Applying PBS to a Statewide Service System: Special Focus on Tier 2

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What we know

4 out of 10 people are at risk of or are experiencing behavioral crisis

85% of residential providers need support to predict, prevent, and reduce behavioral crisis

We spend a lot of resources reacting to crisis!
Common Approaches

- Increased medications
- Added Staffing
- Law Enforcement
- Hospitalizations
- Provider forced moves

Helpful
You are not
What we know

Implementation science: we must work toward sustainability

Behavioral science: achievable goals are made up of small steps

Wide-spread problems: we must address at a systems level
Missouri Tiered Supports: Our Systems Approach
What is MO Tiered Supports?

A state sponsored consultation process

Focused on helping organizations develop systems to support positive practices for improved services
Essential Elements

- Common values
- Active leadership
- Action planning
- Team problem-solving
- Professional peer mentorship
- Systems of reinforcement
- Competency training
- Frequent feedback
- Ongoing assessment & monitoring
- Evidence-based decision making
What do we do?

Define

Evaluate

Analyze

Coach
How’s it add up?

What We Do + What You Do = A Good Life
Tier 1 Universal Strategies

- Assessment (ASSET)
- Data analysis
- Training

- Action-plan
- Regular review and onsite coaching
Tools of Choice

- PBS competency based course
- Helps people build relationships
- Helps families stay together
- Free to Tiered Agencies & Family members
What’s the data say?
Change in implementation of universal strategies based on level of involvement in MO Tiered Supports

<table>
<thead>
<tr>
<th>Level of Involvement</th>
<th>Baseline</th>
<th>Post Tiered Supports</th>
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</thead>
<tbody>
<tr>
<td>Low</td>
<td>36</td>
<td>45</td>
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<tr>
<td>Moderate</td>
<td>50</td>
<td>60</td>
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<tr>
<td>High</td>
<td>52</td>
<td>75</td>
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Cost to Review Severe Behavioral Incidents by Implementation Level FY17-FY19

Level of Implementation

- high implementers
- moderate implementers
- low implementers
- non tiered

Cost of Review

FY17 - FY19
Why do we need Tier 2 & 3?

40% of people need support beyond Tier 1

85% of providers need additional support
Tier 2 Prevention Strategies

- Data analytics
- Assessment (T-SSET)
- Problem-solving
- Targeted interventions
- Training
- Action-plan
- Review and coaching
Tier 2 Prevention Strategies

Problem:
➢ Large groups of people with 1:1 and 2:1 staffing

Targeted Intervention:
➢ Enhanced staffing review process
Amount of staffing hours/month being requested: [ ]
Projected budget (to reflect requested hours): [ ]
Current staffing hours/month: [ ]
Current budget:
  Change: 0.00 hours  $0.00 dollars

Other Services
- Behavior Services: [ ]
- Crisis Services: [ ]
- Counseling: [ ]
- Assitive Technology: [ ]

How long is it anticipated this person will need this extra level of staffing?
- Between 6 and 12 Months

In what locations will enhanced staffing be provided?
- Living Area
- Community
- Vehicle
- Bedroom
- Bathroom
- Day Program
- Other (please specify)

During what times will enhanced staffing be provided and at what ratio of supervision?
- Continuous (24 hours every day)
- First Shift
- Second Shift
- Third Shift
- Between the hours of [ ] and [ ]

Identify the Level of Supervision that the enhanced staff will be required to maintain.
(The following hierarchy is to be used as a guide for fading enhanced staffing)
- Arms-Length Supervision: An assigned staff person must remain within 36 inches (3 feet) of the person, keep that person constantly within his or her line of sight, and be able to intervene immediately as needed.
- Close Proximity Supervision: An assigned staff person must remain within 15 feet (no greater than 15 feet) of the person, keep that person constantly within his or her line of sight, and be able to intervene within five (5) seconds.
- Line-of-Sight Supervision: An assigned staff person must remain within twenty-five (25) feet of the person, keep that person constantly within his or her line of sight, and be able to intervene as needed within ten (10) seconds.
- Heightened Supervision: The staff in the area must know where the person is at all times, visually observe the person within [ ] minute intervals (no greater than 15 minutes), and be able to intervene as needed.

Purpose or Goal of Enhanced Staffing:
[ ]
What other activities can staff person be engaged with while staffing the individual at requested enhanced level?

- [ ] Driving
- [ ] Household Activities
- [ ] Assisting other Individuals
- [ ] Documentation

What will staff be doing for and with the individual during enhanced staffing?

Assisting individual to

- [ ] Complete ADLs and self-care
- [ ] Learn/accomplish ISP objectives
- [ ] Engage in leisure activities

Implementing

- [ ] Safety Crisis Plan (please attach)
- [ ] Behavior Support Plan (please attach)
- [ ] Strategies from behavioral health (mental health) treatment plan or recommendations

Documentation

- [ ] Document data for tasks above
- [ ] Complete daily log notes

Other (specify)

If enhanced staff is already being provided (requests for continuing staffing), do monthly summary documentation support the effectiveness of enhanced staffing? Please explain. (attach copies of past 3-months of monthly provider summaries)

What are the exit criteria or fading plan to reduce and/or eliminate enhanced staffing?

Goal date for decreasing enhanced staffing:

Will staff be restricting the person's access to the community, activities, locations, personal items, phones, or people that are part of a typical life in the community?

