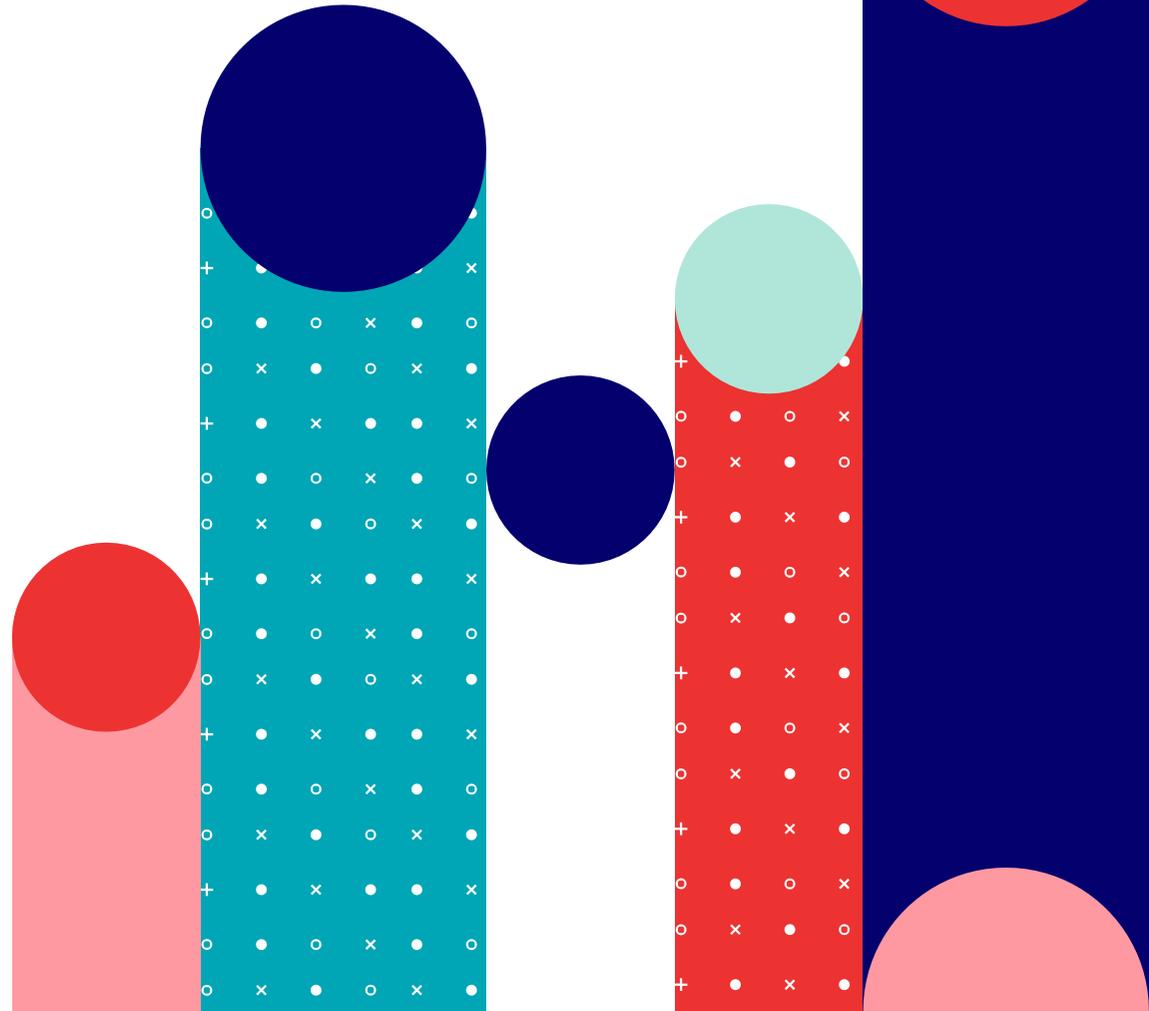


# Tier 3 Informational Meeting

April 24, 2023



# Welcome



# Agenda

- 1 Introductions
- 2 General Reminders
- 3 Reactive Strategies, Restrictive Interventions & Prohibited Practices
- 4 Behavior Support Review Committee Survey Results
- 5 Subject Matter Expert Updates
- 6 Questions and Answers
- 7 Wrap Up

