

Telehealth and Remote Positive Supports Training



Day 4: Remote Supervision, Training, Teaming, & Consultation to Enhance Service Quality and Equity

Welcome!

- Plan for today
- Where things are, how to access materials
- What we will co-develop
- Introduction to the training series
- Bi-directional flow of information
 - We want to hear and learn from YOU!
 - Interactive activities
 - Like-learn-change
 - Survey

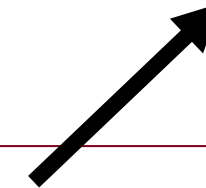


Day 1: Telehealth & Remote Supports to Improve Barriers to Service Access

Day 2: Supporting Individuals & Families in their Homes and Communities via Telehealth

Day 3: How to Implement Telehealth & Remote Supports to Improve Positive Support Services

Day 4: Remote Supervision, Training, Teaming, & Consultation to Enhance Service Quality



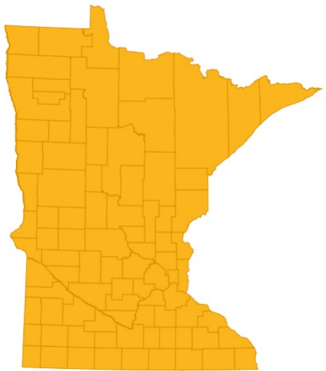
Improve access to and receive high quality, flexible, equitable, person-centered support and services. Minnesota providers to learn best practices on the use of telehealth or remote support to deliver positive support services for and overcome barriers to service access for children, youth, and adults in Minnesota





Remote supports for training, supervision, consultation, and coordination

Comprehensive Example: Positive support practices in Minnesota: **Regional capacity-building and weaving in telehealth**



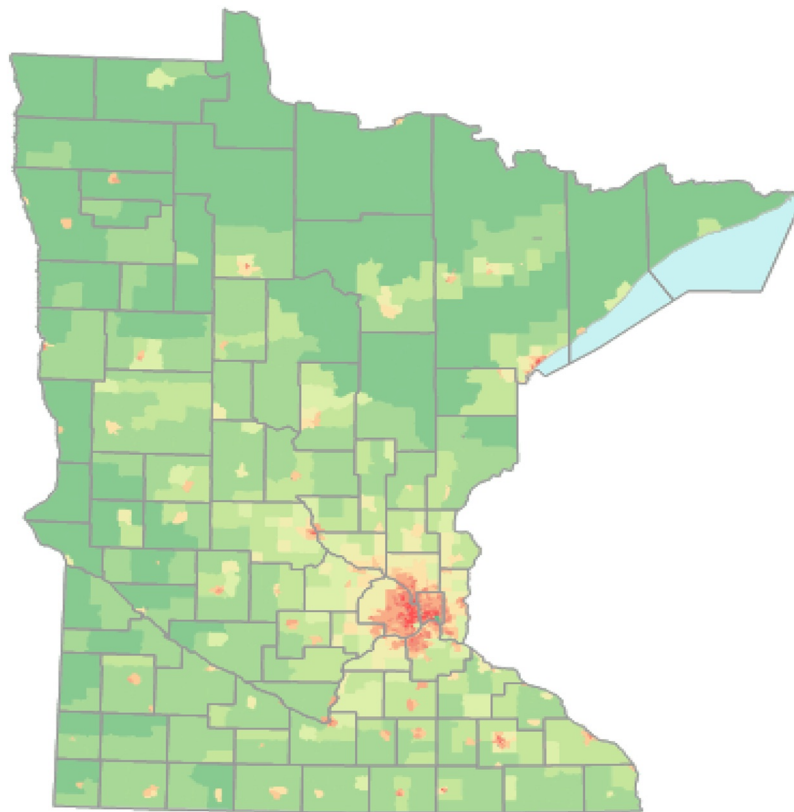
Regional cohorts: Establishing teams

- Application process with other teams in region
- Establish organization-wide teams (Fixsen, Naoom, Blasé, Friedman, & Wallace, 2005; Sindelar, Shearer, Yendel-Hoppey, & Liebert, 2006),
- Team roles:
 - Key Contacts
 - PCT Coach
 - PCT Trainers
 - PBS Facilitators



