

Welcome to the waiting room!

Thank you for joining us for today's webinar presentation. We will begin shortly. If you need assistance before we start, you can communicate with us using the question window.



BASIC ASSURANCES® WEBINAR SERIES

Factor 8: Positive Services and Supports



Jennifer Quigley | Quality Enhancement Specialist



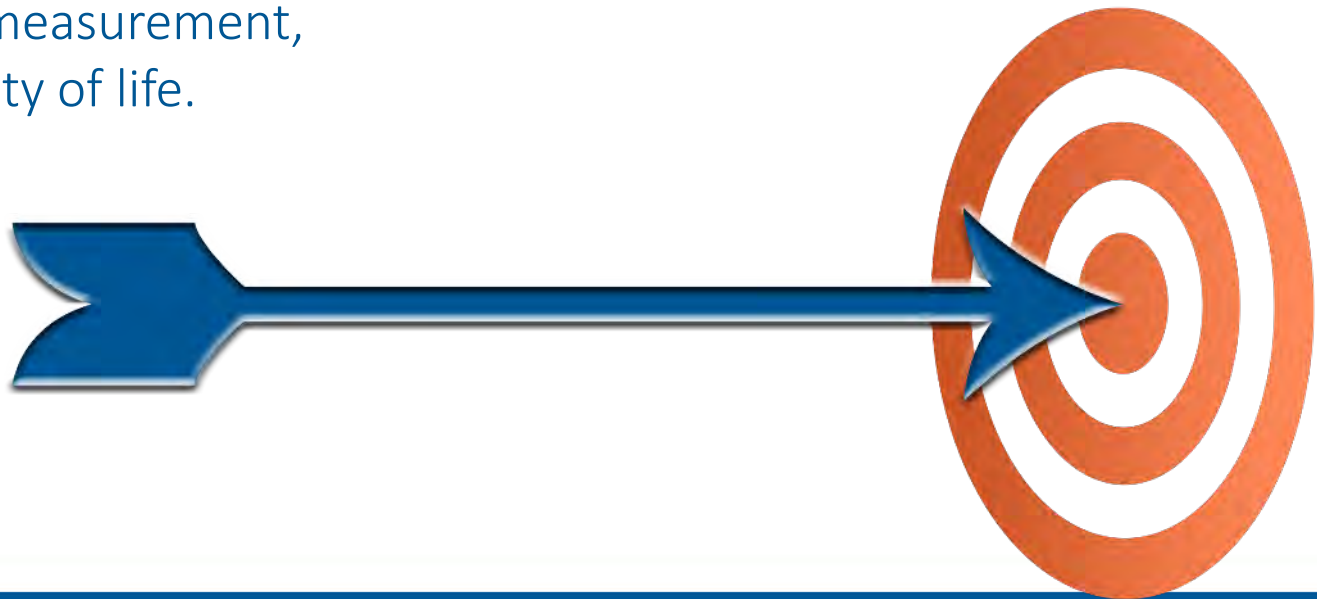
CQL | THE COUNCIL ON QUALITY AND LEADERSHIP ABOUT US

Vision

A world of dignity, opportunity, and community for **all** people.

Mission

CQL is dedicated to the definition, measurement, and improvement of **personal** quality of life.





CQL | THE COUNCIL ON QUALITY AND LEADERSHIP
ABOUT US

Change *Inspires* us.

“Quality is a continuous journey,
it’s not a destination.”

- Jeff Pederson, CHI Friendship



CQL | THE COUNCIL ON QUALITY AND LEADERSHIP

CQL PARTNERSHIP

- An *appreciative* approach to quality enhancement
- Opportunities not deficiencies
- Continuous quality improvement





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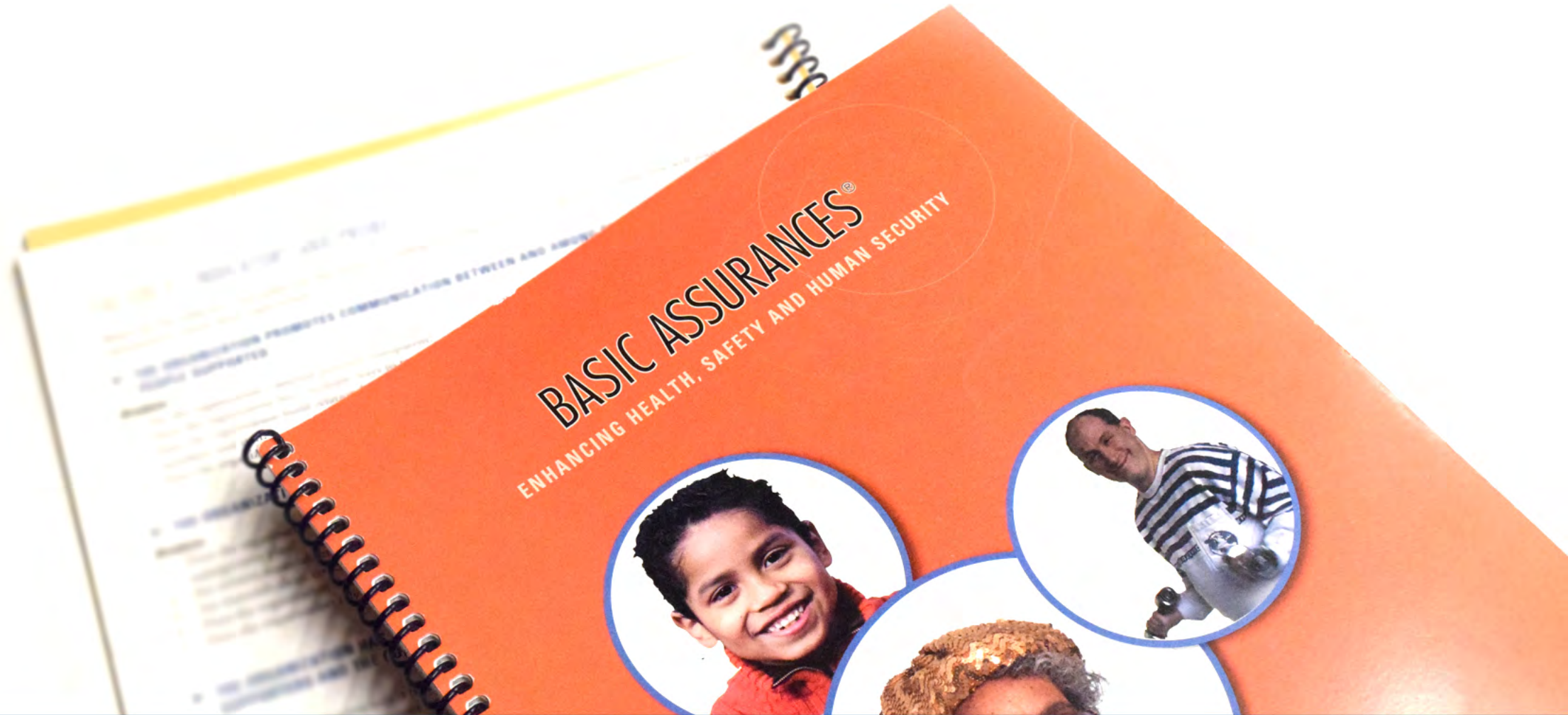
WEBINAR OVERVIEW

