

WEBVTT

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00:00:06.360 --> 00:00:12.298

Good morning everyone this is Lucas Evans and you're here to.

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00:00:12.298 --> 00:00:16.559

Listen about the enhanced staffing review process so thank you all for joining.

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00:00:16.559 --> 00:00:21.420

We are right at 10, so we're going to go ahead and get started.

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00:00:21.420 --> 00:00:28.800

Just a few housekeeping things, everyone's been muted upon entry so you can't actually speak, but you can chat.

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00:00:28.800 --> 00:00:32.340

I mean, if you have questions throughout this event, we.

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00:00:32.340 --> 00:00:42.929

Encourage people to ask questions. Just make sure you are sending your question to all the panelists and not specifically to hike. If you have technical issues then is your person.

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00:00:43.344 --> 00:00:58.164

However, if it's about the content, she's just going to have to forward it from her to us to answer. So it would be simpler if you just submit it to all the panelists. And I will have the panel introduce themselves here in just a 2nd, and we'll go ahead and get started.

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00:00:58.164 --> 00:01:02.515

So, again, I'm Lucas Evans on the central air behavior analyst and I am.

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00:01:02.909 --> 00:01:10.019

I'm lucky to be joined by my colleagues, Rita Cooper and Dr Terry Roger. So, Rita, could you introduce yourself?

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00:01:10.019 --> 00:01:17.909

Hey, good morning everyone Rita Cooper western region. Nice to be here this morning.

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00:01:17.909 --> 00:01:31.709

Rita and Dr. Hi, this is Terry Rogers. I'm the chief behavior analyst, and I am lucky enough to lead the area behavior analyst and.

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00:01:31.709 --> 00:01:37.049

I am very happy to be here to talk to you about what we learned during this process.

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00:01:39.359 --> 00:01:46.079

Excellent. Thank you. Dr Rogers. So, this is, uh, this is a review of some findings from a pilot that ran.

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00:01:46.079 --> 00:01:59.159

For approximately a year, and also was kind of a follow up from a pilot that ran the year prior to that. So if you participated, this really is for you to kind of give you information about what happened.

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00:01:59.159 --> 00:02:09.030

And if you didn't participate, and you're interested in it also also is for you, just to learn about what we did as a division and kind of what we found out. So I'm going to let Dr Rogers.

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00:02:09.030 --> 00:02:13.919

Lead it off and we will get going.

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00:02:13.919 --> 00:02:25.080

All right, great. So, even if you didn't participate, we think there are some hints here for how you might as a team better support the.

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00:02:25.080 --> 00:02:33.300

The people under your services, so 1st of all, we need to talk about why the pilot was necessary.

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00:02:33.300 --> 00:02:41.159

Um, what were the goals? Did we accomplish those goals and some implications and recommended next steps?

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00:02:42.419 --> 00:02:48.240

So this is a plot, a graph of.

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00:02:48.240 --> 00:02:57.509

Uh, from 2015, to 2020 of the percentage of residential people who had.

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00:02:57.509 --> 00:03:11.250

Enhanced staffing, so increase staffing over the typical that there is in an so usually if there's 3 people in, I saw you have 1 staff and that's kind of typical.

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00:03:11.250 --> 00:03:21.300

Well, maybe it's not given what on the data that we're showing here maybe high staff ratios are are becoming more typical.

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00:03:21.300 --> 00:03:25.860

You can see that we shared it in the coveted times.

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00:03:25.860 --> 00:03:29.550
Yes, Lucas in 12 plus hours per day is considered.

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00:03:29.905 --> 00:03:35.064
In hand, so so you can see the coping times.

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00:03:35.064 --> 00:03:45.865
There was a blip that was perfectly reasonable and expected given that we had more people staying home and less activities, and that kind of thing.

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00:03:46.199 --> 00:03:51.270
So kind of surprising that we did get extra staffing that.

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00:03:51.270 --> 00:03:54.389
Because people were.

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00:03:54.389 --> 00:03:58.349
Probably reluctant to come to work, but.

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00:03:58.349 --> 00:04:06.479
It happened and so what you can see is that if we keep on to this trend, we're gonna have.

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00:04:06.479 --> 00:04:18.720
More and more enhanced staffing and as a matter of fact, you could anticipate that in about 5 years more than 50% of people would have enhance staffing, which would be very difficult to sustain.

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00:04:20.310 --> 00:04:34.678
So, that's why we thought perhaps looking at what the reasons for enhanced staffing were. And if there were any better methods to support people that we could find and recommend, that's why we thought the pilot was necessary.

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00:04:34.678 --> 00:04:39.088
Okay, thanks. Bye.

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00:04:40.798 --> 00:04:51.778
Well, am I supposed to be advancing this? Sorry. Okay. So what you can see is that there's been a steady increase and.

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00:04:51.778 --> 00:04:58.348
That seems like what I just showed. So, let me move on to the next 1. Oh, I'm going the wrong direction.

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00:04:58.348 --> 00:05:06.928
So some additional points to why we thought the pilot was necessary.