Minnesota Statewide Plan for Building Regional Capacity

Cohort 2B
West Central
Counties, Public Health
Dept., Organizations
Integrated Model



Cohort 2 A
St. Louis County Region
County & Organizations

Cohort 1 & Cohort 4
Support Development Associates
Person-centered Practices Model
County, Organizations

Cohort 3 & 4
Southeastern
Counties, Public Health,
Organizations



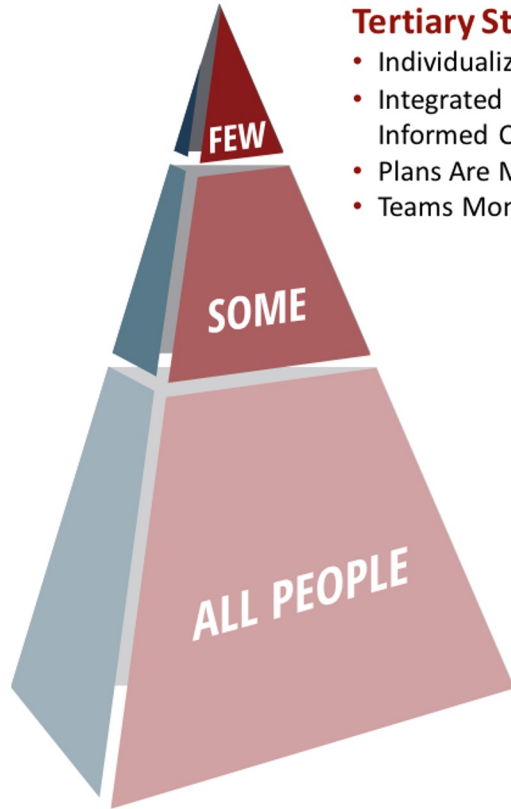
Participating provider organizations

- Across 4 regions of the state, 17 agencies with a total of 14 teams
- 10 provider agencies supporting people with IDD
 - 2 lost due to attrition (change in leadership)
- Resulting total of **8 provider agencies**



Implementing Multi-Tiered Systems of Support

Positive Behaviour Support



Tertiary Stage

- Individualized PBS Plans
- Integrated with Other Positive Supports (PCP, Trauma-Informed Care, DBT, Etc.)
- Plans Are Monitored- Data-Based Decision Making
- Teams Monitor Progress of Each Person

Secondary Stage

- Early Intervention and Data Monitoring
- Additional Supports for Key Social Skills
- Function-Based Decisions
- Simple Interventions
- Mental Health and Wellness Interventions

Universal Stage

- Teach and Encourage Communication
- Predictable and Proactive Settings
- Encourage and Reinforce Social Skills
- Consensus-Based Team Focus
- Emphasis on Using Data For Decisions

Positive Behaviour
Support

Person-Centered Practices
& Planning

Organizational Workforce



Implementing PBS-PCP in provider organizations

Person-Centered Practices & Planning

Tertiary Stage

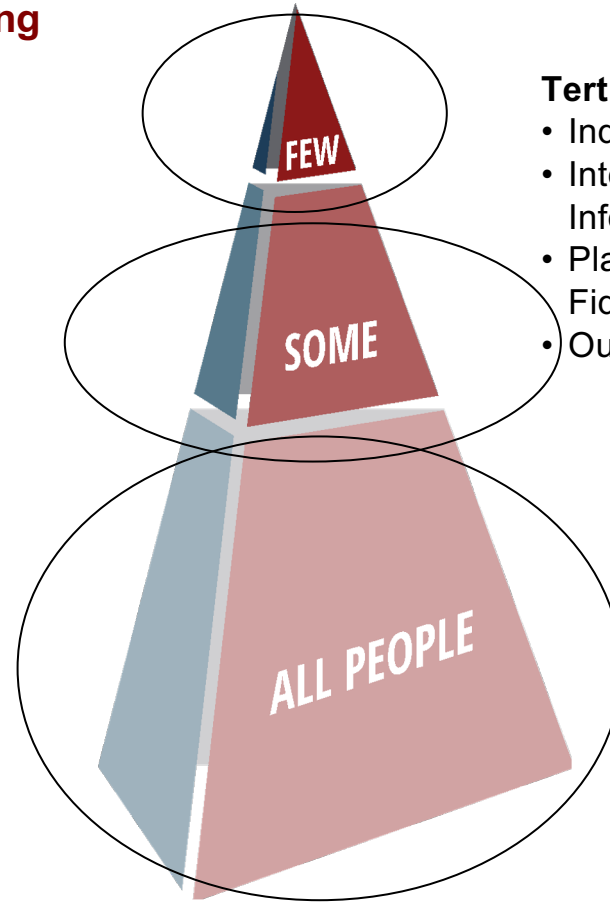
- Integrated Plans (PCP, PBS, Trauma-informed Therapy)
- Person-Centered Plans
- Teams Monitor Progress