- Introduction to the Basic Assurances®
- Process and evidence collection
- Indicator A: People's individual plans lead to person-centered and person-directed services and supports.
- Indicator B: The organization provides continuous and consistent services and supports for each person.
- Indicator C: The organization provides positive behavioral supports to people.
- Indicator D: The organization treats people with psychoactive medications for mental health needs consistent with national standards of care.
- Indicator E: People are free from unnecessary, intrusive interventions.
- Validation and Decision-Making
- Data
- Questions



BASIC ASSURANCES®

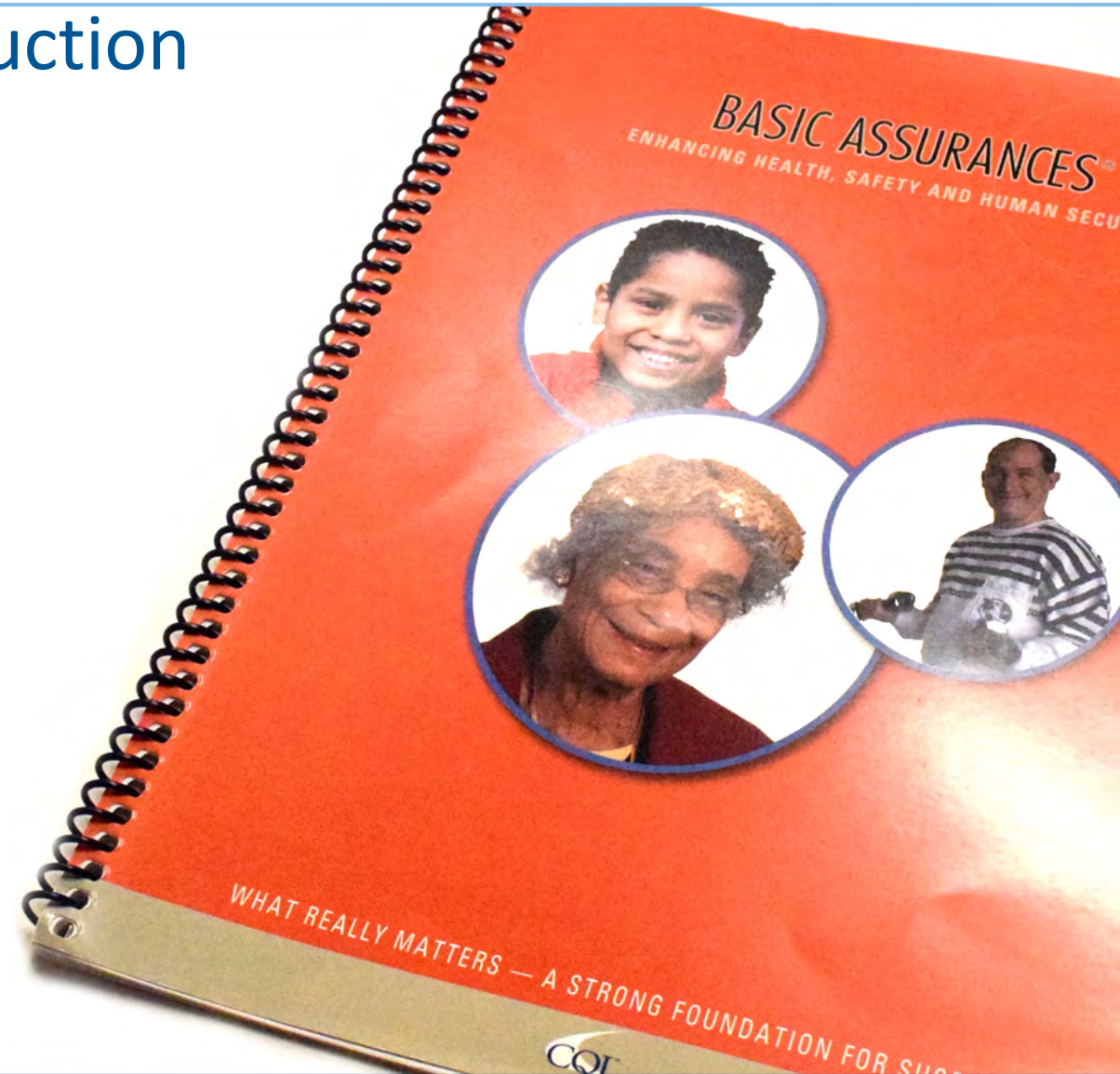
An Introduction



BASIC ASSURANCES[®]

An Introduction

1. Rights Protection and Promotion
2. Dignity and Respect
3. Natural Support Networks
4. Protection from Abuse, Neglect, Mistreatment, and Exploitation
5. Best Possible Health
6. Safe Environments
7. Staff Resources and Supports
8. Positive Services and Supports
9. Continuity and Personal Security
10. Basic Assurances[®] System





BASIC ASSURANCES®

An Introduction

Key Concepts

The Basic Assurances® focus on essential, fundamental, and non-negotiable requirements for all service and support providers

- Organizations are encouraged to implement consensus best practices in relation to each measure
- The Basic Assurances® require more than compliance with licensing and certification standards. We use this tool to understand the effectiveness of practice through the perspective of each person.