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00:05:06.928 --> 00:05:21.718

Um, we're looked at the, uh, the health assessment, the hips and the chronic risk outcomes for individuals thinking well, perhaps this is why people are using more staff. Perhaps they have higher needs.

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00:05:21.718 --> 00:05:24.809

And that health needs, and that was.

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00:05:24.809 --> 00:05:33.178

What was driving it but what we found was that these accounted for less than a 3rd of the residential costs.

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00:05:33.178 --> 00:05:37.559

And it's not clear if.

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00:05:37.559 --> 00:05:47.158

Authorized services really reflect individual's needs because what we found were patterns across providers.

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00:05:47.158 --> 00:05:59.098

Of of requests for enhance staffing so it looked like everybody needed the same kind of enhanced staffing, which wouldn't indicate individual needs.

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00:06:00.809 --> 00:06:04.678

So, what were the goals of the pilot the goals of the pilot.

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00:06:04.678 --> 00:06:08.519

Were to make sure that we had.

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00:06:08.519 --> 00:06:17.098

Uh, increased or intensive person centered planning when we were looking to use this resource.

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00:06:17.098 --> 00:06:26.369

And to provide some professional guidance on other support considerations, that could be made, that would be more effective than just.

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00:06:26.369 --> 00:06:35.274

Adding staffing, we wanted to allow you are to better evaluate requests without slowing down the existing process.

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00:06:35.274 --> 00:06:48.834

So, give the you our people, some better information to be able to evaluate the request, and we wanted also to redo silver reliance on staffing when there might be other supports, that were indicated as necessary.

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00:06:48.834 --> 00:06:57.233

So making sure that we're meeting the people's needs with the correct kinds of resources, rather than just enhance staffing.

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00:07:01.678 --> 00:07:14.519

I'm kicking it over to somebody else and that would be me good morning. It 3 to Cooper. So, did it accomplish its goals? And Lucas if you want.

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00:07:14.519 --> 00:07:19.559

You can just keep continuing to advance the slides. So I'm good with that.

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00:07:19.559 --> 00:07:26.759

So, let's kind of take a look at what we found in the way of increased person centered, planning.

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00:07:26.874 --> 00:07:40.824

And this is a representation of the packets that needed and included safety crisis plans. So you can tell that from the initial review when things were processed.

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00:07:40.824 --> 00:07:42.233

1st, that.

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00:07:42.569 --> 00:07:46.738

In both the initial and the extension of the pilot.

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00:07:46.738 --> 00:07:50.278

That very few plans had.

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00:07:50.278 --> 00:08:02.309

The required safety crisis plans in them and you ask so why? Our safety crisis plan's important and they address the needs of complex individuals.

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00:08:02.309 --> 00:08:05.309

You know, it allow staff what.

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00:08:05.309 --> 00:08:10.079

A guideline as to what they can or should do.

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00:08:11.218 --> 00:08:23.663

And what supports are available and so you can see for the initial pilot. We were less than 20% probably about 5%.

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00:08:24.173 --> 00:08:28.673

If I'm not mistaken and then for the extension, we started out a little higher.

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00:08:29.759 --> 00:08:34.259

At around the 38 to 40% range.

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00:08:34.259 --> 00:08:37.528

And what you need to remember though, is that the.

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Requirement for a safety crisis plan.

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00:08:41.759 --> 00:08:54.599

Is about 4 years in the making so around 2016 I believe it was October of 2016. we actually had the DD 4.300, which.

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00:08:54.599 --> 00:08:59.519

As of last March turned into 9 CSR 45.

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3.090, which requires.

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00:09:02.519 --> 00:09:14.428

A safety crisis plan, if there is a history of behavior or reactive strategy that is restrictive, and you can tell that we did have an impact in that over time.

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00:09:14.428 --> 00:09:20.879

The inclusion of a safety crisis plan in the packets that were received.

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00:09:22.558 --> 00:09:26.428

Increased and with the initial pilot.

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00:09:26.428 --> 00:09:31.828

By the time the 4th review came, those plans did have.

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00:09:31.828 --> 00:09:41.759

Safety crisis planes included in them for the extension, which we didn't quite get as far to a 5th review in the process.

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00:09:41.759 --> 00:09:45.239

That we were making progress to include those.

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00:09:46.828 --> 00:09:54.239

1 of the things that you may say, well, you know, did we ever recommend that.

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00:09:55.349 --> 00:09:59.818

Um, there was not a need or that recommended not.

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00:10:01.019 --> 00:10:12.599

Having those additional services, and the answer is we had 18 recommendations of no in a total of 622 reviews. So.

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00:10:12.599 --> 00:10:20.399

You know, practically just look behind without much in the way of going beyond that.

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00:10:20.399 --> 00:10:25.528

That there weren't many plans that we didn't provide that.

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00:10:27.958 --> 00:10:32.009

The information to help people be successful, or.

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00:10:32.009 --> 00:10:36.269

You know, change anything, so.

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00:10:36.269 --> 00:10:40.048

That a part really was important.