Secondary Stage

- More Intensive Supports To Improve QOL
- Simple Interventions Integrated With Other Positive Supports
- Independence And Community Involvement Encouraged
- Mental Health And Wellness Interventions

Universal Stage

- Person-Centered Thinking
- Encourage Self Expression
- Self-Determination And Choice Making
- Predictable And Proactive Settings
- Meaningful Participation In The Community



Positive Behavior Support

Tertiary Stage

- Individualized PBS Plans
- Integrated With Other Positive Supports (PCP, Trauma-Informed Care, DBT, Etc.)
- Plans Are Evaluated To Ensure Plans Are Implemented With Fidelity
- Outcome Measures

Secondary Stage

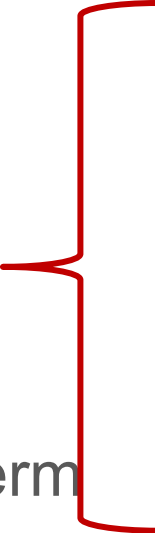
- Use Data To Identify Individuals At Risk
- Additional Supports For Key Social Skills
- Group And Individual Interventions
- Function-Based Decisions
- Simple Interventions Integrated With Other Positive Supports
- Mental Health And Wellness Interventions

Universal Stage

- Teach And Encourage Communication
- Encourage And Reinforce Social Skills
- Consensus-Based And Team Focus
- Emphasis On Using Data For Decisions
- Integrated With Other Positive Support Practices (PBS, Trauma-Informed Care, Etc.)



Process

- Form a Team
 - Confirm Readiness
 - Team Self-Assessment
 - PCT training
 - PCT Coach training
 - Team training
 - Action Plan and Long-term Vision
 - Monitoring Capacity Building
- 
- PBS Intensive training
 - Data-Based Decision Making
 - Onsite Fidelity Observation (annual)
 - Complete Matrix(es)
 - Complete Universal Direct Observation



How telehealth fit into the training model to support PBS Facilitators

Series of 6-day PBS Intensive trainings and focused workshops: **Webinar**



Tele-based organization-specific visits 1-4 annual visits w/ U of M:
Synchronous visits

Tele-based “onsite” visit to conduct TOET evaluation

Online learning materials and resources provided:
<https://mnpssp.org/>



PBS Facilitator training

PBS Facilitators attend didactic + workshop training:

1. PBS Intensive Trainings: 6 Full Day trainings offered annually (at Universal level)
 1. Engage in self-assessment
 2. Develop universal level practices for their organization
 1. Values & matrix
 2. On-boarding PBS training
 3. Data review process
 4. Team meetings and/or developing communities of practice
2. Up to 4 **tele-based organization-specific visits** for consultation and technical assistance in developing practices,
3. Fidelity on PBS sub-scale



Building provider capacity

- Connecting professionals
 - “train-the-trainer” models
 - Communities of practice
 - Satellite sites
- Supervision/oversight to expand service areas
- Follow up, evaluation, fidelity monitoring





Welcome to Minnesota Positive Supports Website

This website is for:

Mental health providers

All people want to
and feel safe.

Positive Behavior Support Intensive Training

Tier 1 Curriculum >

Day 1

Day 2

Day 3

Day 4

Day 5

Day 6

Tier 2-3 Curriculum >

Day 1

Applying Positive Behavior Supports in Minnesota Human Service Settings

Positive Behavior Supports (PBS) is an evidence-based approach that offers respectful, supportive, and effective way people make positive changes in their lives. PBS is a system-based model that aims to prevent and improve challenging behavior and to promote pro-social behavior, person-centered values, and quality of life, as well as to improve the system in which the services are being delivered (e.g., workforce development, decreases in staff turnover). PBS builds on people's successes, strengths, and desires, and does not include the use of punishment. This sequence of six trainings will allow attendees to learn about the PBS model across universal, targeted, and intensive tiers, with opportunities to connect evidence-based strategies across a variety of applications. The PBS trainings are appropriate for providers, professional educators, and teams who support children and adults across various settings (e.g., counties, providers, mental health services, schools). The trainings will cumulatively expand on topics; therefore, to get the most benefit, attendees are encouraged to attend as many trainings in the sequence as possible.

