



Minnesota Department of **Human Services**

Rule 40 Advisory Committee Meeting Summary: 6.4.12

Attending:

Committee members: Steven Anderson, Kay Hendrikson, Anne Henry, Pat Kuehn, Traci Lisowski, Tim Moore, Annie Mullin, Andrew Pietsch, Kelly Ruiz, Bonnie Jean Smith, Gloria Steinbring, and Colleen Wieck

DHS Staff: Donovan Chandler, Lori Dablow, Stacy Danov, Gail Dekker, Katherine Finlayson, Dan Hohmann, Bob Klukas, Natalie Marr, Dean Ritzman, Michael Tessneer, Suzanne Todnem, Munna Yasiri, Charles Young and Rick Amado

Other State Staff: Michelle Ness (Minnesota Department of Health)

Other Organizations: Rick Cardenas (Advocating Change Together, "ACT"), Brad Hansen and Barbara Kleist (The Arc Greater Twin Cities), Sharon Mack and Sue McGuigan (Brain Injury Association of Minnesota)

Committee Charge The Rule 40 Advisory Committee was formed as part of a settlement agreement. The committee will study, review and advise the Department of Human Services on how to modernize Rule 40 to reflect current best practices. This was the fifth meeting of the Rule 40 Advisory Committee, which met from 9:00 a.m. to 3:30 p.m.

Presentations The Committee heard presentations from committee member Dr. Tim Moore and Dr. Rick Amado from the DHS' State Operated Services' Office for Innovation.

Dr. Amado: A brief summary of some of his work history included working with children who had been removed from school due to challenging and dangerous behaviors. Early in his career, Dr. Amado used methods which were accepted at the time such as faradic shock for children with self-injurious behavior. He worked with children with developmental disabilities who had challenging behavior as well as children without developmental disabilities who had challenging behavior. His professional path shows how accepted practices have evolved from shocking children with self-injurious behavior to person-centered planning and positive behavior supports.

Person-centered planning means changing the environment of the person; it is not about changing the person. A team of people close to the person and the person will discover the person's goals, create opportunities to fulfill the goals, and develop supports for the person to make that happen.

Person-centered planning requires a lot of work. It is a process that is a work in progress because the plans should change as the person changes. Making a life the person wants should reduce or eliminate disruptive or unsafe behaviors and improve the person's quality of life and everyone around the person. Life is the context in which everything else happens.

Dr. Amado shared some examples of how to discover, create and support person-centered planning for a person. One example resulted in the person becoming a well-paid hand model.

Dr. Moore: Dr. Moore previously worked in Boston where residents were restrained on a daily basis which was normal at the time. Upon coming to Minnesota, people were living in communities but people were not often reintegrated into those communities in a meaningful way.

Positive behavior support (PBS) relies on a belief that what people do is a function of circumstances. PBS emphasizes positive reinforcement, creating conditions for desired behavior and teaching the person a repertoire of skills instead of relying on reprimanding the person.

Discussion

Concerns about acceptable PBS practices, training and costs were discussed. There was interest in the current training curriculum used for State Operated Services. Links to view the 15-month program curriculum and the Kansas Institute for Positive Behavior Support are available on the Rule 40 Advisory Committee [public website](#). There will be a presentation about the 3-day State Operated Services training at the July advisory committee meeting.

When asked about persons with mental illness who might be served by a Community Alternatives for Disabled Individuals (CADI) waiver program, Dr. Amado explained that these approaches work for individuals with mental illness who exhibit challenging or dangerous behaviors. Regardless of diagnosis, persons should have access to services that are evidence-based or data-driven practices. Having a quality written program avoids using restraint.

Dr. Amado, as a practitioner, shared some recommendations with the committee for the new rule:

1. Allow best practices to evolve; don't limit practitioners in statute or rule;
2. Require continuous staff training. 20 hours of training per year is insufficient for full-time staff and everything else costs less with well-trained staff
3. If a person receiving service has individual development and growth that stagnates for many years, then the system is not working for that person
4. A person receiving services should be able to "fire" a provider

Committee members expressed concern about getting staff buy-in for PBS, transition, training, keeping standards updated, providing necessary services without over-providing them to persons who do not need them and keeping the person involved in the planning process.

The committee discussed whether PBS is seen as operational, philosophical or both. Many committee members opined that it must be both.

