

2.8.13 Rule 40 Advisory Committee Meeting

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**Rule 40 Advisory Committee
444 Lafayette Road, Room 3148
February 8, 2013
Agenda**

- I. Opening (9:00-9:15)
Gail Dekker
 - A. Welcome and introductions
 - B. Agenda and handouts review

- II. Update and next steps (9:15-9:30)
Alex Bartolic

- III. Survey results (Handout 2)
Suzanne Todnem

- IV. Introduction to discussion
Gail

- V. Specific question: Seat-belt adapters
Committee
(Handout 3)

- VI. BREAK (10:30-10:45)

- VII. Specific question: Arm limiters
Committee
(Handout 4)

- VIII. Closing
Gail
 - A. Thank you, thank you, thank you!

Rule 40 Advisory Committee

February 8 Meeting

Handout: “Rule 40 Advisory Committee Recommendations on Best Practices and Modernization of Rule 40” Survey Results

Purpose

Rule 40 Advisory Committee members completed an online survey to help the Department of Human Services better understand where there is consensus on the recommendations document and where we need additional discussions in order to finalize the committee’s recommendations. The survey utilized Gradients Options (see below). Each gradient is given a numerical value ranging from 1 to 6, with 1 indicating strongest endorsement. This document is a numerical analysis of the responses submitted.

Graph

The vertical axis of the graphs below indicates the number count for each selection made on a question. The horizontal axis indicates the numerical selection chosen on the survey. To the right of each graph is the question.

Table

We have included a table description of the data submitted on each question as well.

1. The first box shows the question number.
2. The second box shows the total number of responses submitted for that question.
3. The third box shows the lowest numerical value chosen for that question.
4. The fourth box shows the highest numerical value chosen for that question.
5. The fifth box shows the numerical mean (or average) of all the responses for that question.

At the end of the document, we have a compilation of the tables for all the question.

Gradient Options and Explanation

1. Endorsement:

“I support this recommendation(s).” OR “I support everything in this section.”

2. Endorsement with a minor point of contention:

“For the most part, I support this recommendation(s).” OR “I like most pieces of this section and my dislike is minimal or minor.”

3. Agreement with reservations:

“I can live with this recommendation(s), even if there are parts I do not support.” OR “There are pieces I dislike but I like more pieces than I dislike.”

4. Stand aside:

“I don’t like this recommendation, but I will support the majority’s decision.” OR “There are more pieces I dislike than pieces I like but I will defer to the majority of the group.”

5. Formal disagreement but willingness to support the majority:

“I want my disagreement noted in writing, but I don’t want to hold up the majority of the group.”

6. Formal disagreement without support:

“I can’t support this recommendation(s) and I do not support the majority’s recommendation(s).”

Survey participants, in alphabetical order:

Steve Anderson

Tim Moore

Gloria Steinbring

Kay Hendrikson

Leanne Negley

Colleen Wieck

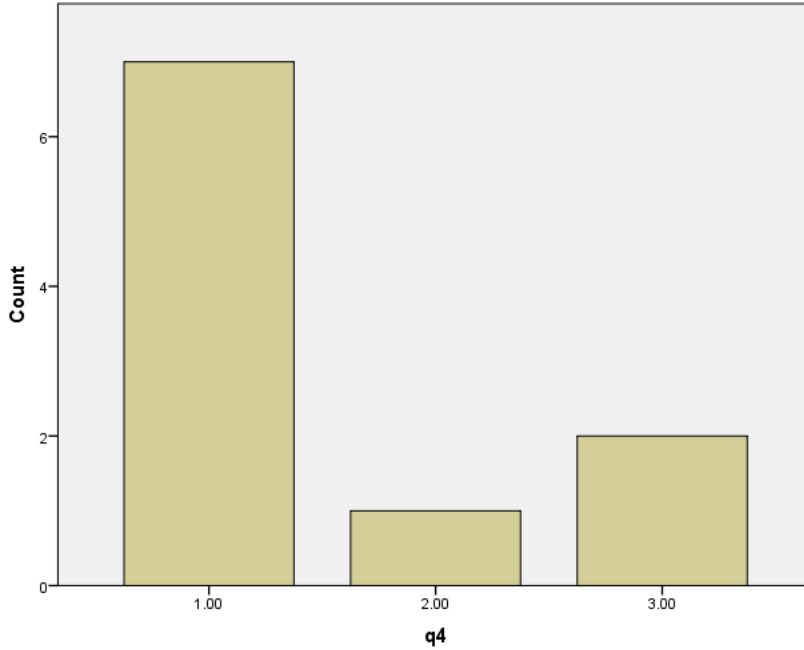
Barbara Kleist

Kelly Ruiz

Pat Kuehn

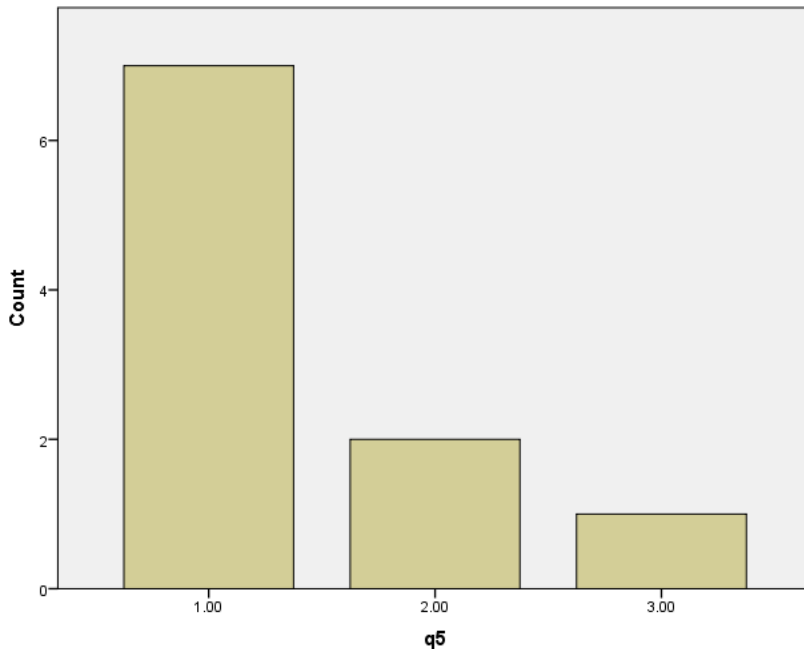
Bonnie Jean Smith

Survey Results – A Graphic View



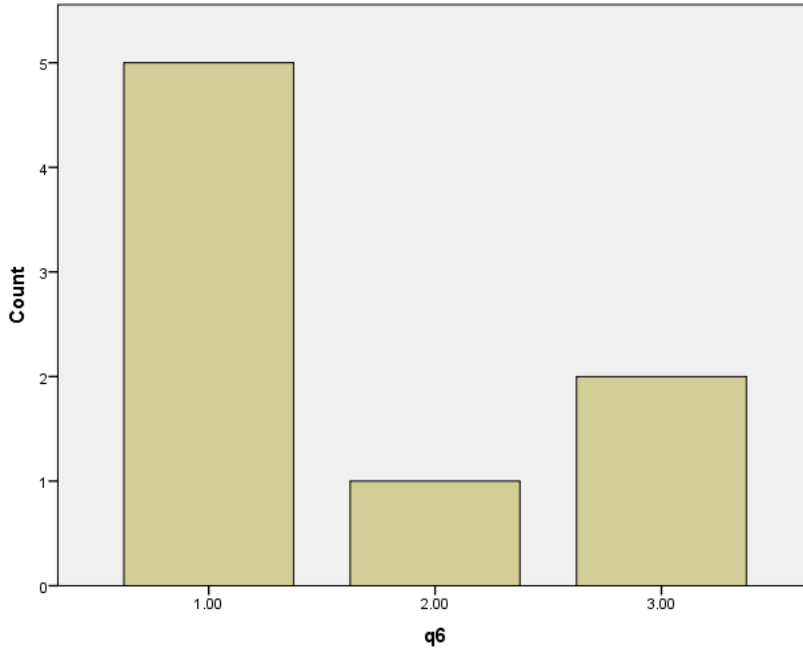
4. Summary (page 6). This section is intended to be a high-level summary of the process and the Advisory Committee’s main recommendations. Please indicate your level of support for this section by selecting an option below. If you wish to comment, please do so in the text box below.

