PBS, Technical Assistance & Evaluating Progress in New Mexico

Developmental Disabilities Supports Division

Cheryl Frazine – Chief, Bureau of Behavioral Support, DDSD
Chris Heimerl – Positive Approaches Consultant, Bureau of Behavioral Support, DDSD
10 Regional Behavior & Crisis Specialists
Goals of this session...

We will discuss:

• The history & current system of Positive Behavioral Supports in New Mexico

• Our Technical Assistance approach with participants (individuals, family/friends, direct support personnel (DSP) & professionals)

• Systems evaluation utilizing the individualized Behavior Effectiveness Review
Shiprock – The remnants of a volcanic plug in Northwest NM
- New Mexico’s Uniqueness -

• 5th largest state geographically; 36th in total population; 45th in terms of population density (17/sq. mile)

• Only 2.081 million people: Over half live around Albuquerque

• Low income: <$24K overall, even less in rural areas; rank 46th in terms of median income (~$45,000); 20.4% of families live below national poverty line

• Culturally diverse: 82.5% white; (48% identify as Hispanic or Latino); 10.5% Native American representing 19 pueblos & 3 reservations; 2.1% African American; 5% other
- New Mexico’s Waiver History -

- Institutional History
  - NM had 3 major institutions that served hundreds of individuals with IDD;

- The Jackson Class Action Lawsuit
  - Allegations of Human Rights violations in the institutions
  - Did not order closure of the institutions

- The Development of our Waiver System
  - Institutions closed in 1988 – not directly related to the lawsuit
- New Mexico’s Waiver History -

• Origin of the DDSD Bureau of Behavioral Support
  • Mid 1990s NM decided to establish a centralized office to oversee community behavioral practices—began promoting Positive Approaches overall, & Positive Behavioral Support
  • Began as a 5 person centralized office
  • By early 2000s – Expanded to all 5 Regional Offices with 12 total staff; in 2015 we became a Bureau
- Current Demographics of NM DD Waiver -

• Approximately 3,500 individuals receiving services through the Home and Community Based Waiver
  • Large menu of services that include residential, vocational, community supports, crisis supports, sexuality services, therapies (OT, PT, SLP) and Behavioral Support Consultation
  • Over half receive support for mental health, behavioral & sexuality concerns

• Approximately 3,900 individuals on the Central Registry actively awaiting services
  • Some limited services (employment, residential, behavioral support) are available to those with the most critical need
What is our take on Positive Behavior Support?

Key Ideas in our system of PBS:

- **Build** a Person’s Life**
  - Don’t **be** a person’s life...
  - Natural Supports and Generic Services

- Attend to ‘Problem Environments’
  - ‘problem behaviors’ tend to go away...;

- By utilizing positive approaches...
  - The experience of supporting the person is positive for the direct support personnel.
What is our take on Positive Behavior Support?

Key Ideas in our system of PBS:

• A Clear Focus on Strengths and Skills
  • Does a plan seek to solely eliminate ‘behaviors’ (punishment) or does it focus on building skills (replacements, social connections, employment)?
  • Is it durable and portable?

• A Commitment to Non-aversive Practices
  • Elimination of artificial punishment and consequences...
  • Human Rights – HR Committees at every residential agency ~ plan reviews/approvals
BBS Technical Assistance Approach in New Mexico

• Our work tells us PA/PBS are evolving, emerging practices & we encourage open, creative approaches to serving the person

• Our bias is to place a great emphasis & value on relationships—for persons served as well as those that support them

• Behavioral & crisis specialists serve in each of the 5 regional offices; our main focus is to educate & assist all interdisciplinary team members
BBS Technical Assistance Approach in New Mexico

• Offer technical assistance, clinical guidance & support on a range of topics: positive behavioral support, crisis events, sexuality, community inclusion, human rights, dignity of risk

• We work hand-in-hand with people with I/DD & behavioral challenges (and those that support them), particularly when things are going awry

• We also work to collaborate with other state systems to support people with I/DD
Approaches to System Evaluation

Albuquerque International Balloon Fiesta – Every October
Current Systems Assumptions about people diagnosed with I/DD

• People are:
  • Are largely passive, fragile recipients of services
  • Have limited potential for relationships & sophisticated skill development
  • Don’t have insight & self-awareness needed to meaningfully identify their needs & wants
  • Their needs are adequately identified via procedures (such as IDT planning?)