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00:10:40.048 --> 00:10:47.219

What we see is that there was an increased meaningful safety crisis planning in about 89%.

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00:10:47.219 --> 00:10:51.208

And only 11% did peer to need it.

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00:10:51.208 --> 00:11:01.619

1 of the feedbacks we got from the regional offices that it, it really helped them to recognize the required components of.

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00:11:01.619 --> 00:11:05.038

You know, when a safety crisis plan was needed.

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00:11:05.038 --> 00:11:11.219

What elements were helpful in a safety crisis plan.

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00:11:11.219 --> 00:11:16.678

And then from the teams that were participating.

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00:11:16.678 --> 00:11:24.958

1 of the things that was mentioned multiple times in the reviews that we had in the, the.

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00:11:27.119 --> 00:11:33.749

Meetings to give us feedback, was that the tools really help the teams to.

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00:11:33.749 --> 00:11:39.058

Plan better to understand what needs were.

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00:11:39.058 --> 00:11:46.528

Required in developing the packets and also help them be better at.

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00:11:46.528 --> 00:11:53.908

Making plans for the individuals however, there was the challenge that perhaps there wasn't enough.

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00:11:53.908 --> 00:11:56.969

Time as we move forward.

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00:11:56.969 --> 00:12:00.808

To really bring teams together to.

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00:12:03.629 --> 00:12:08.099

Assemble all the necessary documents and requirements.

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00:12:08.099 --> 00:12:12.178

So, with and not being able to meet.

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00:12:12.178 --> 00:12:15.479

Sometimes there were challenges with the timing of things.

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00:12:17.428 --> 00:12:20.519

And I just want to add really quick. So I want to go back to that.

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00:12:20.519 --> 00:12:25.139

Um, top statistic, so, 1 of the things that that we often heard is.

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00:12:25.139 --> 00:12:31.048

People didn't think that just because the person had extra staffing that they needed safety crisis plans and.

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00:12:31.048 --> 00:12:41.788

Even though the CSR identifies when you're using additional staffing that that actually is a rice limitation but even

beyond that, looking at the, the individual cases that we reviewed as part of this pilot.

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00:12:41.788 --> 00:12:45.599

Almost 90% of those plans. Absolutely.

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00:12:45.599 --> 00:12:49.379

Needed a safety crash the plan in addition to the fact that they were requiring.

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00:12:49.379 --> 00:13:00.749

And hand staffing, so that's 90% of 622 reviews. So, yes, it was it was true that nearly every single person I reviewed.

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00:13:00.749 --> 00:13:10.019

Um, needed a safety crisis plan. Thanks for adding that Lucas. I think that's an important factor that people need to realize.

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00:13:12.928 --> 00:13:16.528

So, next week, of course, 1 of the additional.

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00:13:20.278 --> 00:13:25.528

Goals was to provide professional guidance on, on support teams.

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00:13:25.528 --> 00:13:30.808

Recommended from a clinical decision tool process to.

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00:13:31.859 --> 00:13:36.269

Require the safety crisis plan in, in more than half the time.

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00:13:36.269 --> 00:13:45.899

The other that we recommended were the requirement for data collection and analysis and about 36% of the time the packets were reviewed.

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00:13:46.254 --> 00:14:00.744

And then recommendations for or behavior support plans to be revised about 18% of the time. And I know that there was the question in there. Did it include the behavior support plans and, and Lucas provided the.

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00:14:01.499 --> 00:14:06.778

The information that yes, it did and here's the statistics regarding.

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00:14:06.778 --> 00:14:15.269

You know, our recommendations about behavior support plan so we did review behavior, support plans in the process.

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00:14:15.269 --> 00:14:22.619

The recommendations were, of course, very individualized. We tried to do that on a consistent basis.

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00:14:22.619 --> 00:14:26.639

But there were some common threads, and there were some.

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00:14:28.499 --> 00:14:41.068

Significant evidence of compliant deficiencies so we need to remember that that, you know, their processes, which allowed us to really make some definitive decisions along the way.

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00:14:41.068 --> 00:14:55.168

The timelines were what we considered enough to complete the recommendations while not letting too much time lapse. Again. A safety crisis plan has been a requirement.

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00:14:55.168 --> 00:15:04.889

In what we do for a while since last March, and then even the recommendations prior to that, when it was.

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00:15:04.889 --> 00:15:13.438

There was a directive outlining that, and our goal was to hopefully keep the momentum. Oh, that's okay. Lucas. Thanks.

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00:15:13.438 --> 00:15:21.418

So this was and it's an eye chart. The expectation is not that you read it, but that we had a definitive.

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00:15:21.418 --> 00:15:29.908

Flowchart that ultimately can be used by the you are folks in the long run to really make some.

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00:15:29.908 --> 00:15:37.259

Decisions about where the packet aligns and then the need for that additional clinical oversight.

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00:15:37.259 --> 00:15:41.339

So this isn't a really good tool that can be used. Even now.