Question no.	Total responses	Lowest entry	Highest entry	Mean
Q4	10	1	3	1.500



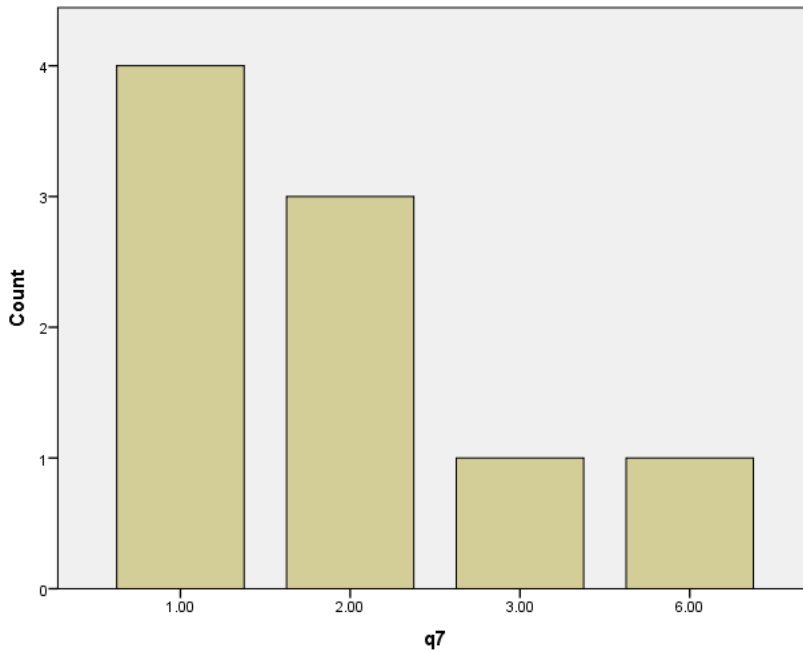
5. Values and Mission section (page 7). Looking at this section as a whole, please indicate your level of support by selecting an option below. If you wish to comment, please do so in the text box below.

Question no.	Total responses	Lowest entry	Highest entry	Mean
Q5	10	1	3	1.400



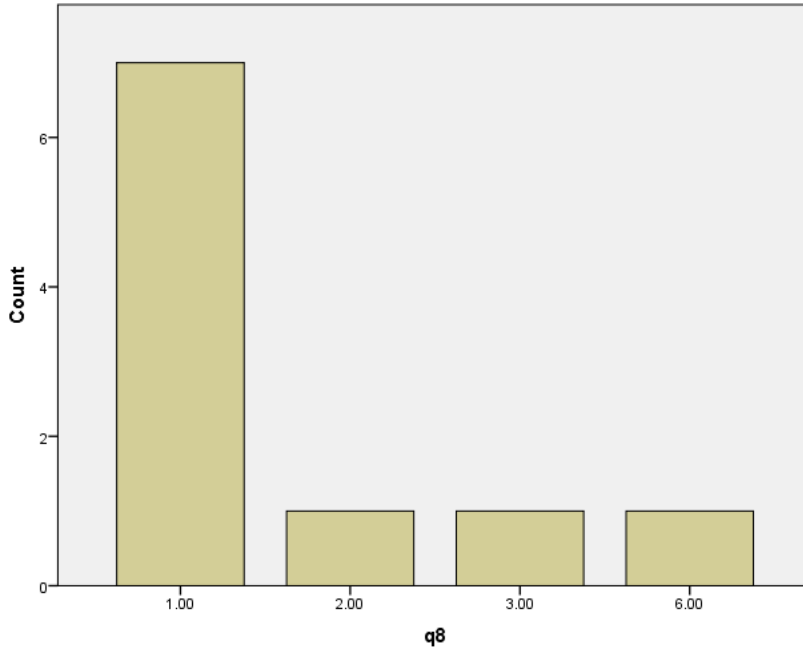
6. Rule 40 Advisory Committee section (pages 8-12). This section is intended to be descriptive of the committee’s composition and work process. Please indicate your level of support by selecting an option below. If you wish to comment, please do so in the text box below.

Question no.	Total responses	Lowest entry	Highest entry	Mean
Q6	8	1	3	1.625



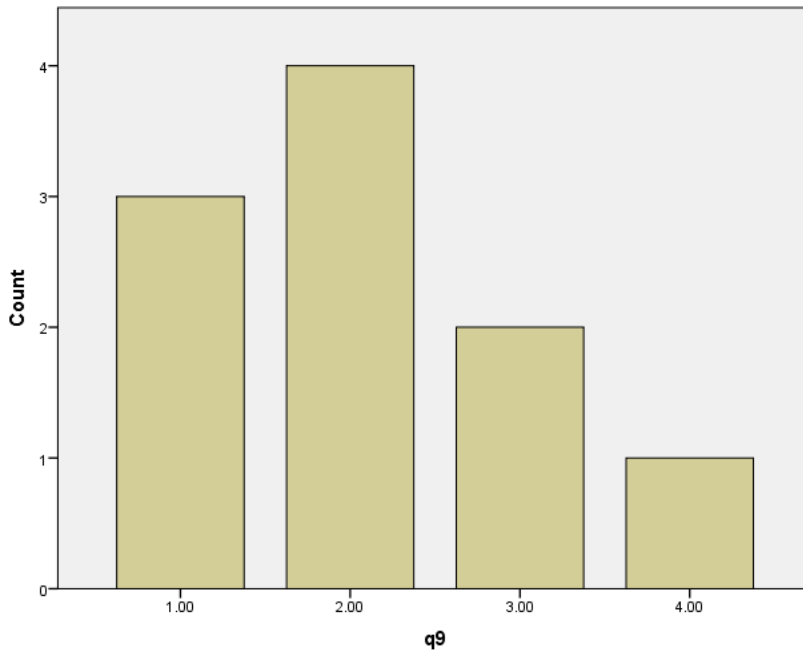
7. Overview of Advisory Committee Recommendations section (pages 13-14). Looking at this section as a whole, please indicate your level of support by selecting an option below. If you wish to comment, please do so in the text box below.

Question no.	Total responses	Lowest entry	Highest entry	Mean
Q7	9	1	6	2.111



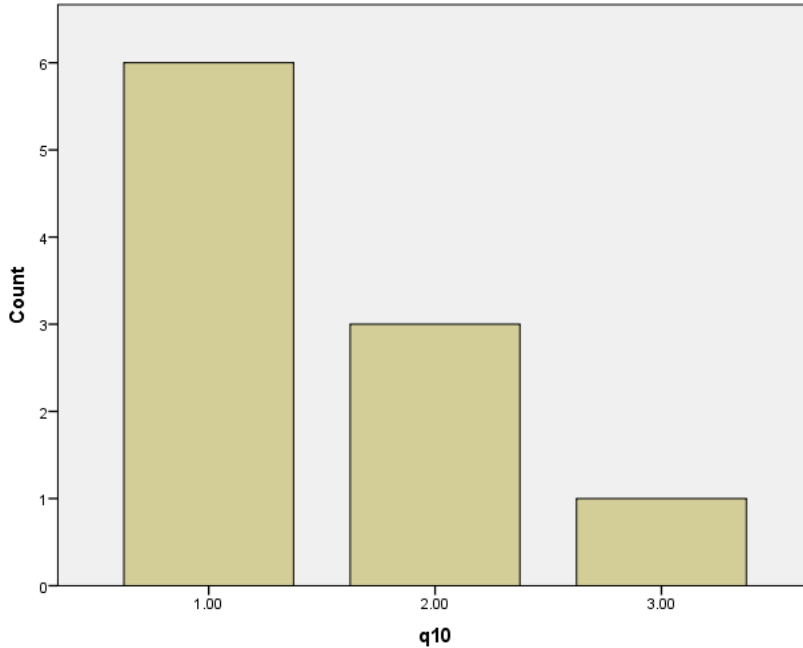
8. General Recommendations section (page 14). Looking at this section as a whole, please indicate your level of support by selecting an option below. If you wish to comment, please do so in the text box below.