# Introductions



## Chief Behavior Analyst

Dr. Lucas Evans

### Eastern Region

ABA - Melantha Witherspoon

ISC - Cindy Hanebrink

### Central Region

ABA - Syn McDonald

ISC - Chad Reyes

### Western Region

ABA - Rita Cooper

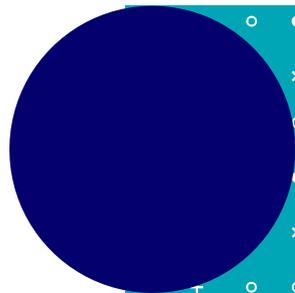
ISC - Kay Hamblin



# General Reminders



- Our Role
  - To Build Capacity
    - Behavior Providers
    - Support Coordinators
    - Regional Office Staff
  - To work across the aisle with DBH
  - To work collaboratively with Tier 1 and Tier 2
  - Build resources
  - Provide access to training
  - Provide consultation



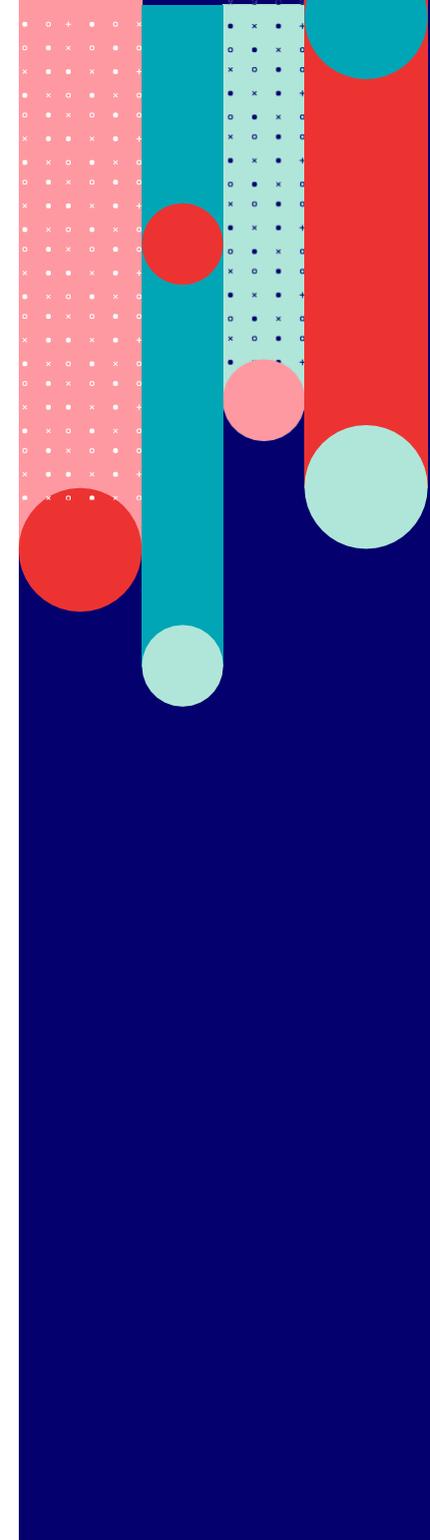
**More than Compliance**



# General Reminders



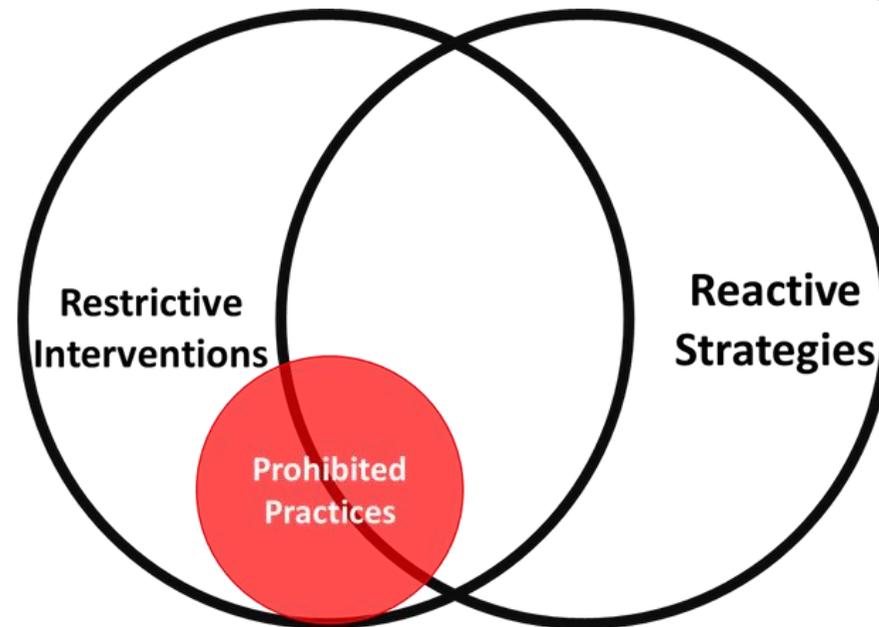
- EMAILs Tier 3
  - [prohibitedpractice@dmh.mo.gov](mailto:prohibitedpractice@dmh.mo.gov)
    - Send all things Prohibited Practice
      - Suspected prohibited practice
      - Questions about GL 85 or CSR related to Prohibited Practices
  - [BSRC@dmh.mo.gov](mailto:BSRC@dmh.mo.gov)
    - Send all things Behavior Support Review Committee (BSRC) related
      - Questions about GL 84 or CSR related to BSRC
      - BSRC Referrals
      - Materials related to attendance at BSRC
  - [BAT@dmh.mo.gov](mailto:BAT@dmh.mo.gov)
    - General Tier 3 questions
  - Personal Emails



# Reactive Strategies, Restrictive Interventions & Prohibited Practices



- Sometimes one strategy is all three, sometimes not
- Context is important and must be considered
- Restrictive Interventions is a CMS term and definition



# Reactive Strategies, Restrictive Interventions & Prohibited Practices



## Restrictive Interventions: What are they?

- An intervention that limits a person's rights (see Directive 4.200, Appendix B)
- Such as restricting movement, access to other individuals, locations, activities, or personal objects
- Includes aversive methods
- Due Process must be afforded prior to implementation (see Directive 4.200, Appendix C)
- Due Process Committee must confirm