• Essential health & safety outcomes result from uniform application of policies
Current Systems Assumptions about people diagnosed with I/DD

• Direct support personnel (DSP) will come & go quickly
  • Don’t invest a lot of time in them (and guess what, often we don’t)

• Improving the quality of services (and people’s lives?) comes from improved organizational procedures & data accounting

• There is no conflict between improving quality & insuring safety by requiring uniform application of impersonal procedures
Regulate by “Inspect & Correct”

- Highly detailed prescriptive rules, procedures, outcomes & documentation to “prove” what is occurring
- Rules & procedures are codified with an expectation of universal application
- External inspection required by certified professionals, may be supplemented by “lay” or peer monitors
- Identification of deficiency dominates
- Wide range of sanctions for non-compliance, with threats far outweighing opportunities for assistance
Finding the Balance

• What is important to this person

• What is important for this person?

What happens in between?

Michael Smull
Our Way...Assumptions

• People with I/DD
  • Are choice makers
  • Are capable of contribution & mutually rewarding relationships
  • Have clear preferences, interests & motivations with respect to how they wish to live their lives
  • Their capacities & needs only understood in context of trusting relationships—
    • where others join them in responding to opportunities, risks & problems
Our Way...Assumptions

• We feel that people’s safety is best protected through the quality of their relationships & the control they exercise over their life circumstances.

• We assume that the individuals that we serve want to live interdependently in genuine relationships with others, as we all do!

~ We attempt to make all this happen ~
Our Way...Regulate & Create

• Emphasis is on:
  • Creating opportunities to form *interdependent* relationships—clear expectations that each DSP contributes to the wellbeing of the person served
  • Attending to ways to strengthen the voice of the person, their family, & DSP
  • Increasing the range & depth of community presence & social integration
  • Nurturing a sense of belonging with one’s home & community
Our Way...Regulate & Create

• Our activities:
  • Seek to reward innovation, creativity, & alternatives instead of punishing non-compliance
  • Money is flexible & individualized
  • Have a reliable process to provide everyday & extraordinary assistance
  • Interested in strengthening learning capacity—this extends to persons receiving support AND those providing that support

Absolutely, YES, we continue to develop effective ways to detect, investigate & prosecute abuse, neglect & exploitation
Evolution of Behavior Effectiveness Review

• Based on factors relevant to each individual’s experience of services and quality of life

• Evaluation criteria is centered on the person rather than the provider.

• Information gathering is heavily biased toward the opinions and observations of family & DSP

• We have not found that exclusive data-driven evaluation of behavioral topography to be a reliable predictor of support effectiveness
Evolution of Behavior Effectiveness Review

• We have found that behavioral functional analysis has limited utility in our community system

• As we worked on increasing BSC competence to design & implement functional assessments; people’s lives and behavior improved, often dramatically, without rigorous analysis, hypothesis and direct interventions trials

• We view most service domains as vehicles rather than ends
Evolution of Behavior Effectiveness Review

• We place great emphasis on relationships, but recognize that not *all* individuals draw their meaning & satisfaction there

• We promote various means to account for a person’s status

• Changing behavior is subordinate to:
  • Changing people’s experience of their world
  • Their capacity to cope with its demands
  • Their emotional well-being & their outlets to express rage, loneliness & sadness
The Behavior Effectiveness Review

The BER

The BER intends to:
• Assess status of waiver recipients
• Observe provider practices
• Project training and technical assistance priorities
• Observe systemic impact of PA/PBS approach
• Establish a support effectiveness/quality of life finding based on a combination of documentary, observed, reported and/or inferred evidence.
BER Activities

Document Review

Individual Service Plan

Positive Behavior Support Plan:

a) Development-Are required components included? Do they help form a consistent plan? Does the plan present a respectful, holistic image of the individual?