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00:15:45.359 --> 00:15:56.609

So, in regards to the feedback from you, our recommended timeframes were perhaps not reasonable just because of the turnaround and processing.

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00:15:56.609 --> 00:15:59.609

And potentially there wasn't.

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00:16:01.229 --> 00:16:05.908

Perhaps the comfort level of being able to provide.

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00:16:05.908 --> 00:16:11.818

Sufficient policy authority to hold up those decisions. If there was an appeal.

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00:16:11.818 --> 00:16:23.303

Required for the process in addition to that the feedback from the teams was always recommending a safety crisis plan didn't seem individualized.

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00:16:23.333 --> 00:16:31.224

But again, what we tried to provide our, some guidance for what elements might you need, or.

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00:16:31.528 --> 00:16:36.958

You know, why specifically that we know that in that person's packet.

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00:16:36.958 --> 00:16:40.619

That there was a requirement for the safety crisis plan.

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00:16:40.619 --> 00:16:44.099

In addition to that again, those timeframes not.

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00:16:45.119 --> 00:16:48.298

Appearing to be reasonable, especially.

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00:16:48.298 --> 00:16:54.208

Considering how long you are process, and the approval for the request really takes.

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00:16:55.619 --> 00:17:00.869

Period there was a question from Tracy and the track. Can you take a glance at that?

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00:17:00.869 --> 00:17:11.909

Okay, sure let me.

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00:17:13.739 --> 00:17:24.598

I can read it, so if she asked well, I'm not seeing it. I'm sorry. Oh, no worries. She asked when, when you've mentioned compliance deficiencies, what were you referring to.

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00:17:27.989 --> 00:17:33.868

Well, specifically the, the requirement for the, the safety crisis plan.

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00:17:33.868 --> 00:17:42.298

And having sufficient elements in there to really help staff. So, that's what I meant by that statement.

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00:17:42.298 --> 00:17:50.878

Additionally, the tool that we used, and the evaluation, we conducted also ensured that all the elements.

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00:17:50.878 --> 00:18:00.898

Justification we're present or utilization requests so, in order to make a request for service to utilize, you have to be able to justify the services needed and.

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00:18:00.898 --> 00:18:06.328

You also have to substantiate that the service is being used appropriately. So all those things are, are.

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00:18:06.328 --> 00:18:12.028

Connected as well.

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00:18:12.028 --> 00:18:16.919

Thanks for adding that Lucas. So we took a look at.

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00:18:16.919 --> 00:18:26.729

The data in regards to the process time for you are, and how what we were adding to that potentially impacted.

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00:18:26.729 --> 00:18:33.328

The you are process and what you can see is that the professional review completed on average.

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00:18:33.328 --> 00:18:37.078

Took about a day, so when we got the packet.

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00:18:38.098 --> 00:18:46.078

We reviewed it in less than a day and our goal at that point in time was to review it within a.

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00:18:46.078 --> 00:18:50.038

3 day timeframe and so we.

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00:18:50.038 --> 00:18:54.568

Did meet that requirement however.

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00:18:54.568 --> 00:18:59.338

The process time in general was a little longer.

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00:19:01.288 --> 00:19:05.098

And on average, we, it was increased a little bit.

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00:19:05.098 --> 00:19:12.989

What you can see, though from this graph is that there was a high degree of variability and that's what the, the small thin lines.

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00:19:12.989 --> 00:19:18.868

Kind of indicate on each of those measures that there was a lot of variability.

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00:19:18.868 --> 00:19:22.979

In the.

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00:19:22.979 --> 00:19:28.558

Times and based on, usually the need for.

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00:19:28.558 --> 00:19:34.499

Requiring additional documents and so it did appear that.

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00:19:34.499 --> 00:19:39.118

Things were a little bit slower by about 2 days.

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00:19:39.118 --> 00:19:42.298

In comparison with other processes.

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00:19:42.298 --> 00:19:47.608

And so that kind of takes a look at an additional level of.

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00:19:47.608 --> 00:19:50.729

Forwarding back and forth.

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00:19:50.729 --> 00:19:56.398

And this means that the, you are, we're not moving through their standard process.

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00:19:56.398 --> 00:20:02.788

In what they normally had done, so.

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00:20:11.459 --> 00:20:16.648

So, what we can see is that we seem to add a little bit of time to the process.

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00:20:16.648 --> 00:20:19.888

And it indicated that in some cases.

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00:20:19.888 --> 00:20:24.479

Mentioned that they were waiting for documents to support.

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00:20:24.479 --> 00:20:29.009

The the packet, whether that was the safety crisis plan, whether that was.

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00:20:29.009 --> 00:20:35.578

The that they needed, or whether that was additional information to.

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00:20:35.578 --> 00:20:45.449

Complete the packet the other thing was that we got from teams was that it took too long and.

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00:20:45.449 --> 00:20:53.669

They can't keep making all the requested changes and those were some things we took into consideration.

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00:20:53.669 --> 00:21:00.358

And changes are needed based on.