Question no.	Total responses	Lowest entry	Highest entry	Mean
Q8	10	1	6	1.800



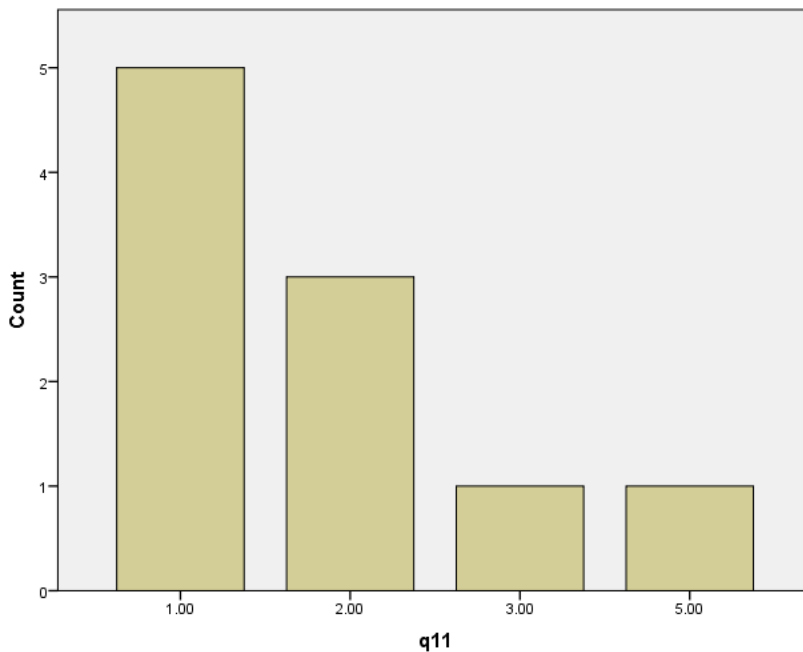
9. Positive Support Strategies section (pages 16-18). Looking at this section as a whole, please indicate your level of support by selecting an option below. If you wish to comment, please do so in the text box below.

Question no.	Total responses	Lowest entry	Highest entry	Mean
Q9	10	1	4	2.100



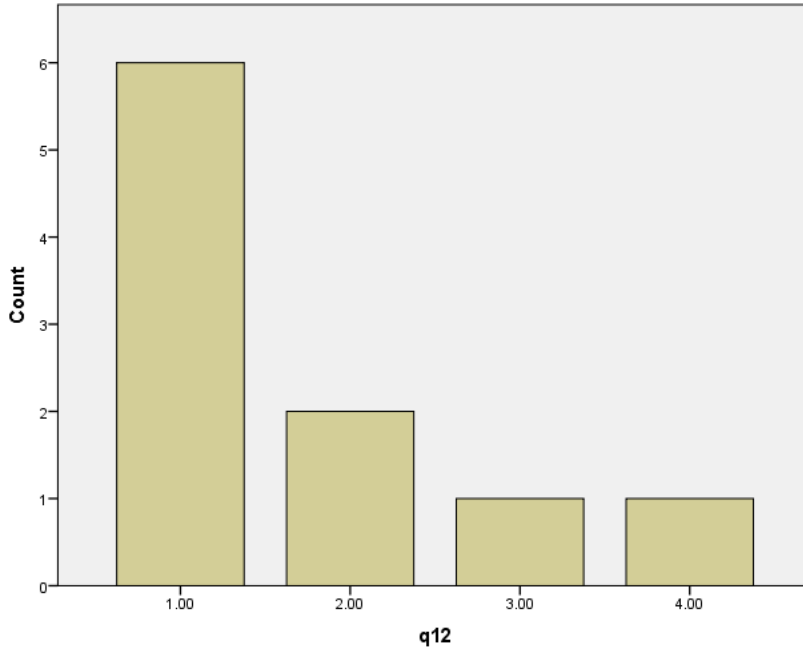
10. Person-centered Planning section (pages 18-19). Looking at this section as a whole, please indicate your level of support by selecting an option below. If you wish to comment, please do so in the text box below.

Question no.	Total responses	Lowest entry	Highest entry	Mean
Q10	10	1	3	1.500



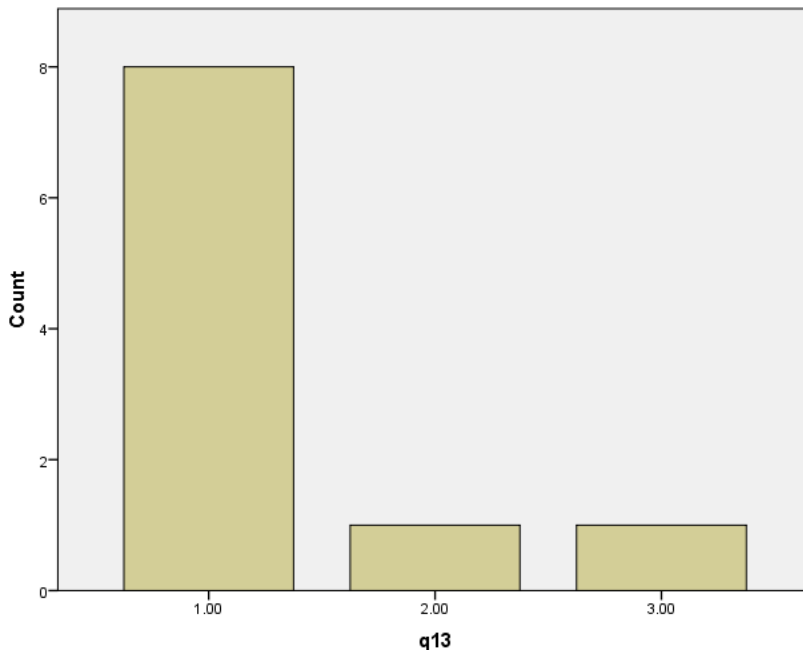
11. Permitted Techniques section (pages 19-20). Looking at this section as a whole, please indicate your level of support by selecting an option below. If you wish to comment, please do so in the text box below.

Question no.	Total responses	Lowest entry	Highest entry	Mean
Q11	10	1	5	1.900



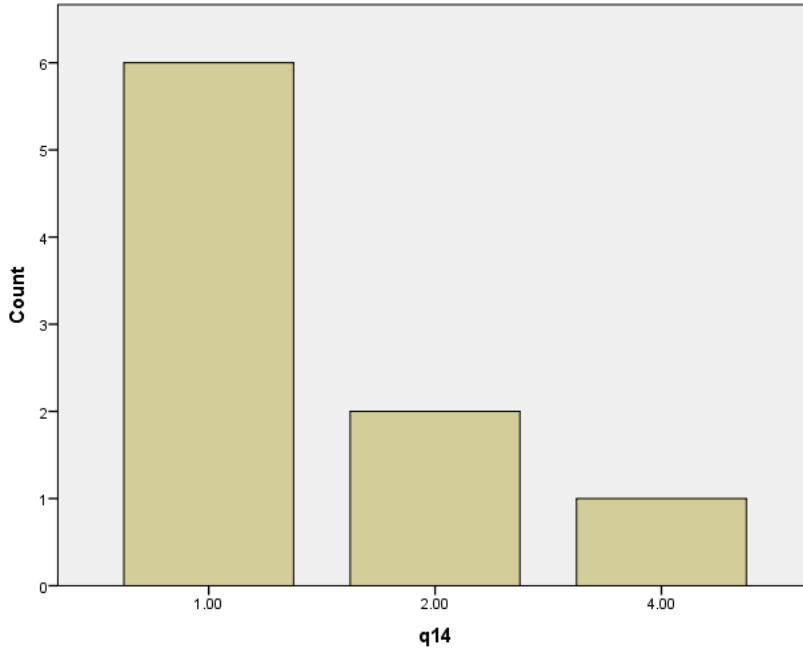
12. Permitted technique number 2 on page 19 (Temporary use of mechanical restraints for persons with serious self-injurious behavior coming from unregulated settings to DHS-licensed services with a plan designed to eliminate the use of mechanical restraints and overseen by professional staff and subject to reporting requirements). Please indicate your level of support for this recommendation by selecting an option below. If you wish to comment, please do so in the text box below.