Restrictive  
Interventions

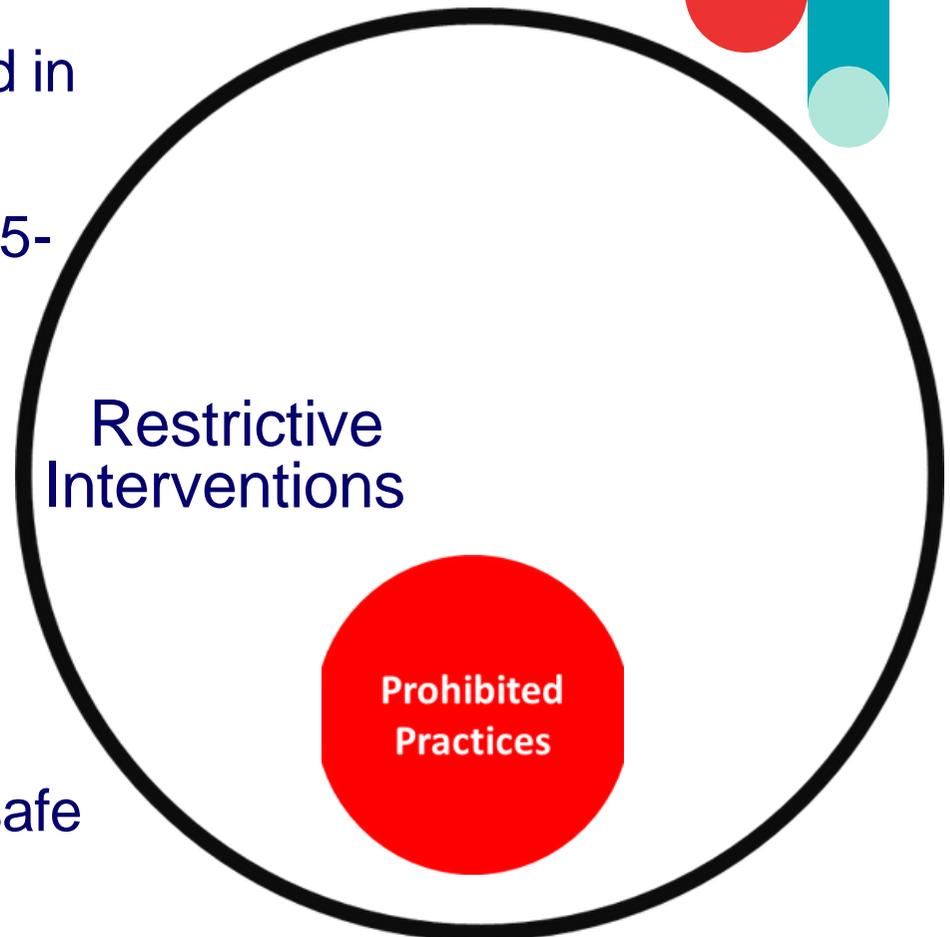


# Reactive Strategies, Restrictive Interventions & Prohibited Practices



## Prohibited Practices: What are they?

- A special type of restrictive intervention that cannot be used in Home and Community Based Settings because it (see 9 CSR 45-3.090)
- Is in lieu of active treatment
- Likely to cause harm
- Dehumanizes individuals
- Can't be used in HCBS-settings
- If discovered, must be
  - Discontinued as quickly as safe
  - Reviewed by BSRC