BASIC ASSURANCES®

Factor:

Positive Services and Supports (Topic Area)

Structure

Indicator:

8b The organization provides continuous and consistent services and supports. (Sub-Topic)

Probes: (Questions to support validation of the indicator)

1. Do staff receive training in skills and abilities needed to implement people's plans?
2. Do staff document that they have provided services and supports in accordance with the person-centered plan and the organization's policies and procedures?
3. Does the organization have a system for ensuring important events that impact people are effectively communicated between assigned staff, among team members, across different environments and to others important to the person?
4. Does the organization have a system to monitor implementation of person-centered plans? Does it include direct observation of services and supports as well as assessment of the reliability of data used to evaluate people's progress?
5. Do person-centered plans and services incorporate supports needed for people to successfully fulfill legal requirements set forth by outside parties, such as probation, parole, and/or family, drug, mental health or other courts?



BASIC ASSURANCES® System and Practice

Structure

Two components are evaluated: System and Practice

- Systems are those organizational supports that provide the structure for organizational practices. This may include policies, procedures, staff training or other types of systems
- Organizational practice is what is observed in daily operations. This demonstrates how an organization's systems are put into action



BASIC ASSURANCES®

Factor 8: Positive Services and Supports

Process and Evidence



Positive Services and Supports Process and Evidence

- Document Review
- Observation and Visits
- Focus Groups
- Factor Review
- POMs

Positive Services and Supports Process and Evidence

Document Review

- Policies and procedures
- Committee meeting minutes
- Completed assessments
- Staff training records
- People's records (with permission)
- Support plans





Positive Services and Supports Process and Evidence

Observation and Visits

- How are choices in daily routine offered?
- How are person-centered plans implemented?
- How are behavior support plans implemented?
- Interactions
- Charts and schedules
- Goal and behavior tracking



Positive Services and Supports Process and Evidence

Focus Groups

- Focus groups may be conducted with people supported, staff, families and others depending on the types of services and accreditation
- Focus groups allow us to better understand systems and practices from the perspective of those that are affected by them
- Sample Questions:
 - Who is in charge of your person-centered plan? Can you make changes if you want to? (Person Supported)
 - What training do you receive to implement PCPs and BSPs? (staff)
 - What input do you have to services and supports your family member receives? (family member)



Positive Services and Supports Process and Evidence

Factor Review

- Each factor is reviewed with organizational members that have a role in the implementation of systems and practice pertaining to that factor
- This is an opportunity for the organization to provide examples of what each area looks like in practice
- It is also an opportunity to ask questions and share best practices.
- Its IMPERATIVE that the right people are present for these reviews who can talk give pertinent information about how plans are written and implemented.



Positive Services and Supports Process and Evidence

Personal Outcome Measures®

Personal Outcome Measures® allow us to better understand quality through the perspective of the person

- The person's experience helps us to understand the effectiveness of systems and practices implemented by the organization
- Interviewees are often selected from categories such as people with a restriction in place, people with extensive health supports, or people that have experienced abuse and neglect

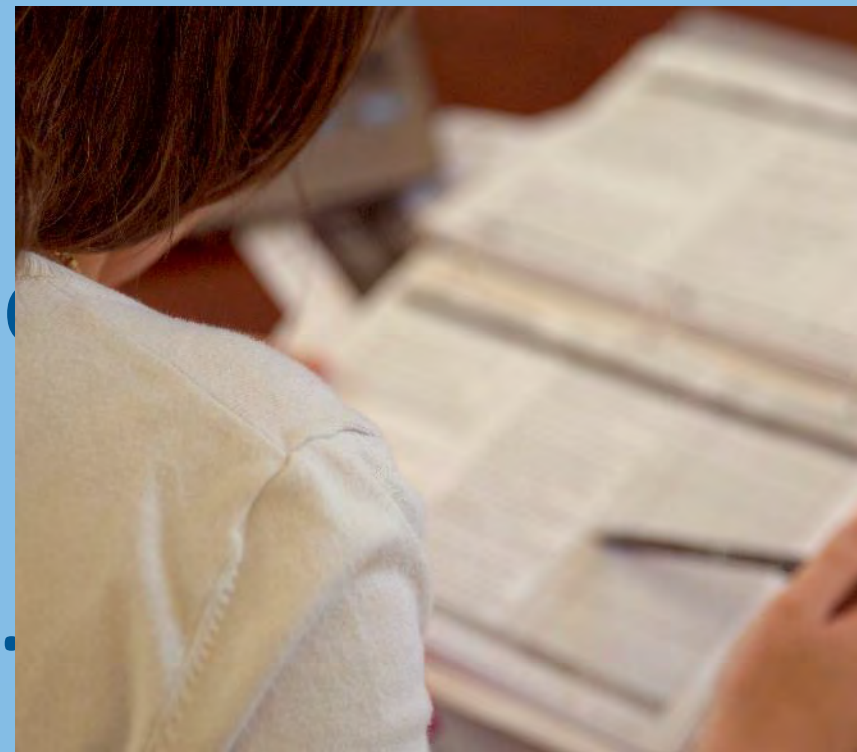


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Factor 8: Positive Services and Supports

Indicator A:

People's individual plans lead to person-centered and person-directed services and supports.





Positive Services and Supports *Probes*

Indicator A: People's individual plans lead to person-centered and person-directed services and supports.