Committee members' comments on what should be included in the rule related to person-centered planning and PBS (Note: Numbered comments were created by committee members. DHS staff clustered the comments and added the cluster titles):

Definition, Description of Person-Centered and Positive Behavior Support

1. Define person-centered plan and positive behavior support plan.
2. Note that person-centered planning and positive behavior support are not controlling [the person].
3. [To ensure rule remains current] Refer in rule to best practices as established by organizations such as The Board of the Association for Positive Behavior Support with web link, and Journal of Positive Behavior Interventions.

Applicability

4. Be clear about who the responsible parties are.
5. Person-centered planning and positive behavior support for all people served at DHS-licensed facility or by an HCBS waiver [whichever is broader group]
6. Start person-centered planning when the person is in middle school.
7. All persons with identified dangerous behaviors must have a functional behavior analysis and comprehensive behavior support plan that is person-centered.

Qualifications of Providers regarding Person-centered Planning and Positive Behavior Support

8. Establish qualifications needed to develop behavior support plans.
9. Culturally competent experts.
10. Define expert.

Requirements for Providers for Person-Centered Planning and Positive Behavior Support

11. At provider level, policies, practices and plans emphasize positive approaches.
12. Identify outcomes for positive behavior support. Must collect data from providers on service outcomes and goals.
13. Is a functional behavior assessment enough? Is functional analysis needed for Rule 40?
14. All functional behavior assessments must define [person's] preferences, likes and dislikes.
15. Person-centered positive behavior support plan on file must include specific targets for performance improvement in all relevant life domains identified by the person-centered plan and functional behavior analysis and be updated at least annually.
16. The person-centered plan contains activities that are meaningful to the person and provide skills for the person.
17. Data must be collected and analyzed.
18. Team or lead staff review data on the person's performance targets at least monthly and institute appropriate support plan adjustments.

Review of Providers

19. Person-centered plan and positive behavior support plans must be written or reviewed by an expert from an advisory task force (criteria [for task force? For plans?] to be specified)
20. Evidence that a PCP approach was used in developing the PBS plan.
21. Tests and audits of staff to determine if they are using positive behavior support.

22. If performance data indicate insufficient progress for two consecutive monthly review periods, an external expert must be consulted (Advisory Task Force, criteria to be determined).

Supports and Training for Providers

23. Training for all sectors (private, crisis services)
24. Resources provided ongoing for training providers and counties.
25. Availability of mentors and coaches in addition to training.
26. 24-hour support line provided by DHS.
27. Need additional services and residences for clients in transition to positive approach.
28. Help providers through current transition period to positive behavior support (like closing of institutions).

Recipient Rights

29. Bill of rights that applies in all services, requires positive behavior practices. List rights [that] cannot be limited or restricted.

Policy Manual

30. Manual must be updated continually. [Whose policy manual?] One section at a time every two years? Establish Advisory Task Force to recommend changes.
31. Require best practices, evidence-based behavioral practices as described in manual

DHS Oversight Role

32. Create a statewide review board to review strategies, resources and manual.
33. Monitoring and oversight of positive behavior support at state level from lessons learned and auditing.
34. Must have continuity of care for individuals across providers.

Statute

35. Requires positive requirements in statute also.

Update Dean Ritzman updated the advisory committee members that the provider survey was not released as scheduled due to technical issues resulting from the LRT construction disrupting network connections. The release date was moved to Tuesday, June 5, 2012.

July meeting

1. We will show rule drafts of the topics discussed by the advisory committee;
2. Presentation from Dr. Natalie Marr on the training curriculum for the Cambridge facility;
3. We will hear from advisory committee members after speaking with their colleagues about prohibited techniques, emergency techniques, monitoring, oversight, reporting and positive techniques.

To improve meetings Materials should be sent out no later than the Wednesday before the Monday meeting or even one week before the meeting if possible.

Reminder The July meeting is scheduled for the SECOND Monday of the month on July 9, 2012, and will be held in room 2370 at the Elmer L. Andersen building located at 540 Cedar Street, St. Paul, MN 55155.

Questions or comments As always, if committee members or observers have questions, please email them to the Rule 40 email box at DHS.rule40@state.mn.us

Visit our website at

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelecti onMethod=LatestReleased&dDocName=dhs16_166534