Question no.	Total responses	Lowest entry	Highest entry	Mean
Q12	10	1	4	1.700



13. Permitted technique number 10 on page 20 (Temporary withholding or removal of objects being used as a weapon). Please indicate your level of support for this recommendation by selecting an option below. If you wish to comment, please do so in the text box below.

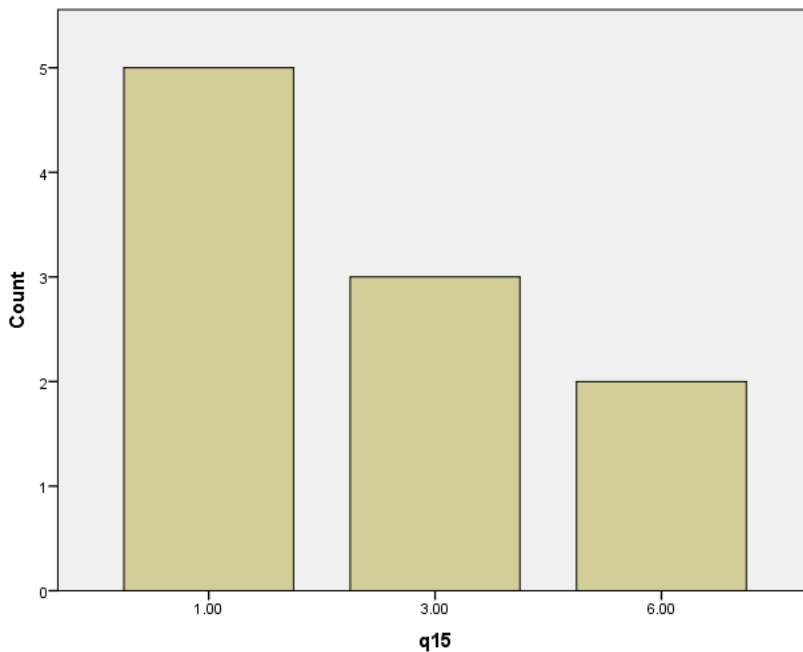
Question no.	Total responses	Lowest entry	Highest entry	Mean
Q13	10	1	3	1.300



14. Permitted technique guided escort discussed on page 20.

Some committee members recommend including guided escort as a permitted technique. Please indicate your level of support by selecting an option below. If you wish to comment, please do so in the text box below.

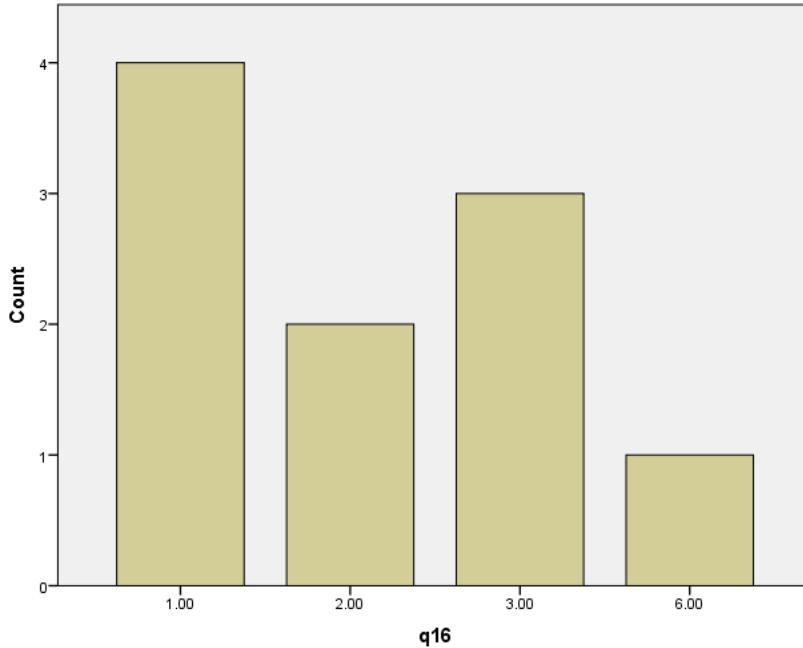
Question no.	Total responses	Lowest entry	Highest entry	Mean
Q14	9	1	4	1.556



15. Permitted technique: seat belt restraints discussed on page 20.

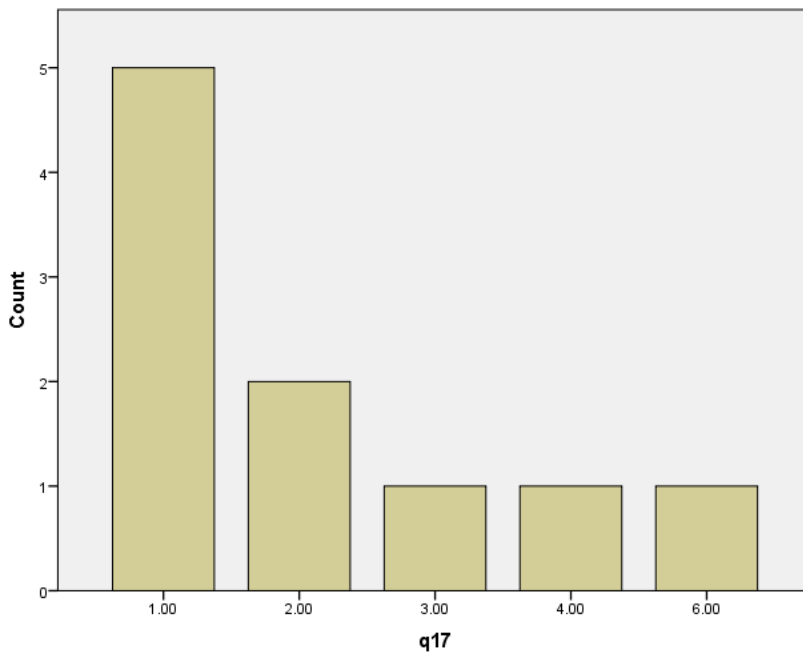
Some committee members recommend including seat belt restraints when used for safety during transporting as a permitted technique. Please indicate your level of support by selecting an option below. If you wish to comment, please do so in the text box below.

Question no.	Total responses	Lowest entry	Highest entry	Mean
Q15	10	1	6	2.600



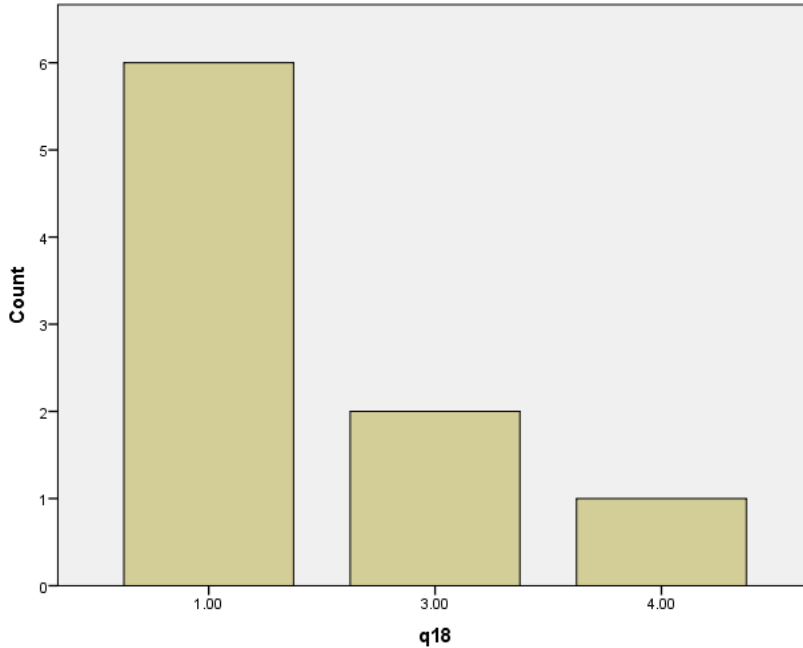
16. Prohibited Techniques section (pages 20-22). Looking at this section as a whole, please indicate your level of support by selecting an option below. If you wish to comment, please do so in the text box below.