Restrictions: [ ] Yes [ ] No

Date of Due Process Review:

If staffing request is for behavioral issues then

Is the Behavior Support Plan

- [ ] Current and effective (attach data)
- [ ] Implemented consistently (attach data)
- [ ] Shared with all Planning Team members (attach previous 3-mo of monthly summaries)
Tier 2 Prevention Strategies

Problem:
- Providers with over 70% of population needing Tier 2 & 3 level support

Targeted Interventions:
- Provider Support Committee
- Enhanced Tier 1
- Frequent check ins with Statewide Tiered Supports Team
Tier 2 Prevention Strategies

Problem:
- Behavior Support Plans are missing essential elements

Targeted Intervention:
- Behavior Analysis Mentorship Program
Tier 2 Prevention Strategies

Problem:
- Unplanned reactive strategies commonly used

Targeted Intervention:
- Safety crisis plan training
<table>
<thead>
<tr>
<th>Adults/staff have done</th>
<th>Student responded by</th>
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<tr>
<th>Prevention Steps</th>
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<td>Trigger Event (list each known event)</td>
<td>Action to Take</td>
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<th>Precursor behaviors (list each known behavior)</th>
<th>Action to Take</th>
<th>Person Responsible</th>
<th>How long or how often should the actions be done?</th>
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<tr>
<td>Criteria for escalating safety intervention</td>
<td>Action to Take</td>
<td>Person Responsible</td>
<td>How long or how often should the actions be done?</td>
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What's the data say?
Population by Tier Across Quarters

- **FY20Q1**
  - 59% population
  - 33% tier
  - 9% tier
  - 8% tier

- **FY20Q2**
  - 63% population
  - 29% tier
  - 8% tier

*Note: The graph shows the percentage distribution of the population across different tiers for the first and second quarters of fiscal year 2020 (FY20). The tiers are color-coded for easy identification.*
The number of residential providers needing Tier 2 support

- FY19Q3: 257 providers
- FY19Q4: 268 providers
- FY20Q1: 255 providers
- FY20Q2: 224 providers

Begin Tier 2 Planning & Pilot Implementation
Severe Incidents at Agency
Implementing Targeted Interventions

Internal Coaching Began in December
Tier 3 Intensive Strategies

- Data analytics– Identifying high risk individuals
- Problem-solving system– (BSRC)
  - Action-plan
  - Intensive interventions
  - Review and coaching
- Training
Behavior Support Review Committee

- Committee of volunteer LBAs
- Meet twice monthly
- Whole team encouraged to attend
- Review BSPs
- Provide consultation
<table>
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<tr>
<th>Element</th>
<th>Components</th>
<th>Rubric</th>
<th>Score</th>
<th>Specific Comments</th>
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<tbody>
<tr>
<td>1. Interventions are aligned to identified function</td>
<td>□ Clear antecedent condition □ Clear behavior □ Clear consequence condition □ Intervention logically related to context</td>
<td># x 3 points</td>
<td>0 / 12</td>
<td></td>
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<td>2. Behavior targeted for decrease and increase are defined in observable, measurable terms</td>
<td>□ At least one behavior targeted for increase □ At least one behavior targeted for decrease □ Behavior are observable and measurable □ If psychotropic medications are prescribed, symptom behaviors that meds are intended to effect are defined</td>
<td># x 3 points</td>
<td>0 / 12</td>
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<tr>
<td>3. Measurable and time-limited goals for target behaviors that improve quality of life</td>
<td>□ Goals are measurable □ Goals are time-limited □ Goals related to a specific behavior for increase □ Goals would increase Quality of Life – behavior specified for increase is socially relevant for the person</td>
<td># x 3 points</td>
<td>0 / 12</td>
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<td>4. Specific instructions for data collection procedures that reflect the behavior</td>
<td>□ Specific instructions for how data is to be collected for all targeted behaviors □ Data collection reflects relevant dimension of behavior</td>
<td># x 6 points</td>
<td>0 / 12</td>
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<td>5. Antecedent strategies to affect the probability of targeted behavior (increase and decrease)</td>
<td>□ Antecedent strategies to increase likelihood of behavior targeted for increase □ Antecedent strategies to decrease</td>
<td># x 6 points</td>
<td>0 / 12</td>
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| 6. Specific instructions for reinforcement of behavior targeted for increase with identified potentially reinforcing stimuli | - Specific instruction for how to reinforce behavior  
- Schedule of reinforcement is identified  
- Potential reinforcers identified and part of the reinforcement strategies | # X 4 points |
| 7. Reactive strategies for behaviors targeted for decrease | - Specific instructions for how to respond to challenging behavior  
- Strategies are likely to decrease or minimize reinforcement for behavior targeted for decrease | # X 6 points |
| 8. Evaluation of efficacy of behavioral strategies | - Visual display of data  
- Relevant contextual variables present on display  
- Clear demarcation of baseline and intervention phases, including when strategy changes occurred  
- Visual progress is logically related to strategy changes | # X 3 points |
| 9. Measures for fidelity of implementation and strategies to maintain high fidelity | - Specific instruction for how fidelity will be measured  
- Specific instructions for what will be done to maintain high fidelity or remediate low fidelity  
- Specific plan for communicating progress with relevant stakeholders | # X 4 points |
| 10. Describe specific strategies to promote generalization | - Specific strategies that promote generalization are present such that typical stimuli (both antecedents and consequences) exert control without need for contrived stimuli  
- Strategies should result in maintenance of BSP effects | # X 6 points |

Total Score 0 / 120

Summary Comments (if needed)
What do providers say?

90% of people participating in MO Tiered Supports say there has been a positive shift in their organization.
Next Steps

- Echo to improve skills of broader audience
- Value based purchasing
- Tools of Choice hybrid course
- Build Tier 2 team
- Real-time data
Q&A

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