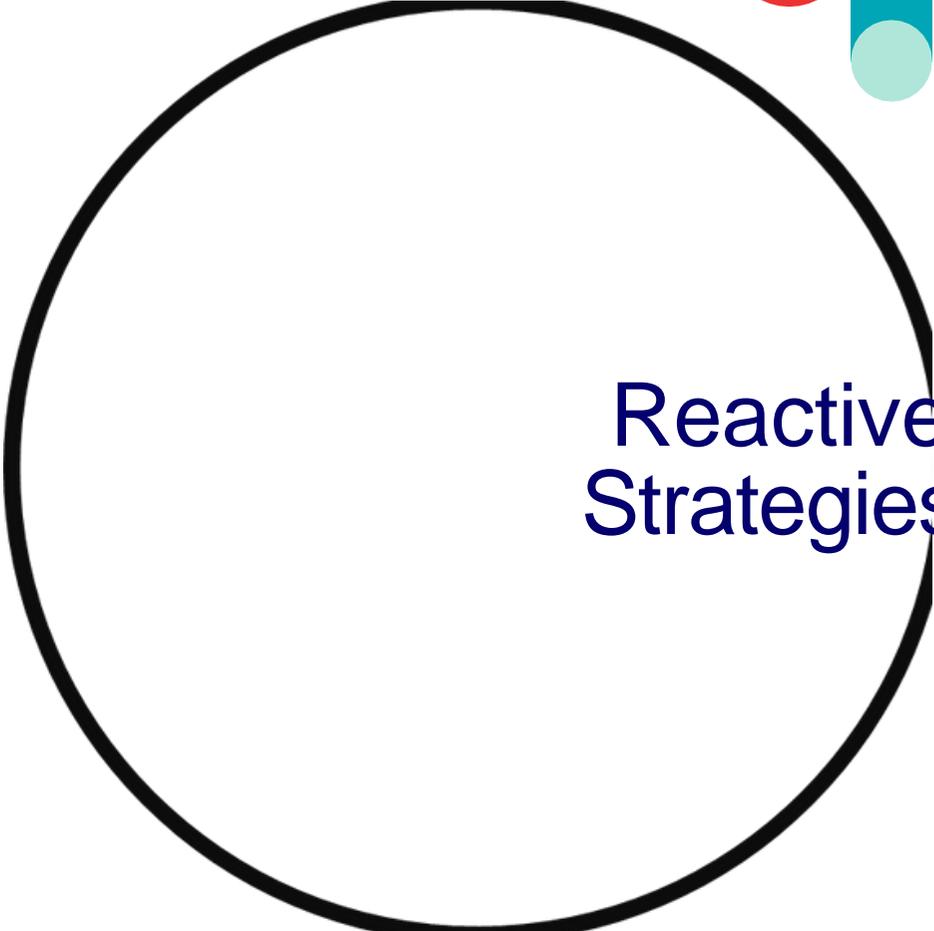


# Reactive Strategies, Restrictive Interventions & Prohibited Practices

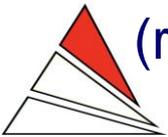


## Reactive Strategies: What are they?

- A strategy used in response to an undesirable behavior
- Aim of the strategy is to bring about an immediate change in the environment, situation or behavior
- May be to reduce risk associated with the behavior
- Some may be positive (de-escalation techniques)
- Some may be restrictive (restraints)