b) Clinical rigor-Does plan present a clinically coherent direction for support? Is direction formed using accepted means of evaluation & intervention? Do recommendations incorporate environmental, interpersonal, & activity considerations? Are other factors influencing behavior considered such as medical and mental health complications?

c) Comprehensiveness-Does plan promote understanding of the person & guide their support in enhancing quality of life, not simply reducing behavior? Is the behavioral support an integrated aspect of the person’s life rather than a discrete feature?
BER Activities

Other, equally important activities

• Attend Interdisciplinary Team Meeting
  • To assess team knowledge, skill & functioning
• Conduct Site Visits
  • Observe DSP-person relationships & plan implementation
• Effectiveness Indicators Reconciliation and Scoring
• Overall Findings
Support Goals and Interventions
“The Effectiveness Indicators”
(Skill Building)

• We continually set the stage for desired existing behavior and skill development that enhances all adaptive domains, social and communication skills most critically. This may include specific substitutions satisfying the function of challenging behaviors.
Support Goals and Interventions

“The Effectiveness Indicators”

(Community Integration)

• We explore growing and varied opportunities to engage in a range of community experiences, places and people according to our best understanding of the person’s interests, skills, and pace.
Support Goals and Interventions

“The Effectiveness Indicators”

(Behavior Topography)

• We have specific prevention and intervention strategies, in addition to broader considerations, that impact the intensity, frequency, and duration of the individual’s challenging behavior.
Support Goals and Interventions

“The Effectiveness Indicators”

(Team Strategic Capacity)

• The person’s family and staff have enhanced confidence and capacity for responding to challenging behavior. This is observed regardless of impact on traditional topography.
Support Goals and Interventions

“The Effectiveness Indicators”

(Team Understanding)

• The person’s family and staff capacity to understand and observe factors contributing to challenging behavior is enhanced. They understand issues from an ecological perspective.
Five Years of BER Findings: Activities

1. JCM is number in sample
2. IDT is number of team meetings attended
3. SV is number of site visits observed—various settings
4. PBSP is number of assessments & plans formally reviewed
5. BSC is number of behavior support consultants with reviewed plans
6. STAFF is number of direct support personnel (DSP) that actively contributed information
BER Findings: Effectiveness Indicators

1. CI is opportunities for community integration
2. BT is topography of challenging behavior
3. SB is organized, purposeful skill building
4. TC is team competence & capacity to implement the ISP & PBSP
5. TU is how the team views the person & the ecology of behavioral events
6. O is the overall assessment of the adequacy of support the person receives
BER Findings: Plans, EPR & Medications

• Since 2011, find that the majority (80-91%) of BSCs write adequate plans that describe proactive prevention and reactive intervention strategies

• We engage in professional development activities with BSCs that need additional guidance

• Also find that emergency physical restraint (EPR) is used sparingly & is used as a last resort to maintain/restore safety for the person & those around them

• PRN Psychotropic medication may only be used to specifically address behavioral distress; we find that in any given year, 25% of the sample have a prescription but they are rarely used
BER Findings: The Person

- Paul gets into the community on almost a daily basis when he is medically able to do so. He delivers flyers for a local burger joint and he is working with his staff to become more and more independent in doing this. Paul loves to interact with people and collect cars magazines from multiple locations in the community. He loves to show off his room to those that visit his home and is very proud of his car magazines, showing them off too, or carrying some of them with him. Paul continues to have some minor issues with inappropriate touch, but these are easily redirected and are reported to be less aggressive than in the past.

- Paul’s team works well together and knows him very well. They appear to understand what he wants and needs and are able to implement that to the best of their ability. Any disagreements within the team are handled in a professional manner. The staff who work with Paul seem to know him and Paul seems to get along with them and trust them. All staff observed spoke to him in a respectful manner and had an understanding of Paul and his plans.
Sunset at White Sands National Monument, NM
Questions?

Cheryl L. Frazine, MA
Chief, Bureau of Behavioral Support
Developmental Disabilities Supports Division
cheryl.frazine@state.nm.us
505.841.6510