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00:21:00.358 --> 00:21:09.148

You know, that the individuals, but based on the individual's need so requiring changes is something that we should get used to over time.

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00:21:09.148 --> 00:21:19.169

So, our goal again was to kind of take a look at reducing the reliance on staffing. So the average staffing.

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00:21:19.169 --> 00:21:26.278

We did have an impact on the initial pilot. There was a reduction of about 34 hours per month.

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00:21:26.278 --> 00:21:29.608

From that baseline measure.

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00:21:29.608 --> 00:21:35.548

And for the extended pilot, it wasn't as significant, but it was 19 hours.

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00:21:35.548 --> 00:21:43.229

And again, as the, the previous graph kind of show, there was a large degree of variability.

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00:21:43.229 --> 00:21:52.019

And so we didn't see a whole lot of change in the hours, or we saw some significant decreases.

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00:21:52.019 --> 00:22:02.848

Or, at least there was no did that in general that none of the staffing was increased beyond that baseline measure.

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00:22:06.868 --> 00:22:18.179

Thank you for Lucas. Thank you. Thanks for that. Okay, so we're going to talk a little bit about what are some of the summary implications? And so, 1 of the things that I want to start with is.

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00:22:19.979 --> 00:22:23.459

While we feel overall that.

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00:22:23.459 --> 00:22:34.528

There was a lot of effective things happening during the pilot. 1 of the things that seemed to be evident both in the feedback and in the data was that it did make you take longer.

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00:22:34.528 --> 00:22:42.179

Um, in we heard lots of feedback that the process itself was burdensome. And 1 of the 1 of the goals of the project was.

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00:22:42.179 --> 00:22:45.269

That it would be the opposite of burdensome that it would actually make.

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00:22:45.269 --> 00:22:56.128

Planning easier for teams that's that was the purpose behind the tool. Um, so there there are good things and there are bad things about the pilot. That's why we ran as a pilot.

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00:22:56.128 --> 00:23:07.348

But I think the starting spot that we came to at the beginning of the pilot, and still remains, is that whether you have additional staff for medical behavior reason, you still got to have good planning.

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00:23:07.348 --> 00:23:10.709

You still got to make sure there's appropriate support.

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00:23:11.848 --> 00:23:24.354

And there has to be enough resources to sustain whatever it is you're doing. So 1 of the things we that's still true is that we have an increasing trend in the use of staffing and 1 of the things that's still true. Is that before coven?

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00:23:24.384 --> 00:23:33.713

The turnover rate nationally for was about 50% and I know at least before coven. That that was about right for Missouri as well. I imagine that.

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00:23:33.713 --> 00:23:46.463

That's only gonna get worse in the midst of the pandemic and that's all going to get worse as the economy recovers after pandemic. So we don't have enough resources both in money and people to continue on the trend that we're.

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00:23:47.098 --> 00:23:50.848

It it also became clear.

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00:23:50.848 --> 00:24:05.604

Um, which may have indicated some of the disconnect that we saw and why the process was so burdensome is that it didn't seem like there was a lot of individualized planning happening for the use of staffing specifically. Again that that makes sense. That's why we designed a pilot to begin with.

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00:24:05.604 --> 00:24:08.064

That's why there was that a tool that help.

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00:24:08.398 --> 00:24:12.058

Teams go through those considerations when requesting additional staff.

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00:24:12.058 --> 00:24:18.419

We saw that people that needed safety crisis plans didn't have them when we started looking.

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00:24:18.419 --> 00:24:21.479

And then it took several, um.

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00:24:21.479 --> 00:24:35.723

Follow up reviews to get teams up to having those safety classes plans as needed about 4 reviews. Now, 1 thing I want to talk about is the amount of time between reviews for the initial pilot. It was about every 3 months. We looked at it for the extended pilot. I looked at it every 6 months.

199

00:24:35.723 --> 00:24:48.384

So you're talking if it takes 4 reviews to help teams, get safety crisis plans and they need them to get 100% of those teams. That's 2 years of review time. So that that's a significant amount of time. So these are still barriers that we're trying to to address.

200

00:24:49.469 --> 00:25:03.298

And 1 of the things that seemed maybe like a like, an underlying issue that we could assist with was that there didn't seem to have be implementation strategies are implementation plans for goals related to safety.

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00:25:03.298 --> 00:25:11.638

At least those are safety crisis plans, but then additional implementation strategies for teaching skills.

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00:25:11.638 --> 00:25:15.358

That would compliment to seek participants. Those things did not seem to exist.

203

00:25:16.949 --> 00:25:23.729

Which resulted in staff staff, not having actionable steps that they could do to actually provide supports for people.

204

00:25:23.729 --> 00:25:30.509

Um, that had a need for an enhanced level of staffing. So that means they didn't know what to do too.

205

00:25:30.509 --> 00:25:41.189

Support the person throughout their day to prevent the chance that of a problem situation, or a crisis situation what happened what happened it also means they didn't have steps to do in that crisis situation to try to.

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00:25:41.189 --> 00:25:48.388

Prevent it from going so far that somebody needed to go to the hospital or police needed to be called. So they didn't have things that they were supposed to be doing.