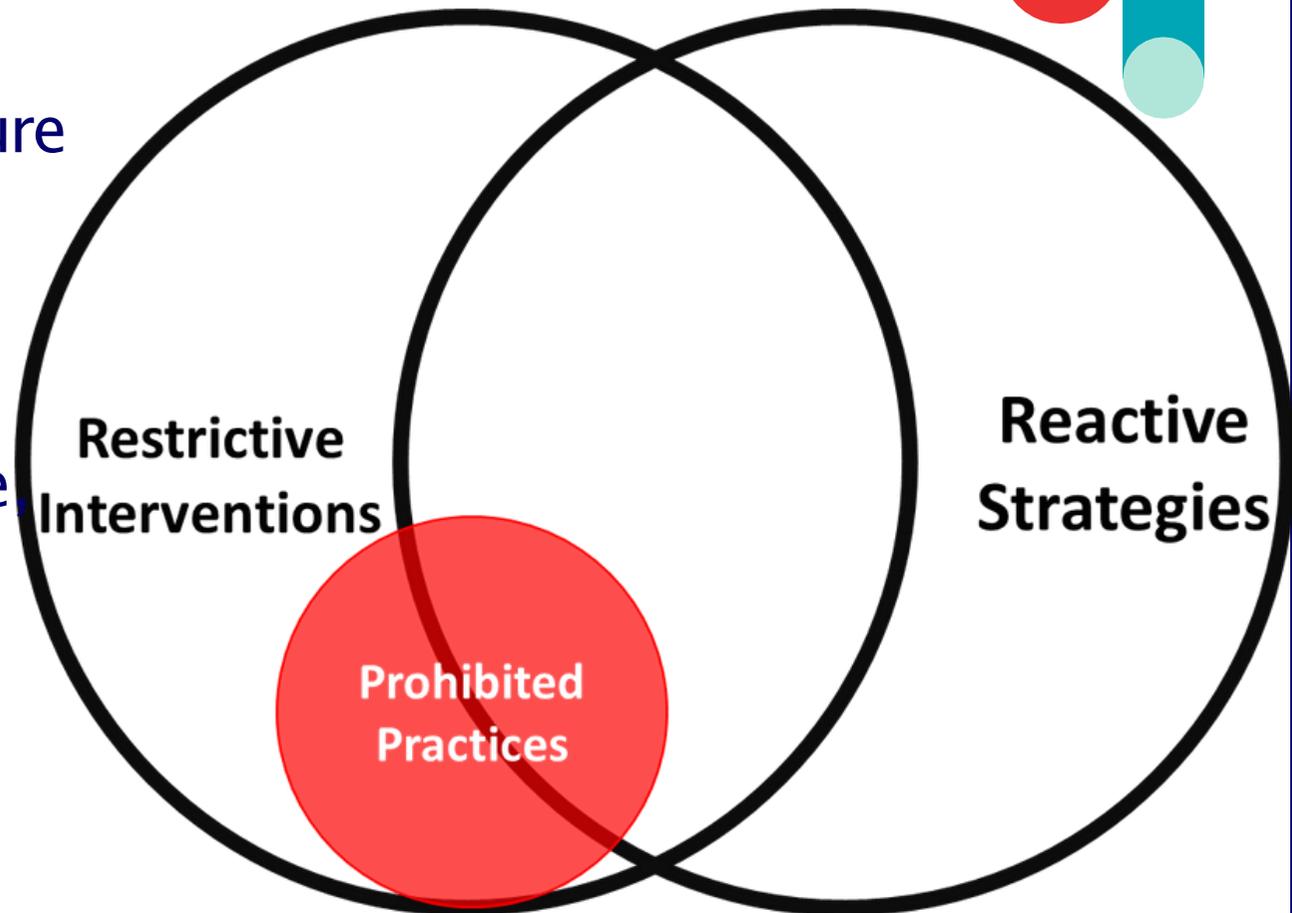
Reactive  
Strategies



# Reactive Strategies, Restrictive Interventions & Prohibited Practices



- When you do something in response to challenging behavior that restricts an individual's rights, you have a reactive, restrictive procedure (e.g., restraint)
- If that response includes a prohibited practice you have all three (e.g., seclusion time out)