Question no.	Total responses	Lowest entry	Highest entry	Mean
Q16	10	1	6	2.300



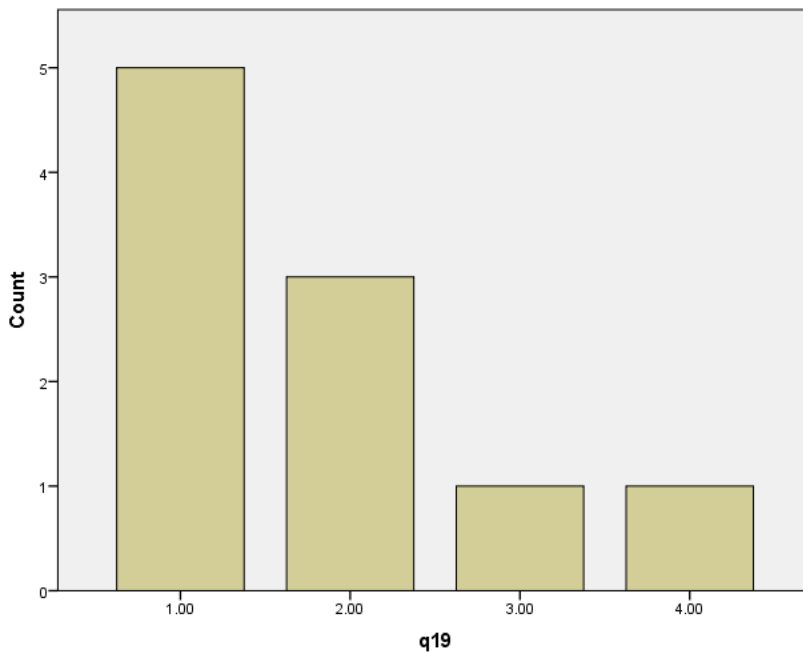
17. Prohibited technique number 1 on page 20 (Use of mechanical restraint) and discussion reflected on page 22. Some committee members recommend permitting the use of arm limiters, although a mechanical restraint, when such use is under the care of a highly qualified mental health professional and when used to prevent serious self-injurious behavior. Please indicate your level of support for this recommendation by selecting an option below. If you wish to comment, please do so in the text box below.

Question no.	Total responses	Lowest entry	Highest entry	Mean
Q17	10	1	6	2.200



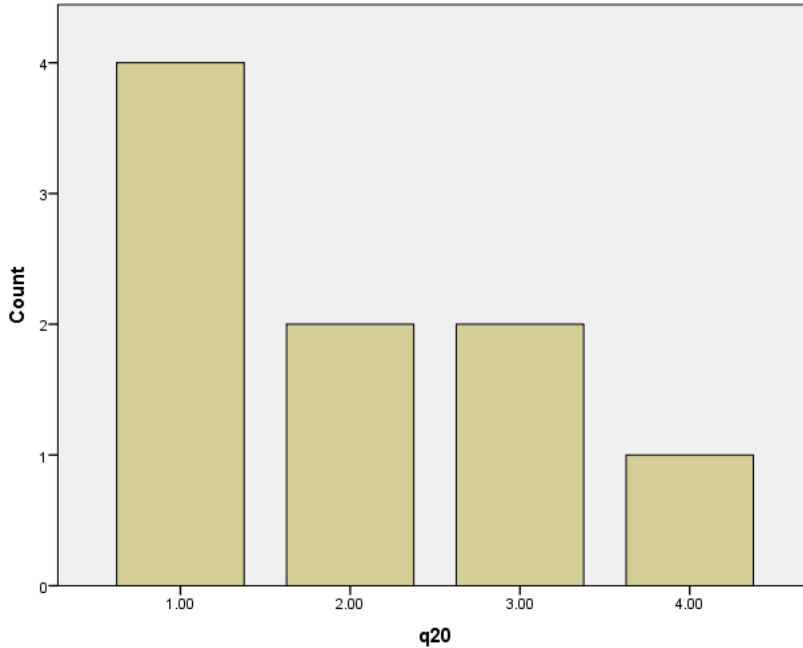
18. Prohibited techniques numbers 11 and 12 on page 21 (Token reinforcement programs that require the person to earn normal goods and services; All level programs that move a person down the hierarchy of levels or use a response cost procedure). Please indicate your level of support for these recommendations by selecting an option below. If you wish to comment, please do so in the text box below.

Question no.	Total responses	Lowest entry	Highest entry	Mean
Q18	9	1	4	1.778



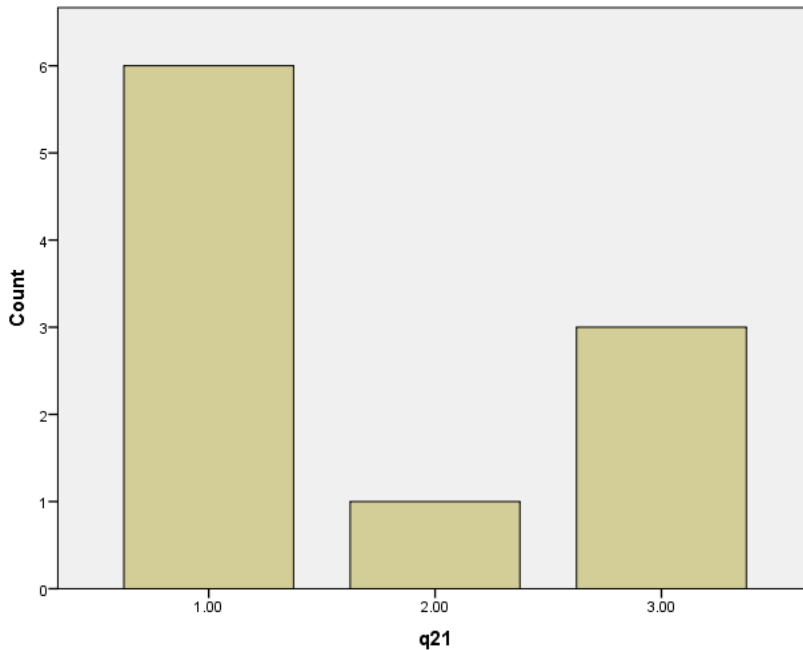
19. Emergency Use of Manual Restraint section (page 22). Looking at this section as a whole, please indicate your level of support by selecting an option below. If you wish to comment, please do so in the text box below.