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00:25:48.388 --> 00:25:56.368

So, it created a situation where actually.

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00:25:56.368 --> 00:26:01.288

It actually created more risk for the person and the team.

209

00:26:01.288 --> 00:26:05.068

I'm without having those strategies and plans in place.

210

00:26:05.068 --> 00:26:10.528

And another thing that we noticed is for early on in the reviews.

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00:26:10.528 --> 00:26:14.189

Remember back to that big picture that Rita showed.

212

00:26:14.189 --> 00:26:21.719

Um, we had a standard process that we always followed, which kept us consistent in the way that we reviewed plans and also gave teams.

213

00:26:21.719 --> 00:26:26.308

Kind of an expectation of what we're going to be looking for at which stage.

214

00:26:26.308 --> 00:26:32.878

So, we always started with looking for a safety crisis plan. What does it take professional expertise to identify whether those things are there.

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00:26:32.878 --> 00:26:37.169

And so early on in the reviews, it didn't actually take a lot. It didn't take a lot of.

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00:26:37.169 --> 00:26:42.239

Um, expertise to do those sorts of things. So we think that there's opportunities to build tools.

217

00:26:42.239 --> 00:26:49.229

Which we'll talk about in a 2nd, that doesn't require this level of review, which should make it more efficient. And also.

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00:26:49.229 --> 00:26:53.368

Should make it a little bit less cumbersome.

219

00:26:53.368 --> 00:26:57.929

And so where does this all leading us to what are we going to do?

220

00:26:57.929 --> 00:27:05.038

About it going forward, I can get the slides to advance. Awesome. Okay so.

221

00:27:05.038 --> 00:27:08.038

We, we actually.

222

00:27:08.038 --> 00:27:13.858

In looking at the that, the 2 pilots that we ran, we kind of step back and we thought maybe.

223

00:27:13.858 --> 00:27:23.249

Um, enhance staffing is really more of a symptom and not the underlying issue and the underlying issue seems to be implementation plans. And so we went back and we looked at what.

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00:27:23.249 --> 00:27:32.368

What do we provide? Really? What do we give providers that what do we set providers up with as far as resources on what an implementation plan is how to make those and how to, um.

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00:27:32.368 --> 00:27:39.479

Monitor the use of those things, and we don't really have anything as a division. And so this is a huge gap for us as a state.

226

00:27:39.479 --> 00:27:45.148

The vision of, um, that we need to address so, 1 of our recommendations to the executive team at division.

227

00:27:45.148 --> 00:27:55.318

Was to establish a work group to do just that assess the current state of implementation plans in the community again. We can't really conclude that the whole state.

228

00:27:55.318 --> 00:28:00.868

There's a lack of implementation plan, but we feel pretty confident that at least in the areas piloted.

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00:28:00.868 --> 00:28:10.769

At least around safety that there weren't implementation plan. So we think a work group would be good to look at this to see how currently it actually works in the, in the whole state system.

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00:28:10.769 --> 00:28:21.989

And then look about look to see whether we can design process, guidance process improvements that also along with our upcoming focus on looking at things like value, based purchasing.

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00:28:21.989 --> 00:28:32.699

And we really are hoping that this aligns really well with a couple of our, um, our initial aim survey base purchasing, which is the reduction of the use of.

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00:28:32.699 --> 00:28:41.038

Staffing, and also the utilization of hospitals for avoidable reasons, which if, if you're going into the hospital for.

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00:28:41.038 --> 00:28:46.528

Uh, challenging behavioral situation that's we would consider that and avoidable reason.

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00:28:46.528 --> 00:28:54.989

And so this is 1 of those things that we think the division should should take some time to focus on. And.

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00:28:54.989 --> 00:28:58.709

We also advocate this not on here, but we also advocated that.

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00:28:58.709 --> 00:29:01.919

This work group should include.

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00:29:01.919 --> 00:29:07.469

Community partners, so, providers from the community specifically those from, like.

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00:29:07.469 --> 00:29:17.729

Uh, marfan Mac would be obvious choices, but we should include people from the, the provider's perspective to give input on how to make this better. And to make sure there are resources.

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00:29:17.729 --> 00:29:24.989

And then, yes, actually, we can send that your flowchart out to everyone.

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00:29:24.989 --> 00:29:37.288

And then, for the behavior team, the behavior unit, we actually, in addition to, I'm suggesting this work group to look implementation plans. Overall, we are focusing this year on increasing the skills.

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00:29:37.288 --> 00:29:43.259

Um, the providers that are participating in our tier supports network to create monitor implementation plans.

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00:29:43.259 --> 00:29:56.368

I I, their different levels, so if you're are a tier 1 agency where you're working on building those universal systems of supports, I'm getting some help to do implementation plans regarding those, uh, if you're supporting people with.

243

00:29:56.368 --> 00:30:01.019

Um, in intensive individualized needs being able to.