# Let's Talk Telehealth



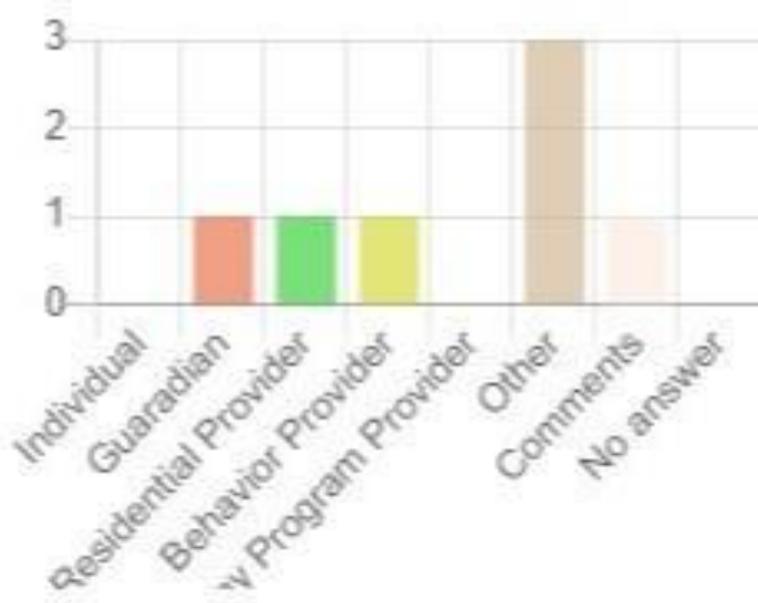
- **The Public Health Emergency (PHE) is ending**
- **Appendix K flexibilities are still in effect and we are in a “wind-down” period now to fade out Appendix K flexibilities**
- **We are planning to continue the allowance of 100% telehealth (i.e., not returning to the old 25% in-person requirement)**
- **We will be providing guidance on how the Division will monitor the use of ABA services, including telehealth**
- **STAY TUNED - More guidance to come**



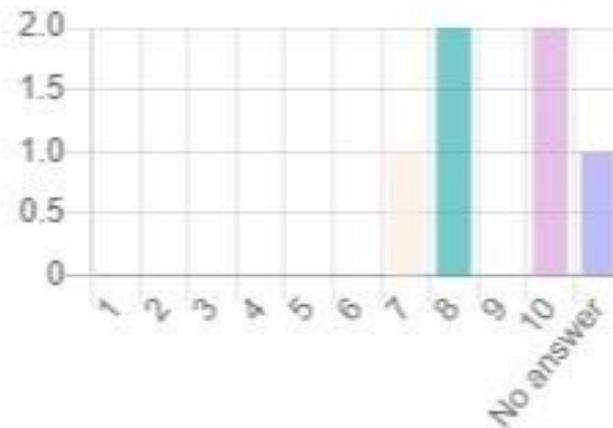
# Behavior Support Review Committee

## Survey Says.....

What is your role on the team?



Rate your level of preparedness for the experience of the Behavior Support Review Committee 1 - Fully Unprepared 10 - Fully Prepared [Level of Preparedness]



**Attendees**



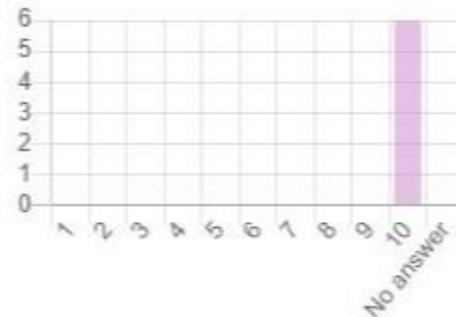
# Behavior Support Review Committee

## Survey Says.....

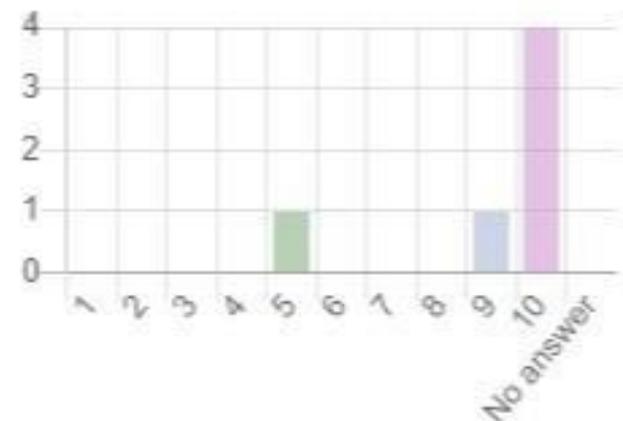
Rate the level of adequacy of the Behavior Support Review Committee to help you address what you felt was the most important issue for this case? 1 - Totally Inadequate 10 - Totally Adequate  
[Level of Adequacy]