1. Do people realize/achieve personal goals?
2. Do people have person-centered plans that they develop with individual support teams that are chosen by them? Do teams include both paid and natural supports?
3. Do people receive information and support to direct the development of the plans, or are they supported to do so?
4. Are setting options identified and documented in the person-centered plans? Are they chosen by the person?
5. Do person-centered plans incorporate the results of assessments, evaluations and screenings required by the organization and by the person based on individual strengths and needs?
6. Do assessments, evaluations and screenings focus on the skills and supports present, those preferred and desired by the person, and those needed to realize personal goals?

Continued...



Positive Services and Supports *Probes*

Indicator A: People's individual plans lead to person-centered and person-directed services and supports.(Cont.)

7. Do person-centered plans include goals, action steps designed to achieve those goals, and methods to achieve the objectives?
8. Do people choose their goals and services, including where they work (or spend their day) and where and with whom they live?
9. Are person-centered plans written in plain language and accessible to the person?
10. Are person-centered plans reviewed at least monthly by the individual plan coordinator and at least annually by the team?
11. Are person-centered plans modified by people with their individual support teams as goals and objectives are or are not realized?
12. Is the plan agreed to, with informed consent of the person in writing? Do all team members responsible for implementation sign the plan?



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Factor 8: Positive Services and Supports

Indicator B:
The Organization
Provides Continuous
and Consistent Services
and Supports for Each
Person.





Positive Services and Supports *Probes*

Indicator B: The organization provides continuous and consistent services and supports for each person.

1. Do staff receive training in skills and abilities needed to implement people's plans?
2. Do staff document that they have provided services and supports in accordance with the person-centered plan and the organization's policies and procedures?
3. Does the organization have a system for ensuring important events that impact people are effectively communicated between assigned staff, among team members, across different environments and to others important to the person?
4. Does the organization have a system to monitor implementation of person-centered plans? Does it include direct observation of services and supports as well as assessment of the reliability of data used to evaluate people's progress?
5. Do person-centered plans and services incorporate supports needed for people to successfully fulfill legal requirements set forth by outside parties, such as probation, parole, and/or family, drug, mental health or other courts?



BASIC ASSURANCES® WEBINAR SERIES

Factor 8: Positive Services and Supports

Indicator C:
The Organization Provides
Positive Behavioral
Supports to People





Positive Services and Supports *Probes*

Indicator C: The organization Provides Positive Behavioral Supports to People

1. Do the policies and procedures reflect the organization's commitment to positive behavioral approaches? Does the document outline the specific behavioral supports that may and may not be used?
2. Are behavior supports developed by a qualified professional and/or someone who knows the person well? Are they based on an assessment of the function of the behavior, including, but not limited to, the communicative intent of behavior?
3. Are formal behavior support plans implemented only after the team has ruled out physical and environmental issues contributing to a person's behavior?
4. Do behavior support plans include teaching alternative communication and coping strategies?
5. Do only support staff with prior training and demonstrated competency provide the behavioral supports people need?
6. Does the organization implement policies and procedures that ensure a rapid, effective and appropriate response to behavioral emergencies?



BASIC ASSURANCES® WEBINAR SERIES

Factor 8: Positive Services and Supports

Indicator D:

The Organization Treat People with Psychoactive Medications for Mental Health Needs Consistent with National Standards of Care.





Positive Services and Supports

Probes

Indicator D: The Organization Treats People with Psychoactive Medications for Mental Health Needs Consistent with National Standards of Care

1. Is the use of psychoactive/psychotropic medication based on specific psychiatric diagnoses?
2. Does a psychiatric diagnosis result from a thorough psychiatric evaluation by a qualified professional that includes the person's symptoms and their relationship to the diagnosis, and through the use of standardized psychopathology screening tools?
3. Does the medication prescribed correspond to known standards for effectiveness related to the specific diagnosis, symptom or behavior?
4. Are people monitored for drug side effects on a regular, systematic basis using a standardized tool or other accepted standard of care?
5. Do people receive the fewest psychotropic medications possible, at the lowest effective dosage possible?
6. Does the organization have a system to ensure regular review of the effectiveness of psychotropic medications by a licensed healthcare provider at intervals that meet all applicable laws and regulations and that is consistent with the national standard of care?



BASIC ASSURANCES® WEBINAR SERIES

Factor 8: Positive Services and Supports

Indicator E:
People are Free From
Unnecessary, Intrusive
Interventions





Positive Services and Supports *Probes*

Indicator E: People are Free From Unnecessary, Intrusive Interventions

1. Do people receive only the amount of behavioral and medical support necessary to prevent harm to themselves or others?
 2. Is there clear evidence that less restrictive/intrusive procedures have been tried and not been effective? Is it also clear that the severity of the behavior justifies incorporating highly restrictive/intrusive procedures into the behavior support or treatment plan – procedures including, but not limited to, involuntary commitment, physical restraint, psychotropic medication and/or time out rooms?
 3. Does the organization have an effective procedure for reviewing technical aspects of intrusive or restrictive procedures, including involuntary commitment, prior to implementation?
 4. Does the organization's Human Rights Committee review and approve any highly restrictive/intrusive procedures incorporated into a behavior support plan before implementation?
 5. Are behavior intervention plans that include highly intrusive procedures or other restrictive techniques implemented only with the prior written, informed consent of the person or the person's legally authorized representative?
- Continued....



Positive Services and Supports *Probes*

Indicator E: People are Free From Unnecessary, Intrusive Interventions

6. Are emergency or unplanned behavior interventions that are highly intrusive not used more than three times in a six-month period without a team meeting to determine needed changes in the person's plan?
 7. Are restraint devices and other restraint procedures applied only by staff with demonstrated competency for the device or procedure used?
 8. Do the organization's restraint policies and procedures detail how people are safeguarded? Do they prohibit floor restraints, "take downs" and standing orders for restraint?
 9. Do the organization's restraint policies and procedures comply with all applicable laws, rules and regulations?
 10. Does the organization prohibit the use of time out rooms?
 11. Is the use of psychotropic medications for behavior support recognized as a chemical restraint and considered highly intrusive/restrictive?
 12. Do behavioral-psychopharmacologic hypotheses result from a functional analysis of behaviors, including a thorough investigation of the communicative intent of the behavior? Are these hypotheses developed by the team?
- Continued...