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00:30:01.019 --> 00:30:10.259

Monitor and manage implementation plans, like safety crisis plans or behavior, support plans at that level. So, being able to help agencies that have agreed to.

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00:30:10.259 --> 00:30:17.278

Work with us as a tiered agency to get some additional consultation above and beyond the kind of general.

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00:30:17.278 --> 00:30:21.598

Recommendations and process improvements that a work group might come up with.

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00:30:21.598 --> 00:30:24.598

And then as we also have.

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00:30:24.598 --> 00:30:30.179

This case management system that's in development and getting ready to come on line in the next year. So, uh.

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00:30:30.179 --> 00:30:36.689

It seems right to incorporate some of those enhance planning and staffing planning tool elements into that.

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00:30:36.689 --> 00:30:50.273

Development, so being able to have, um, kind of guided planning in, in the connection system, which is the name of our case management system, to kind of help teams, think through the logic of requesting these things to ensure that planning is happening.

251

00:30:50.273 --> 00:30:58.044

And also to just provide additional support, baked into the system. So it's not extra work. It's the, it's just the work that you do to make the plan and you get.

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00:30:58.888 --> 00:31:07.403

Supported planning, and then same thing with the evaluation tool there's no reason why that can't also be built into connection and it could even be automated.

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00:31:07.403 --> 00:31:19.253

So, for an example, if a safety crisis plan is required, then we would recommend billing in an automated check to make sure those things where again just ensuring that we're meeting all our requirements.

254

00:31:19.588 --> 00:31:22.949

Um, based on our or behavioral support.

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00:31:22.949 --> 00:31:28.439

And then we're also working as part of connection and outside as well with.

256

00:31:28.439 --> 00:31:39.118

The state leads for tcm's and service coordinators on how we can help service coordinators, do implementation monitoring. So how, when they're out there doing their, their service monitoring that they're required to do.

257

00:31:39.118 --> 00:31:53.729

For all the services, how how can we help support them to to know what to look for to make a good judgment about what services are happening for their person that they're supposed to be there monitoring for so, those are the things that we recommended.

258

00:31:53.729 --> 00:31:57.358

Um, we have.

259

00:31:57.358 --> 00:32:07.709

Some time for questions, but I really just want to thank everyone on the call who was in 1 of the pilot regions. We appreciate your time.

260

00:32:07.709 --> 00:32:16.108

That you spent doing this, we appreciate your time when you came in to 1 of those town hall style meetings to give us feedback.

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00:32:16.108 --> 00:32:28.348

You all have really great feedback and the experiences that we had, and that you all shared with us were invaluable and kind of determining what made the most sense as far as is going forward.

262

00:32:31.499 --> 00:32:38.939

Um, so we have some time for questions now unless Rita or Dr Rogers have any other additional things that they want to add.

263

00:32:48.388 --> 00:32:58.679

Oh, sorry. Yeah. So what what we're asking support coordinators to do or what we're supporting support coordinators to do.

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00:32:58.679 --> 00:33:05.483

That's a lot of supports in that sentence is not to question the implementation plans,

265
00:33:05.814 --> 00:33:07.463
but to look to see that they are,

266
00:33:07.523 --> 00:33:15.713
they are there that's something that the service provider is supposed to do create implementation plans to teach those.

267
00:33:16.108 --> 00:33:29.128
Strategies that will help the individual or teach those skills that will help the individual, achieve their goals. That's part of their service and support coordinators are to be doing service monitoring. So they should be looking for.

268
00:33:29.128 --> 00:33:36.269
Are they there? Not is it good but just do you have 1 and are you using it?

269
00:33:36.269 --> 00:33:48.598
So, that's what we're asking for.

270
00:33:48.598 --> 00:33:52.048
I will go into the next question 2.

271
00:33:52.048 --> 00:34:00.749
So, what will this mean for you are, as we have guidelines to follow we have to keep have all the info. So, this was just a pilot.

272
00:34:00.749 --> 00:34:08.548
What we wanted to establish was what was necessary to get really to get teams to consider.

273
00:34:08.548 --> 00:34:15.478
Completely or in a holistic way, the needs of the individual and what kinds of.

274
00:34:15.478 --> 00:34:28.168
Tactics or strategies might be used to implement or to better support the individual. Because our hypothesis was the 1st, line of defense is always asked for more staff.

275
00:34:28.168 --> 00:34:31.768
Um, and that's not really the most efficacious.

276
00:34:31.768 --> 00:34:40.559
Or efficient, or cost effective use of resources. So, what we wanted to establish was that.

277
00:34:40.559 --> 00:34:51.293

The teams went through a problem solving process of considerations before deciding what was going to be used to make the situation safer.

278
00:34:51.414 --> 00:34:55.884
So, in other words, developing safety crisis plans 1 of those strategies.

279
00:34:58.679 --> 00:35:07.768
So so that's what we wanted to do, and I'm sorry, I lost my question because lots of other questions are coming in, which is great.

280
00:35:07.768 --> 00:35:13.378
So, it doesn't really mean anything for you are at this point, because.