Rate your satisfaction with our team to create a safe space to discuss the complex case. 1 - Fully unsafe to discuss the issues and answer questions 10 - Fully safe to discuss the issues and answer questions  
[Level of safety to discuss the issue and answer questions]



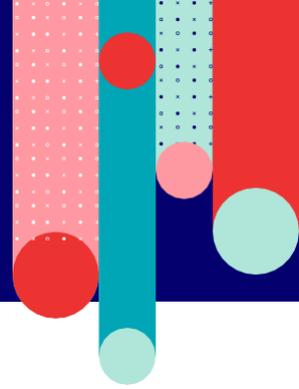
Rate your overall satisfaction with your experience today 1 - Fully Unsatisfied 10 Fully Satisfied  
[Level of Overall Satisfaction]



 **Attendees**



# Behavior Support Review Committee



## Survey Says.....

- Providing additional insight into what would be covered during the meeting (ie: outline of the meeting itself) would've been helpful in preparing for the meeting. Once in the meeting, it went extremely well given such a complex case.
- Happy to be the first to participate in the new format! Great job and great feedback given!
- Knowledge about where consumers like person number three can be placed. I was hoping to learn placement opportunities



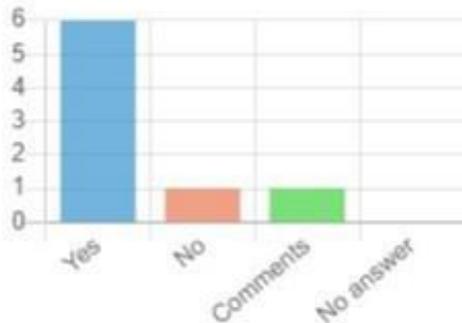
**Attendees**



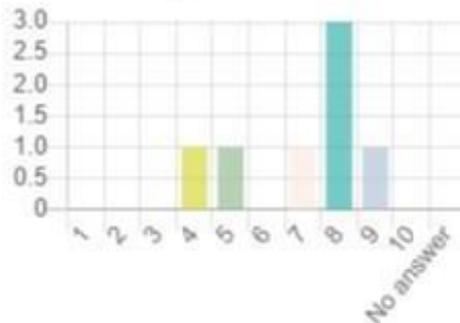
# Behavior Support Review Committee

## Survey Says.....

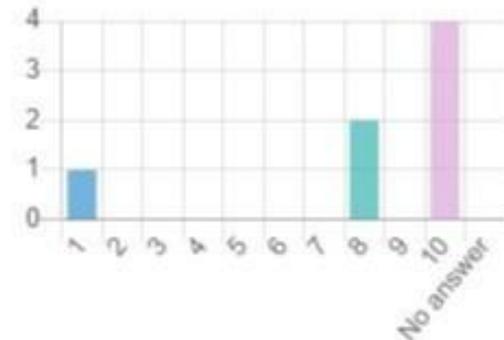
Were the materials received in sufficient time to effectively review them? If No how much additional time would have been needed?



Rate your level of preparedness to execute your role as a committee member for today's review committee 1 - Fully Unprepared 10 - Fully Prepared [Level of Preparedness]



Rate your satisfaction with our team to create a safe space to discuss the complex case. 1 - Fully unsafe to discuss the issues and answer questions 10 - Fully safe to discuss the issues and answer questions [Level of safety to discuss the issue and answer questions]



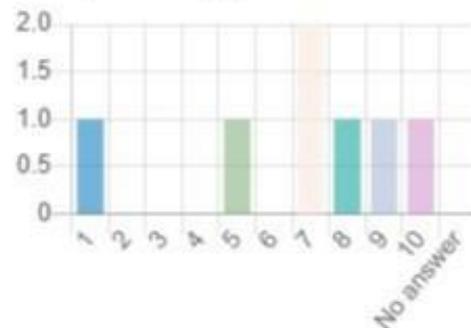
## Committee Members



# Behavior Support Review Committee

## Survey Says.....

Rate your level of ability to support the team at the review, to problem solve and develop action steps to move forward to address the needs of the individual and the team 1 - Fully Unable 10 - Fully Able  
[Level of ability to support the team problem solving and action planning]