Positive Services and Supports *Probes*

Indicator E: People are Free From Unnecessary, Intrusive Interventions

13. Do behavior support plans integrate psychopharmacologic and behavioral supports? Do the plans include defined behaviors and symptoms and identify the data to be collected pertaining to them?
14. Does the organization regularly and systematically monitor people for adverse effects of all intrusive/restrictive procedures, including drug side effects, using a standardized tool or other accepted standard of care?
15. Does the organization ensure that people are not subjected to highly intrusive behavior interventions or punishment for the convenience of staff, or in lieu of a behavior support plan?
16. Does the organization prohibit the use of corporal punishment, seclusion, noxious or aversive stimuli, forced exercise, as needed orders for psychotropic medications, and denial of food or liquids that are part of a person's nutritionally adequate diet?



Positive Services and Supports *Past Webinars*

Past webinars on best practices related to Positive Services and Supports:

Archived webinars can be found on our website at: c-q-l.org/resource-library/webinars

- More...



BASIC ASSURANCES® WEBINAR SERIES

Factor 1: Positive Services and Supports



Validation and Decision-Making



Positive Services and Supports Validation and Decision-Making

- Each probe is validated present or not present based on evidence obtained during the review
- Each indicator is validated at the systems and practice level
- Indicators are validated based on a preponderance of evidence related to an indicator, not based on a given number of probes found to be present or not present
- During an accreditation, when an **indicator** is found to be not present in systems and/or practice, an action plan is required
- The title of the indicator is not always a complete description of all of the elements contained within an indicator



Red Flags

When red flags are noted, it may bear further investigation and inquiry. We will determine whether the situation is isolated or if there is a systemic pattern. Some red flags may jeopardize accreditation or require additional monitoring to maintain accreditation.

Red Flags Around Postive Services and Supports:

- Seclusion, prone restraints, corporal punishment, adverse/noxious stimuli, medications used without psychiatrist's oversight or without justification, restrictive/intrusive procedures without justification or support plan.

Continued...



Red Flags

Red Flags Around Postive Services and Supports:

- Lack of intervention when people put themselves in harmful situation.
- Use of psychotropic medication for behavior control without informed consent or due process.
- Use of PRN (as needed) psychotropic medications administered by non-qualified staff, based on subjective reasoning, or by people directing the use of PRN medications who lack professional medical judgment.



Factor 8 Measurables:

- Restrictive Behavioral interventions
 - Psychotropic Medication usage
 - Person Centered Goal Attainment
 - Training for staff and people supported
 - Incident Reporting Data
-
- POMs: People Choose Personal Goals, People are Treated Fairly, People Realize Personal Goals, People are Respected and many more....



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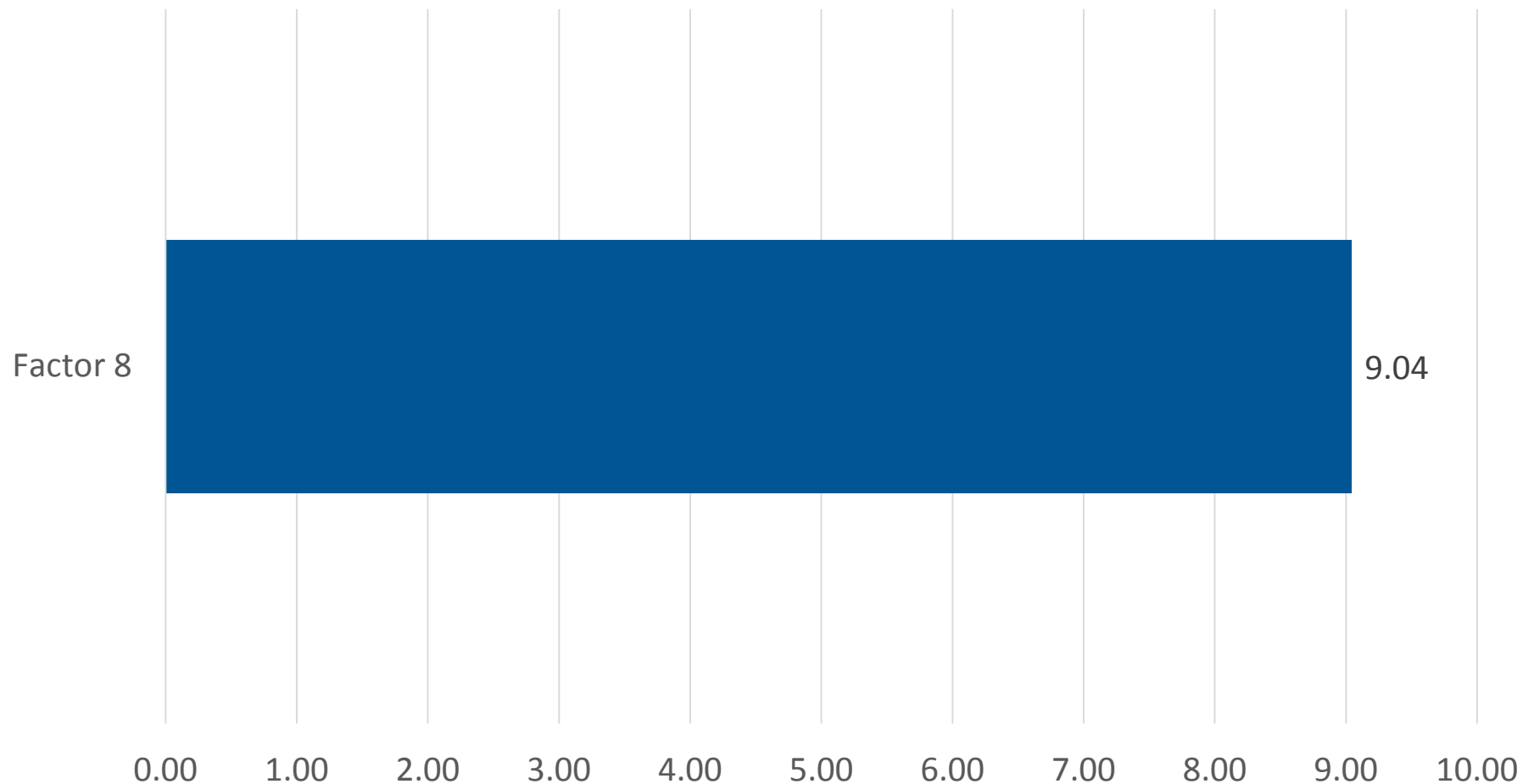
Factor 8: Positive Services and Supports