281
00:35:13.378 --> 00:35:25.528
It was a pilot and we've and we've finished the pilot and what we're going to be doing to facilitate better problem solving amongst teams is incorporating the.

282
00:35:25.528 --> 00:35:29.909
The process of asking those questions into the connection.

283
00:35:29.909 --> 00:35:40.469
System so that it's part of writing the support plan. So, in terms of you are right now, I don't think there's any changes. Is that right? Lucas?

284
00:35:40.469 --> 00:35:48.688
Yep, that is correct what tools are currently available for sc's to use to complete the safety crisis plan.

285
00:35:48.688 --> 00:36:02.969
Lots and lots and lots of tools lots and lots of trainings. Lots and lots of workshops have occurred they're available on our website. 1 point of clarification here, is that the team writes.

286
00:36:02.969 --> 00:36:10.139
The safety crisis plan, or the service provider writes the safety crisis plan, which is a kind of implementation plan.

287
00:36:10.139 --> 00:36:16.829
For the staff to use when there is a situation requiring.

288
00:36:18.028 --> 00:36:30.474
The use of crisis intervention, or for some kind of restrictive or reactive intervention the support coordinator writes the goal that says this will this is needed.

289
00:36:30.503 --> 00:36:34.914

So identifies the need in the and the goal for reducing that.

290
00:36:35.309 --> 00:36:42.268
Problem situation, well, maybe really reducing the risk to the individual.

291
00:36:42.268 --> 00:36:54.298
So there are there are trainings available. There is a template available. There's an assessment template available. All of all of that stuff is on our training.

292
00:36:54.298 --> 00:36:57.418
On our website under training.

293
00:36:57.418 --> 00:37:04.708
If a provider is not part of a tiered supports, can they access any behavior assistance?

294
00:37:06.114 --> 00:37:18.264
So, tier supports is are really behavior assistance to supports his assistance to look at your system and implement those universal strategies that everybody needs to have a good life.

295
00:37:18.534 --> 00:37:24.474
Because we know that if everybody had those universal supports that quality level of support,

296
00:37:24.804 --> 00:37:26.003
they would have,

297
00:37:26.333 --> 00:37:33.744
then we would have less people needing more intensive services about 80% of the people should be able to be supported with just really good.

298
00:37:34.619 --> 00:37:39.148
A really good life nurturing.

299
00:37:39.148 --> 00:37:49.168
Enhancing interesting kind of life, which is what universal strategies are about and.

300
00:37:49.168 --> 00:38:00.623
About 15 to 10 to 15% should need a little bit more than that. Maybe some skill training and about only 5% should be in crisis in our system.

301
00:38:00.653 --> 00:38:07.523
What we find is less than 40% are doing well with just the typical strategies of support or universal strategies about.

302
00:38:10.168 --> 00:38:17.309
30 to 40% need of the, our meeting higher levels of risk and.

303
00:38:17.309 --> 00:38:27.150
Almost 20% are at highest risk, so our triangle are our, our, our support needs are.

304
00:38:27.150 --> 00:38:40.889
Are way beyond what should be if we had really good universal strategies in place and that's what we're trying to get in place with tiered supports but assistance is available through behavioral services. If somebody needs them.

305
00:38:40.889 --> 00:38:44.010
Just need to request behavioral services.

306
00:38:44.010 --> 00:38:50.400
So, tools are going to be online through reliance with the coaching.

307
00:38:50.400 --> 00:38:53.519
Um, component also available.

308
00:38:53.519 --> 00:38:56.519
Uh, on.

309
00:38:56.519 --> 00:39:03.630
Remote access member training isn't just watching a video. This is not training.

310
00:39:03.630 --> 00:39:13.409
This is just telling you stuff training includes coaching and practice. So all of those components are soon to be available.

311
00:39:13.409 --> 00:39:18.329
Widely through relies and through coaching sessions that.

312
00:39:18.329 --> 00:39:25.380
People can sign up for so I think I hit all the questions. If you see 1 that I didn't hit Lucas.

313
00:39:25.380 --> 00:39:39.269
Or Rita, jump in, I think you got them all Dr Rogers and as far as tools of choice, if people are interested in looking at that head over to our website on the tier 1 page, and you should be able to find information about.

314
00:39:39.269 --> 00:39:44.639
The, um, the, the reliance version of tools, and then how to sign up to get on that.

315
00:39:44.639 --> 00:39:57.989
On that list and let's see it looks like we've got all the questions after.

316
00:39:57.989 --> 00:40:03.030
Aren't any more questions we can just kind of hang out of her for a few minutes when people don't have to.

317
00:40:03.030 --> 00:40:08.010
I don't have to keep hanging on if they don't want to and you can have some minutes back in your day.

318
00:40:29.639 --> 00:40:33.690
Okay, I still don't have any questions. It looks like we, um.

319
00:40:33.690 --> 00:40:38.760
Covered everyone's question that asks, so I guess we can go ahead and close it out here.

320
00:40:38.760 --> 00:40:40.949
Thanks everyone we appreciate you attending.