Rate your level of satisfaction with your opportunity during the committee meeting to provide support to the team, to problem solve and develop action steps to move forward to address the needs of the individual and the team 1 - Fully Unsatisfied 10 - Fully Satisfied  
Please choose the appropriate response for each item:  
[Level of Satisfaction with your opportunity to support problem solving and action planning]



## Committee Members



# Behavior Support Review Committee

## Survey Says.....

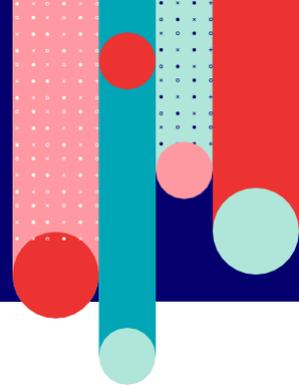
- I felt quite a bit of time was spent gathering historical and current information for the committee members to gain a better perspective of the challenges occurring. And while that information is an imperative factor in the process, I wonder if some of that information can be provided ahead of time, similar to client ISPs and BSPs being provided. Maybe something like a small questionnaire that's sent to the team that gets disseminated ahead of time? Otherwise, I think the meetings, and the format of the meetings, are very professional and conducive for helping clients and their teams.



**Committee Members**



# Behavior Support Review Committee



## Survey Says.....

- My experience with the committee is excellent.
- I don't think BSRC is helpful.
- Complete forms online - not able to print and provide feedback with paper copies.
- Provide an example of how to complete the form
- Specific invites for each person to be reviewed versus the time for all 3
- One email only sending information - gets very confusing to find it all



**Committee Members**

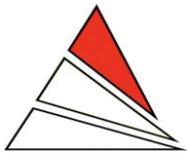


# Subject Matter Experts Updates



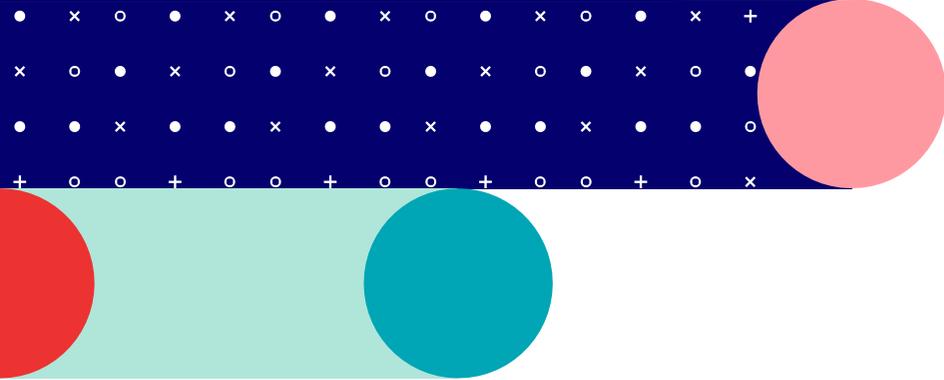
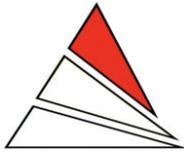
- **Melantha Witherspoon**
- **Syn McDonald**
- **Rita Cooper**

# Upcoming Events



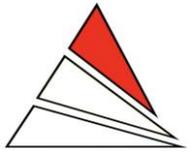
- **BSRC**
  - **5.9.2023 AM & 5.18.2023 PM**
- **Clinical Conceptualization Workshops**
  - **Incorporating Behavior Skills Training into your DMH funded Practice**
    - **5/12/23 2:00 PM – 4:00 PM Melissa Weber**
      - **Conversational control techniques: Managing resistant stakeholders and creating Buy In**
        - **5/16/23 1:15 PM – 3:15 PM**  
**Dr. Dimitri Makridis**
    - **Growing Together is BACK!!**
      - **5.3.2023 12-3**





# Questions and Answers

# Wrap - Up



## Next Informational Meeting

6.26.2023

No Meeting in May  
Happy Memorial Day