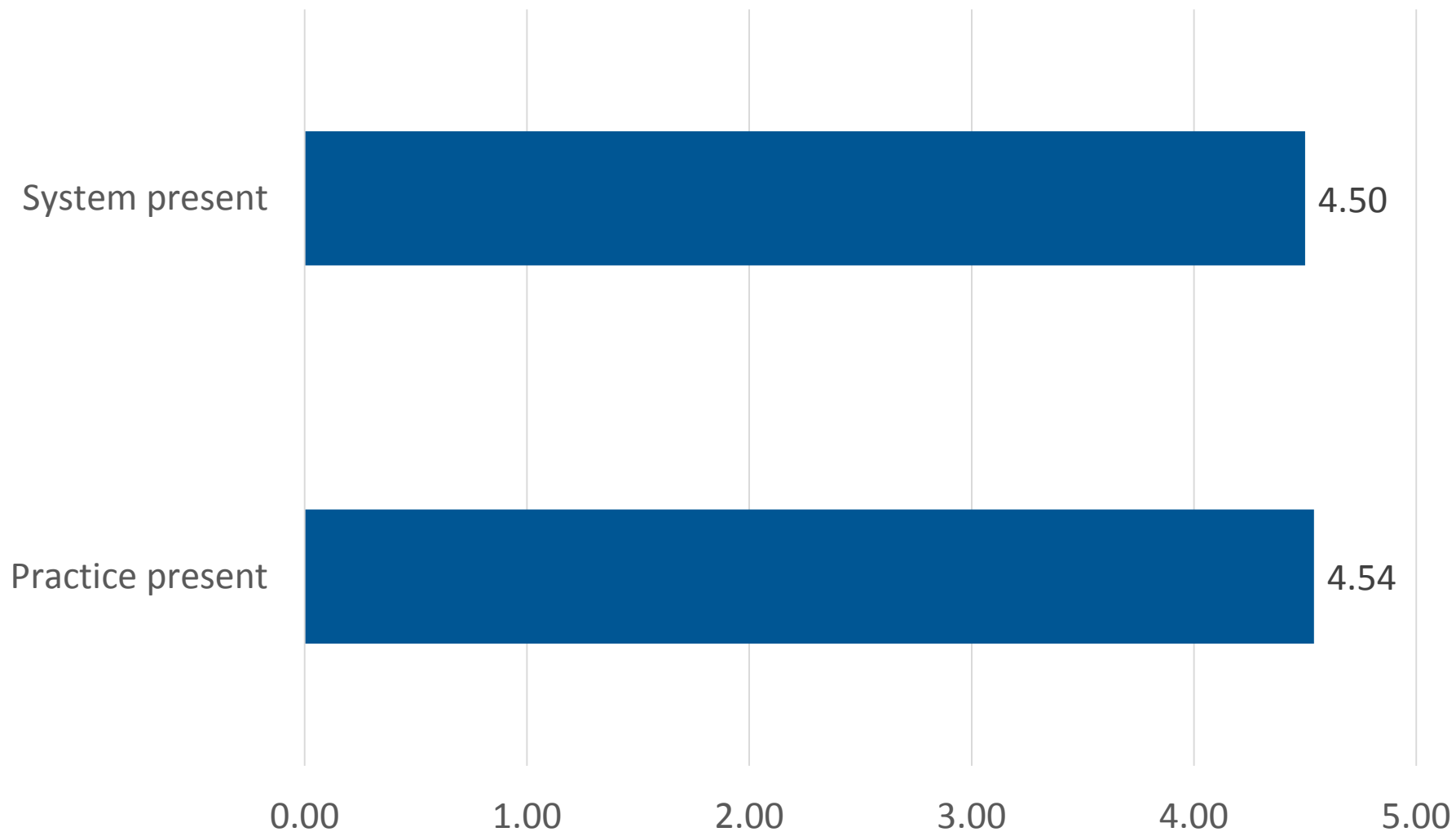
Factor 8 Data

FACTOR 8

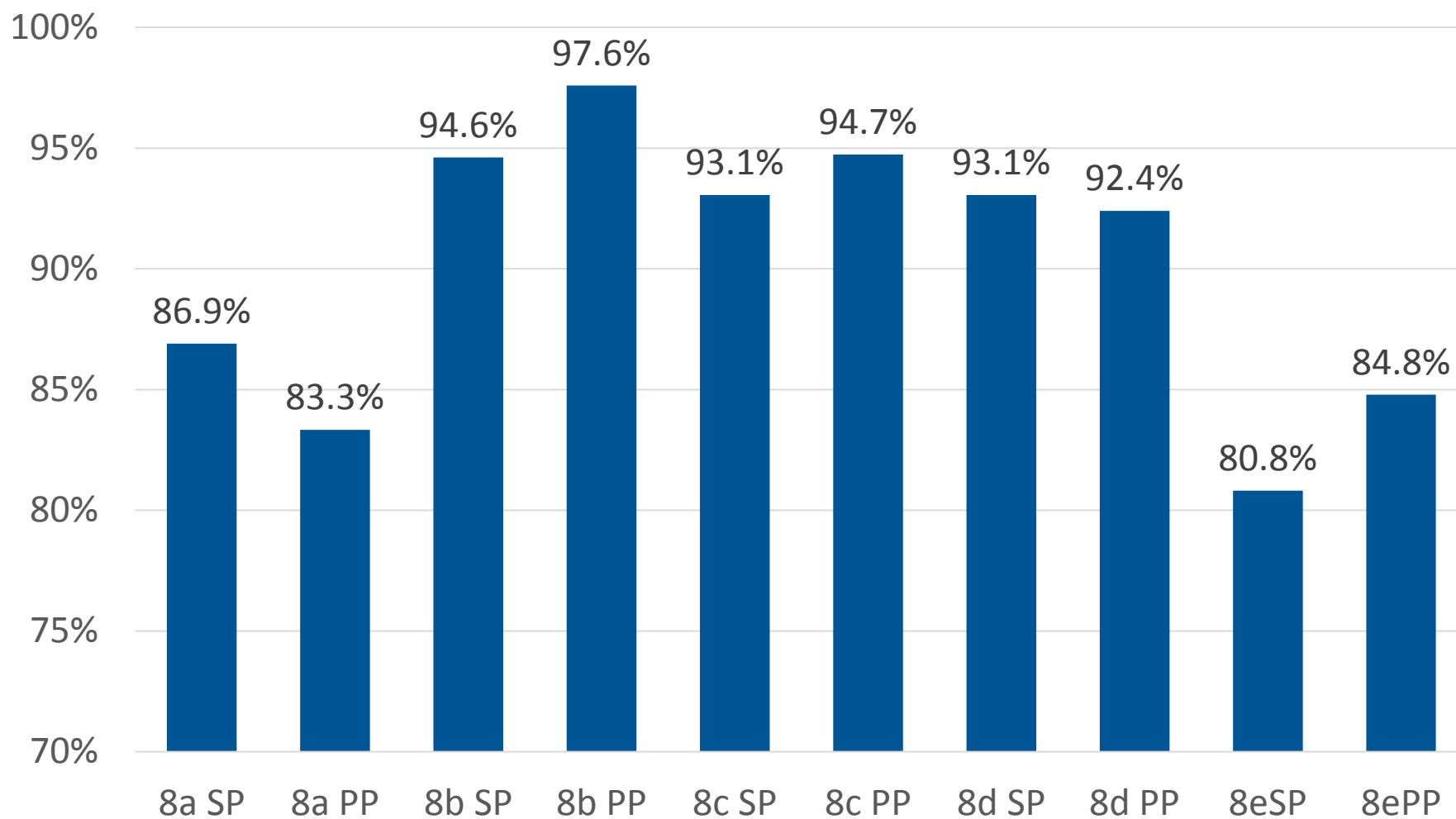
TOTAL INDICATORS PRESENT



FACTOR 8

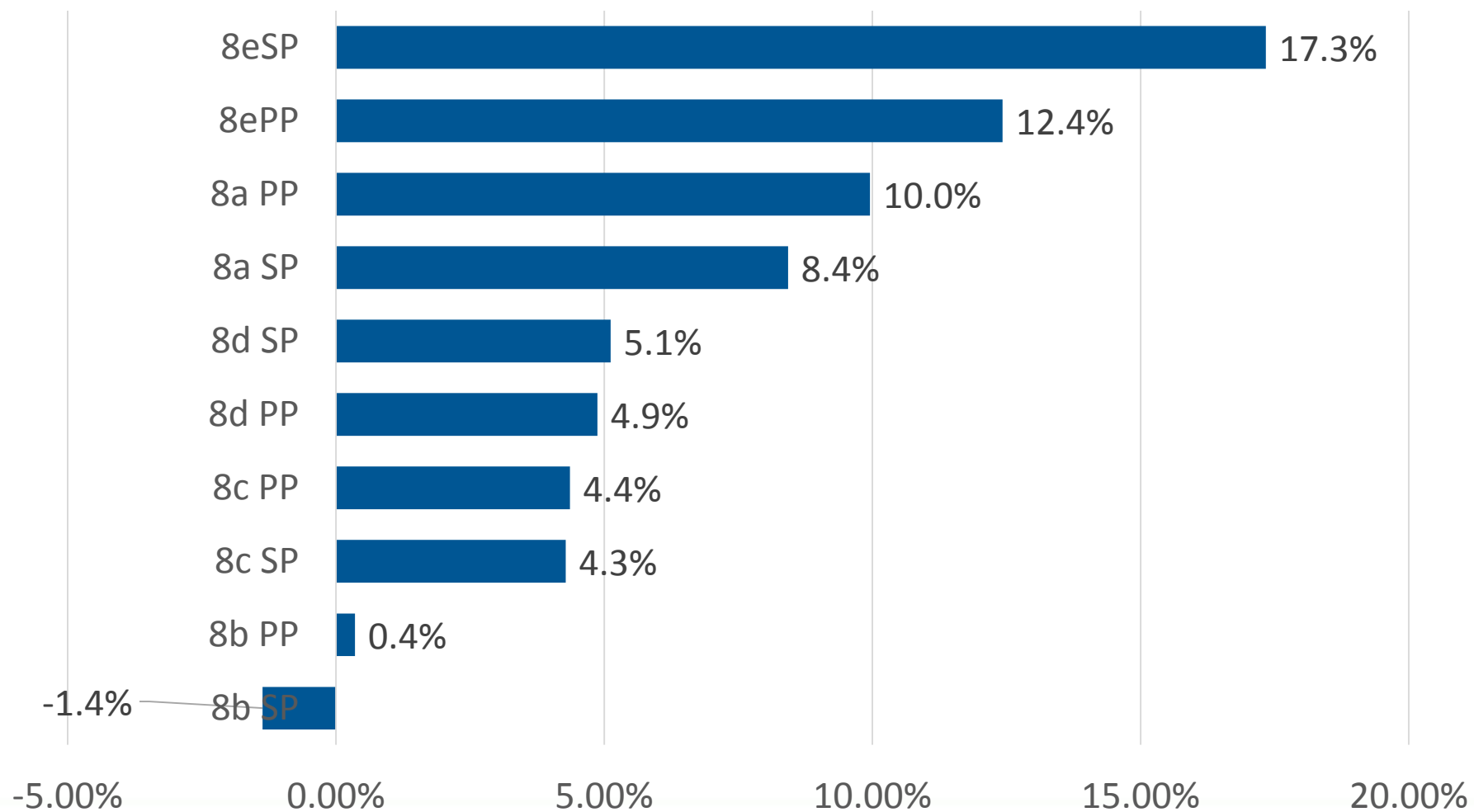


FACTOR 8: PRESENCE OF INDICATORS

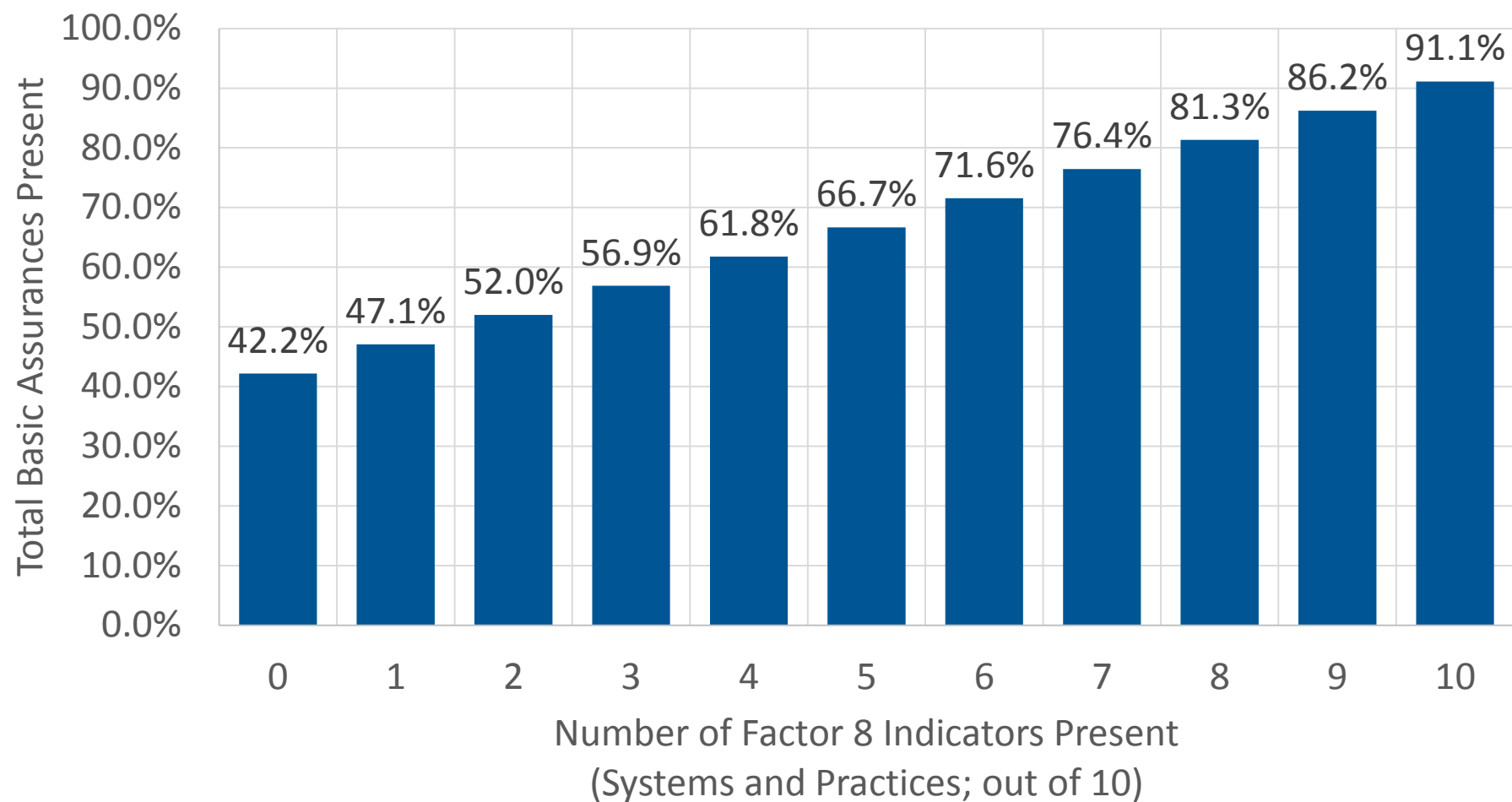




DISCREPANCIES BETWEEN ORG SELF-ASSESSMENTS & CQL REVIEW



IMPACT OF FACTOR 8 ON TOTAL BASIC ASSURANCES[®]





MOST IMPACTFUL PROBES

8c4 Do behavior support plans include teaching alternative communication and coping strategies?	.456
8e5 Are behavior intervention plans that include highly intrusive procedures or other restrictive techniques implemented only with the prior written, informed consent of the person or the person's legally authorized representative?	.435
8e2 Is there clear evidence that less restrictive/intrusive procedures have been tried and not been effective? Is it also clear that the severity of the behavior justifies incorporating highly restrictive/intrusive procedures into the behavior support or treatment plan – procedures including, but not limited to, involuntary commitment, physical restraint, psychotropic medication and/ or time out rooms?	.434
8d5 Do people receive the fewest psychotropic medications possible, at the lowest effective dosage possible?	.431
8a2 Do people have person-centered plans that they develop with individual support teams that are chosen by them? Do teams include both paid and natural supports?	.429



www.c-q-l.org

Jennifer Quigley

Quality Enhancement Specialist
jquigley@thecouncil.org