Question no.	Total responses	Lowest entry	Highest entry	Mean
Q19	10	1	4	1.800



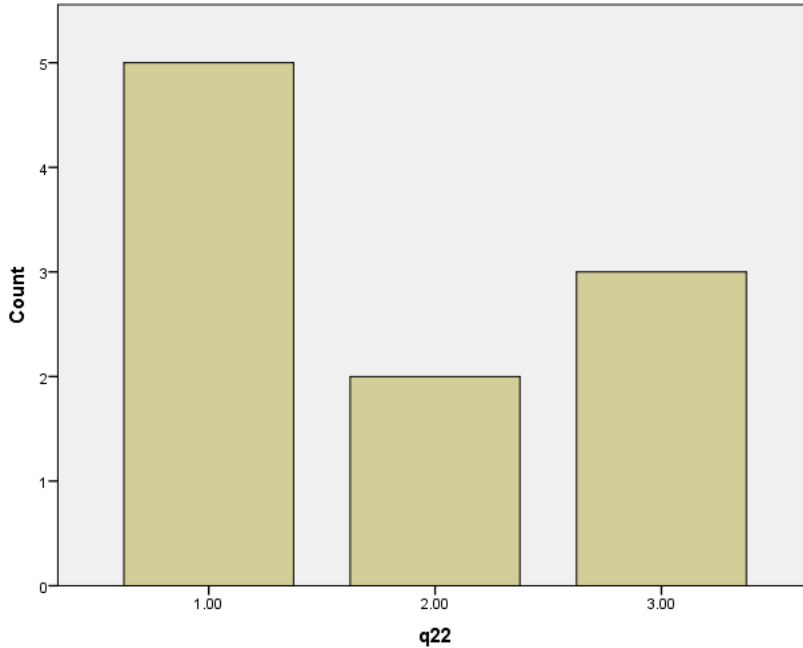
20. Temporary Use of Mechanical Restraint for Self-Injurious Behavior section (page 22). Looking at this section as a whole, please indicate your level of support by selecting an option below. If you wish to comment, please do so in the text box below.

Question no.	Total responses	Lowest entry	Highest entry	Mean
Q20	9	1	4	2.000



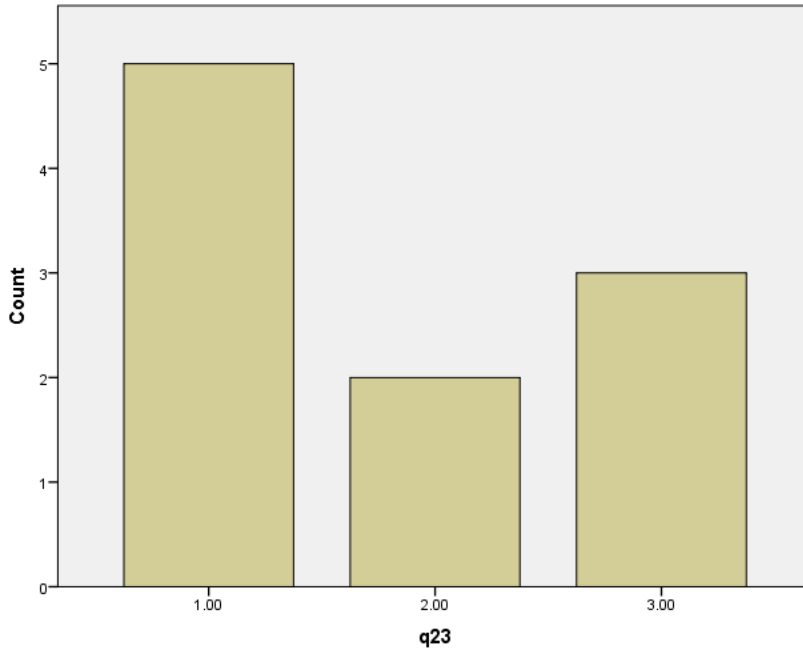
21. Staff Training section (pages 23-26). Looking at this section as a whole, please indicate your level of support by selecting an option below. If you wish to comment, please do so in the text box below.

Question no.	Total responses	Lowest entry	Highest entry	Mean
Q21	10	1	3	1.700



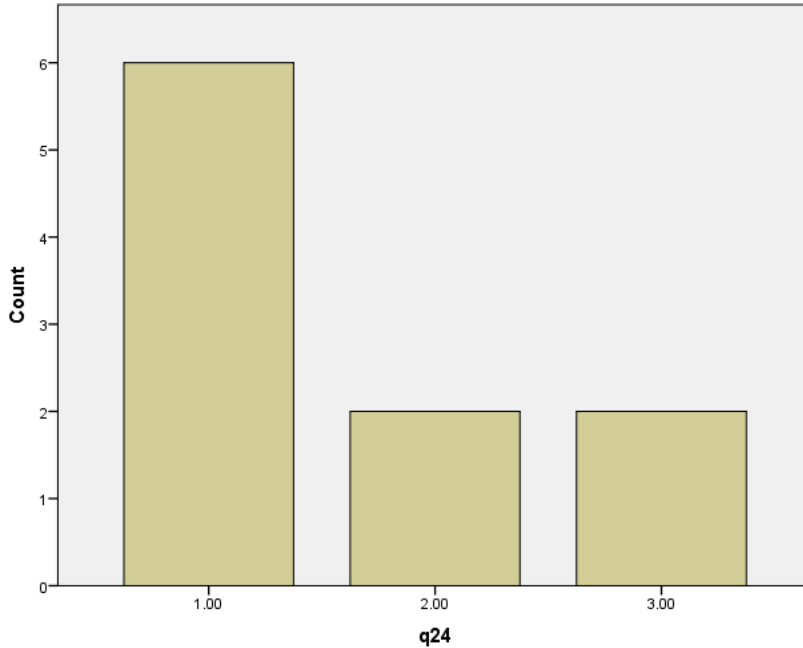
22. Reporting and Notifications section (pages 27-28). Looking at this section as a whole, please indicate your level of support by selecting an option below. If you wish to comment, please do so in the text box below.

Question no.	Total responses	Lowest entry	Highest entry	Mean
Q22	10	1	3	1.800



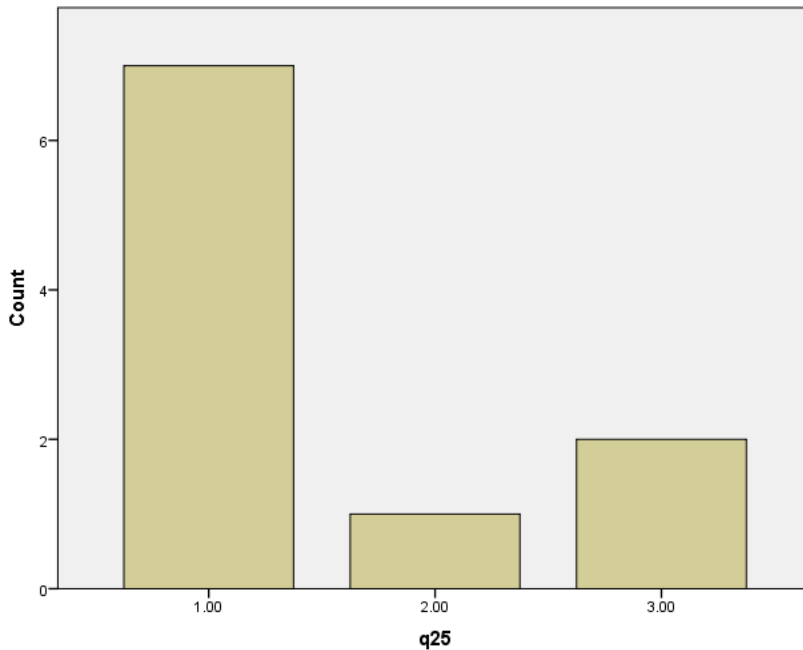
23. Monitoring section (pages 28-29). Looking at this section as a whole, please indicate your level of support by selecting an option below. If you wish to comment, please do so in the text box below.

