.298 --> 00:13:08.698

The transition process will be similar to what it is now, you would send in a referral to the transition's inbox there. It'll be reviewed by an area a lead.

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00:13:08.698 --> 00:13:15.563

Um, to make sure that it's complete, if it's complete, they will designate whether it's a full or partial supported transition.

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00:13:16.823 --> 00:13:25.524

A, partially supported transition are transitions where individuals are new to residential supports, or maybe they're choosing to change providers.

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00:13:26.453 --> 00:13:38.244

And a full supported transition down here is 1 of 10 different situations, funding sources and or settings that they're currently placed in.

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00:13:38.663 --> 00:13:44.813

So fully supported transitions include child, specific contracts.

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00:13:44.908 --> 00:13:58.798

Is either with children's division, or they're currently placed in a hospital. They're currently in a state operated program. They're in a psychiatric facility, or a lock facility of some kind.

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00:13:58.798 --> 00:14:05.908

Such as jail or lock nursing facilities um, they're in a crisis bed, so all those different settings, um.

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00:14:05.908 --> 00:14:12.568

Qualify for full supports there are placed in in the intensive behavioral residential program.

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00:14:12.568 --> 00:14:20.969

Or if a 30 day notice was given by a provider. So those are all the different transitions that we've received full support.

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00:14:20.969 --> 00:14:28.349

Now, moving from there, once we've designated partial or full support.

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00:14:28.349 --> 00:14:38.849

If it's partial, the, the referral will go on the, the rpc assigned, we'll monitor that and pass on any interested providers to the support coordinator.

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00:14:38.849 --> 00:14:45.808

And if there is an interest of provider, we'll go ahead and have the support coordinator.

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00:14:45.808 --> 00:14:54.958

Set up the meetings and run the transition meetings. The only difference being is that we will not be on that transition meeting.

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00:14:55.884 --> 00:15:05.303

If it's a fully supported 1, um, we will be asking for updates, especially for those 30 day notices we'll be asking for updates from the SC on what's going on.

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00:15:05.303 --> 00:15:15.744

Where are we at with stuff and trying to make sure that we're moving along we'll also be monitoring the and providing information to the support coordinator as providers express interest.

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00:15:15.808 --> 00:15:24.028

And then when it's time for the transition meeting, we've decided we're wanting to move forward. The will set up the.

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00:15:24.028 --> 00:15:31.558

Transition meetings, and we will be there to attend those meetings to provide additional consultation and support.

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00:15:31.558 --> 00:15:39.899

There will also be a slight difference in who's notifying and business offices.

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00:15:40.134 --> 00:15:42.774

So the will start helping with that.

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00:15:42.774 --> 00:15:56.333

And what will happen is the support coordinator will email the regional office contacts when there's going to be a move and the will then be the 1 responsible, um, with notifying the regional office, RN and business office of the move.

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00:15:56.879 --> 00:16:01.739

And then when it comes to the post meetings on the.

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00:16:02.004 --> 00:16:15.683

Partial supported transitions again, the support coordinator will be facilitating and we will not be on that call, but on the fully supported, we will be on the call and providing consultation during it.

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00:16:15.683 --> 00:16:20.364

So there's not much difference from what the current process is other than.

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On a fully supported transition, we're going to be doing more frequent updates based on the needs, and we'll be on those calls to help provide consultation during the transition process.

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00:16:31.708 --> 00:16:35.519

Otherwise, everything remains pretty much the same.

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00:16:37.168 --> 00:16:44.188

Switch out and so that moves us into like, what's next?

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00:16:53.698 --> 00:17:07.259

All right, thank you, Nicole. Um, so in the works, we starting February 1st, we'll have transition workshops for support coordinator supervisors to get extra training and support.

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00:17:07.259 --> 00:17:12.269

So that they can take back, um, resources and.

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00:17:12.269 --> 00:17:19.618

Do training with their team on how to implement the transition process successfully, including how to.

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00:17:19.618 --> 00:17:25.229

Um, host those transition calls when a risk prevention consultant, isn't there?

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00:17:25.229 --> 00:17:29.308

For those, um, partial supported moves and.

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00:17:29.308 --> 00:17:36.088

The Eventbrite for that is going to go out in January. We will send it via email.

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00:17:36.088 --> 00:17:40.199

Things so, if you are not signed up for the email.

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Laughs we highly recommend that you do, and we will include instructions on how to do that in our Q and a follow up.

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00:17:50.429 --> 00:17:51.743

And then with the,

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00:17:51.923 --> 00:17:52.223

um,

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00:17:52.253 --> 00:17:53.693

with these workshops,

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00:17:53.874 --> 00:17:59.874

it will also include if a support coordinator supervisor requests,

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00:18:00.114 --> 00:18:02.663

a risk prevention consultant to observe,

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00:18:02.693 --> 00:18:07.913

or provide some assistance with a couple of calls post workshop training.

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00:18:07.913 --> 00:18:19.104

So, after the workshop, then we will also provide that support as well. We'll come sit in on a couple of calls, provide some assistance, some support and feedback to the supervisor as well.

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00:18:19.584 --> 00:18:32.604

We're really trying to mirror what we're doing with tier 1 and building up effective coaching systems, building up, um, supervisors that are better able to support their team and the processes that we're.

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00:18:32.939 --> 00:18:36.028

Working on enhancing with tiered supports.

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00:18:41.219 --> 00:18:45.778

And then also in the works, the division is looking at how we can.

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00:18:45.778 --> 00:18:50.519

Um, do better with person centered transitions transitions.

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00:18:50.519 --> 00:18:57.689

So, a lot of the time, we're not seeing people on the calls for their rooms. We're not seeing, um, people.

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00:18:57.689 --> 00:19:10.469

Notified when a provider gives notice and why they gave notice and so we're really digging into that process how we can be more person centered. And, um.

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00:19:10.469 --> 00:19:19.739

Do better as we move forward and then also provider notices continue to be an issue. And so we're working as a division.

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00:19:19.739 --> 00:19:22.858

To look at when providers give notice.

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00:19:22.858 --> 00:19:26.068

Um, what best practice should look like.

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00:19:32.398 --> 00:19:45.419

All right, so I know we covered a lot today and you probably have questions, please go ahead and submit your questions either in the chat box here, or you can send those to tier 2.

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00:19:45.419 --> 00:19:52.469

At as shown here on the screen with the subject line webinar question.

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00:19:52.469 --> 00:19:54.773

And we'll get that added to the Q and a,

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00:19:55.463 --> 00:19:56.213

we'll review,

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00:19:56.213 --> 00:20:02.453

we'll follow up with that fact document we'll post the slides from today the Q and a,

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00:20:02.663 --> 00:20:03.534

as well as,

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00:20:03.564 --> 00:20:03.894

um,

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00:20:03.923 --> 00:20:16.943

a larger file version of that process map that Nicole showed earlier that was probably a little hard to read we'll post that as a standalone as well so that you can zoom in and everything will be much clearer to look at.

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00:20:17.574 --> 00:20:18.354

On the,

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00:20:18.384 --> 00:20:32.693

we'll posted on the previous webinar page as well as the tier 2 web page and the community transitions webpage that way no matter which entry point you go to you should be able to find that information.

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00:20:35.098 --> 00:20:43.229

With that I want to thank you guys for listening to us today and we look forward to continue continuing to work together.