Question no.	Total responses	Lowest entry	Highest entry	Mean
Q23	10	1	3	1.800



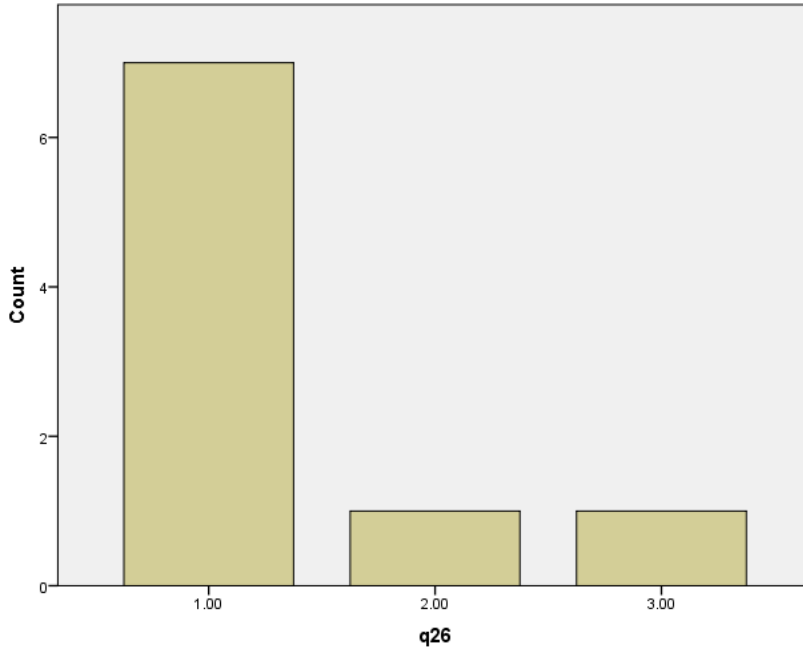
24. Oversight section (pages 30-31). Looking at this section as a whole, please indicate your level of support by selecting an option below. If you wish to comment, please do so in the text box below.

Question no.	Total responses	Lowest entry	Highest entry	Mean
Q24	10	1	3	1.600



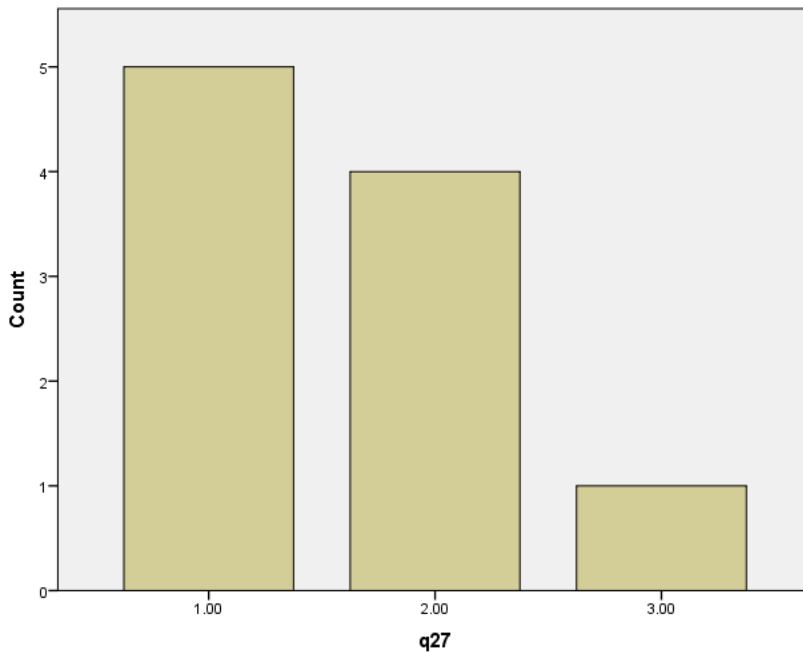
25. Oversight section's "Committees and teams" subsection beginning on page 30, please indicate your level of agreement that this accurately describes the Advisory Committee's discussions and recommendations.

Question no.	Total responses	Lowest entry	Highest entry	Mean
Q25	10	1	3	1.500



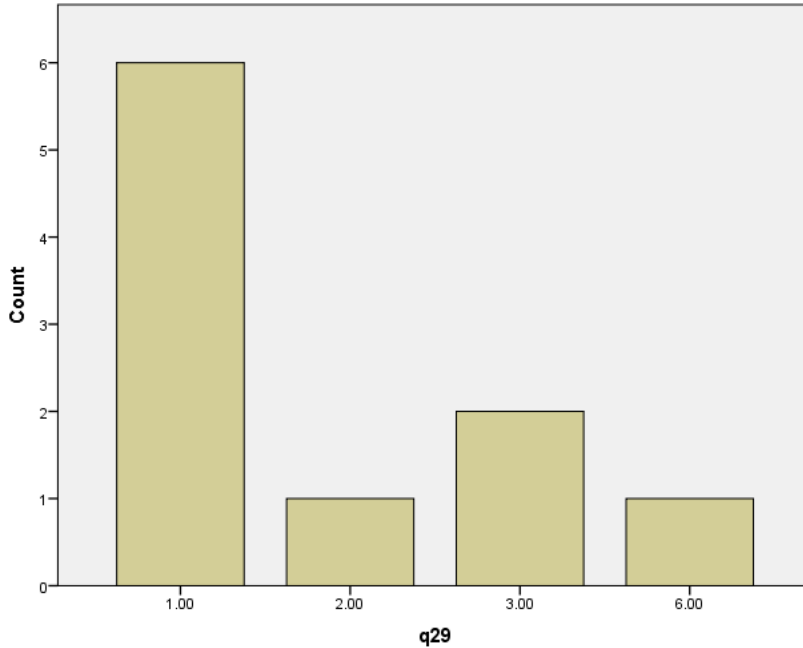
26. Implementation (pages 31-35). Looking at this section as a whole, please indicate your level of support by selecting an option below. If you wish to comment, please do so in the text box below.

Question no.	Total responses	Lowest entry	Highest entry	Mean
Q26	9	1	3	1.333



27. Advisory Committee Recommendation Concerns section (pages 35-36). Please indicate your level of agreement that this accurately describes the Advisory Committee's discussions.

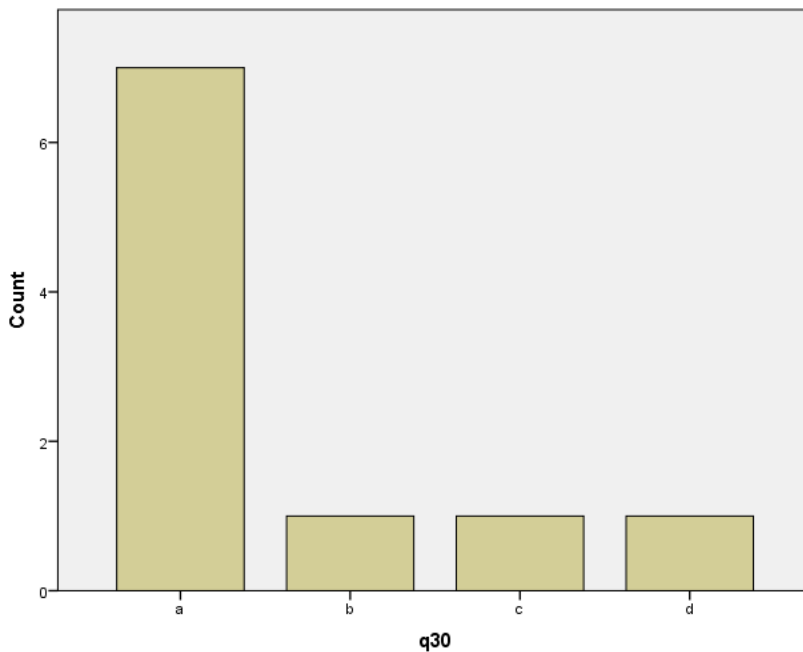
Question no.	Total responses	Lowest entry	Highest entry	Mean
Q27	10	1	3	1.600



29. Appendix A – Glossary of Technical Terms (pages 39-43).

Please indicate your level of support by selecting an option below. If you wish to comment, please do so in the text box below.

Question no.	Total responses	Lowest entry	Highest entry	Mean
Q29	10	1	6	2.000



30) Name. The Advisory Committee expressed an interest in creating a new name for the new rule but did not reach consensus on a new name. At the July Advisory Committee meeting, committee members suggested names and took a vote. The following three names received the most votes. Please vote for one of the three; if you cannot live with one of the three proposed names, suggest an alternative name in the box below.

- a. Quality Outcome Standards and Safeguards for Behavior Supports
- b. Emergency Intervention Strategies (Rule Safeguards)
- c. Regulated Intervention Standards
- d. Other:

Descriptive Statistics

	Total responses	Minimum response value	Maximum response value	Mean
q4	10	1.00	3.00	1.5000
q5	10	1.00	3.00	1.4000
q6	8	1.00	3.00	1.6250
q7	9	1.00	6.00	2.1111
q8	10	1.00	6.00	1.8000
q9	10	1.00	4.00	2.1000
q10	10	1.00	3.00	1.5000
q11	10	1.00	5.00	1.9000
q12	10	1.00	4.00	1.7000
q13	10	1.00	3.00	1.3000
q14	9	1.00	4.00	1.5556
q15	10	1.00	6.00	2.6000
q16	10	1.00	6.00	2.3000
q17	10	1.00	6.00	2.2000
q18	9	1.00	4.00	1.7778
q19	10	1.00	4.00	1.8000
q20	9	1.00	4.00	2.0000
q21	10	1.00	3.00	1.7000
q22	10	1.00	3.00	1.8000
q23	10	1.00	3.00	1.8000
q24	10	1.00	3.00	1.6000
q25	10	1.00	3.00	1.5000
q26	9	1.00	3.00	1.3333
q27	10	1.00	3.00	1.6000
q29	10	1.00	6.00	2.0000
Valid N (listwise)	5			

**Rule 40 Advisory Committee
February 8 Meeting**

Handout: Seat Belt Restraints

The discussion in the middle of page 20 of the report focused on permitted use of seat belt restraints, a mechanical restraint, in order to safely and legally transport persons:

Advisory committee members were not able to come to consensus on some permitted techniques such as the use of seat belt restraints and guided escort. Some committee members recommend seat belt restraints be permitted with a plan in place to move away from the dependency; they consider seat belt adapters to be different from mechanical restraints. Other committee members consider seat belt restraints like any other mechanical restraint that will be strictly prohibited with the exception of use during an implementation period.

Advisory Committee survey responses were:

1. Endorsement: "I like this recommendation"—5 votes
2. Endorsement with minor point of contention: "For the most part, I like this recommendation"—0 votes
3. Agreement with reservations: "I can live with this recommendation even if there are parts I don't support"—3 votes
4. Stand aside: "I don't like this recommendation, but I support the majority's decision"—0 votes
5. Formal disagreement but willingness to support the majority: "I want my disagreement noted in writing, but I don't want to hold up the majority"—0 votes
6. Formal disagreement without support: "I can't support this recommendation and do not support the majority"—2 votes

Comments

- A. I fully support the need for the seat belt adapters. All individuals are required by law to wear a seat belt when in transport. I don't see why that would be any different for the individuals we serve. It is for their safety and the safety of others.
- B. As I have noted in previous comments, some people will have a significant reduction in community integration or be at risk if this is not permitted. I believe that prohibiting seat belt latch covers could send a message that the committee was not willing to consider "real world" challenges for keeping people safe, even though these restrictions are seldom used.
- C. It is not clear that this technique is on the 'permitted' list. At minimum, this mechanical restraint should be subject to a 'sunset provision' similar to the use of mechanical restraints for self-injury.
- D. I fully support the need for the seat belt adapters. All individuals are required by law to wear a seat belt when in transport. I don't see why that would be any different for the individuals we serve. It is for their safety and the safety of others.
- E. See my response to previous question. We must have this as permitted technique for those individuals who need this. [Previous question response was: "Again if we are following person centered plans and supporting community involvement, there may be times when escorts are the least intrusive means to address maladaptive behaviors."]
- F. I feel strongly about this one – that if a person exhibits aggressive behavior while in a moving vehicle, that you have to protect everyone's safety by allowing an unlocking seat belt. Doesn't make sense to risk the participants, those in the moving vehicle, and those in the cmty at risk. Also, if an unlocking restraint isn't allowed, I'm afraid that the person would not get out into the community and would remain segregated from the community.

Focus Questions

It is helpful to DHS if the Advisory Committee can come to consensus to the greatest extent possible. If the conditions below were met, would this make the use of seat belt restraints acceptable to more members of the committee?

1. Use of seat belt restraints would be in the context of and subject to all the other committee recommendations including:
 - a. Person-centered planning standards
 - b. Positive support strategies standards
 - c. A plan to wean the dependency on seat belt restraint use
 - d. Staff are trained and have demonstrated competence
 - e. Reporting standards
 - f. Monitoring of use and of the person standards
 - g. Recommended review standards
2. Seat belt restraints would not be used to force a person to go somewhere they did not want to go (exceptions include a medical emergency in which an ambulance was not used.). The seat belt restraints would be used to transport a person lawfully to a place they wish to go.
3. Use of seat belt restraints would not be for:
 - a. Staff convenience
 - b. In lieu of adequate staffing
 - c. Punishment

**Rule 40 Advisory Committee
February 8 Meeting**

Handout: Arm Limiters and Mechanical Restraints or Devices for Self-injurious Behaviors

The discussion at the top of Page 22 of the report focused on permitted use of arm limiters, a mechanical restraint, in cases of self-injurious behavior.

Lastly, some committee members recommend allowing the use of arm limiters when such use is under the care of a highly qualified mental health professional and used to prevent serious self-injurious behavior. The highly qualified mental health professional would develop and oversee the positive strategies used to wean the person's use of the arm limiters. The use of arm limiters would not be subject to an arbitrary time limit. Permitted use would be based on the person's progress. If progress plateaus, then additional mental health professionals should be consulted. The minimum professional level required to use arm limiters with a person would be a staff person subject to the third tier of the recommended staff training.

Advisory Committee survey responses were:

7. Endorsement: "I like this recommendation"—5 votes
8. Endorsement with minor point of contention: "For the most part, I like this recommendation"—2 votes
9. Agreement with reservations: "I can live with this recommendation even if there are parts I don't support"—1 vote
10. Stand aside: "I don't like this recommendation, but I support the majority's decision"—1 vote
11. Formal disagreement but willingness to support the majority: "I want my disagreement noted in writing, but I don't want to hold up the majority"—0 votes
12. Formal disagreement without support: "I can't support this recommendation and do not support the majority"—1 vote

Comments

1. Only if temporary with a plan to move away and monitoring and reporting required. Without this, I have to rate this low.
2. This was already addressed as an allowable procedure. I think it is redundant here and should be deleted.

Focus Question

In terms of creating policy, however, DHS wants to ask the advisory committee *whether your recommendation applies only to arm limiters, which is a specific mechanical restraint, or whether your recommendation extends to permitting mechanical restraints or devices for self-injurious behaviors* with the following:

- A. Only the types of mechanical restraint or device listed below may be used to prevent self-injurious behavior:
 1. Arm limiters
 2. *Helmet?*
 3. *Other?*

- B. The use of the above mechanical restraints or devices is permitted only under the following conditions:
1. The person engages in repeated and serious self-injurious behaviors, that is, a behavior that causes tissue damage or internal damage, such as brain injury, internal bleeding, and so on.
 2. Less restrictive means than use of the restraint or device would not achieve safety.
 3. The use of a mechanical restraint or device is not permitted:
 - a. For staff convenience
 - b. In lieu of adequate staffing
 - c. As a punishment
 - d. To coerce or force a person to do something he/she does not want to do or to prevent the person from doing something he/she does want to do, apart from preventing further self-injury.
 4. The application of a mechanical restraint or device is the minimum needed (by type and by length of time) to prevent further self-damage by the person.
 5. There is a written, person-centered plan with positive support strategies to wean the person off of all restraints. The goal is always to eliminate the use of the restraint or device as soon as possible.
 7. The provider will document implementation of the plan and the results.
 8. The provider will follow all reporting and review requirements.
 9. Only designated staff with the appropriate level of training and demonstrated competence may apply the restraint or device.
 10. Progress in meeting goals of the plan is overseen by an appropriate, highly qualified professional.
 11. If progress plateaus, the provider is responsible to consult with an appropriate professional. The provider is responsible to make changes to the person's plan as recommended by the professional, to train staff in the changes, and to implement the changes.