Mnpsp.org
A hub for updated training materials and resources

Applying an equity lens to improving access



UNIVERSITY OF MINNESOTA
Driven to Discover®

Considerations to improve equity in telehealth access

- **Equity of access to telehealth includes recommendations for providers to be flexible in telehealth delivery** (U.S. Department of Health and Human Services, 2020).
 - For example, the needs and resources of different groups may vary by location (e.g., regionally).
 - Providers should consider mixed in-person and telehealth service delivery offerings (Veinot et al., 2018).
- **Provide technology access support and support people to get through their 1st session**
 - When people do one telehealth session, they are more likely to continue to use it in the future (Reed et al., 2020)
 - Support eHealth, using information technology to access information about their healthcare (Norman & Skinner, 2006)



What helps in achieving equity in telehealth?

Plan for inclusion and equity from the onset of the design

“The Elephant in the Room

Diversity is a fact.

Equity is a choice.

Inclusion is an action.

Belonging is an outcome.”

- Quote from Arthur Chan, <https://www.arthurpchan.com/>



Digital inclusion is health care equity

Building intentional infrastructure to serve families in under-resourced rural communities and BIPOC MN communities that:

- Addresses lower telehealth utilization among Black and Indigenous people (Reed, et al., 2020; Singh & Marquardt, 2020)
- Improves intervention delivery to people in rural areas (Bears, et al., 2018)

Measuring promising indicators of access (Singh & Marquardt, 2020):

- Reduction in wait times and transportation/travel burdens, or other known barriers
- Increased #s of rural and linguistically, culturally diverse MN families reached and supported
- Positive formative and collective family feedback



Equity example: Building trust, Balancing important to/ important for

- Breana attends an early intervention preschool program three days a week.
- She is working hard on learning to hold her head up. However, right now she uses a headrest on her wheelchair to help her stay positioned in the classroom setting.
- Breana's mother braids her hair carefully using barrettes each week.
- Sometimes when Breana is at school, the barrette is caught in the hardware headrest.
- When this happens, Breana becomes quite distressed because her hair is being pulled.
- To resolve this, the staff have been removing Breana's braids and barrettes and putting her hair back with an elastic instead.
- Breana's mother is confused. She does not understand why Breana sometimes comes home from school with her braids taken out.



Activity 3

- What ways do you think this situation could be improved?
- Do you have (de-identified) examples of when an equity lens could have improved the quality of services, trust, or access for someone you have supported (or yourself/someone you care for) in your own work?



Positive support practices via telehealth.
Universal positive behavior support and person-centered practices:
Bringing it altogether



Tier 1: Teaching to and Monitoring Your Matrix

	Times of Day	Free Time	Cleaning Up	Lunch Time	Fundraising	During Outside Activities
V a l u e s	Respecting Each Other	Respect another's privacy, Understanding differences	Offer to help each other, talk to each other kindly if something isn't working	Push in/pull out chairs for others, Ask if help is needed	Everybody can do something, break bigger jobs into smaller parts	Respect each other's preferences, follow the rules, watch out for each other
	Having a Positive Attitude	Be aware of your environment, Be aware of how other's are feeling	Respect people's differing abilities, Get involved	Talk to people that you may not otherwise talk to	Help out where you can, participate in Clubhouse meetings and offer suggestions	Appreciate the moment and activity, say thank you to those who plan activities
	Working Together	If there is nothing to do, get together and decide to do something, Clean up after yourself	Offer to help each other with the bigger tasks	Clean up after yourself, allow people time to finish eating before cleaning up/try not to rush people	Develop committees to break down the bigger jobs	Be friendly, clean up after yourself, be neat
	Positive Communication	Respect boundaries, have compassion, use humor respectfully	Ask for help if you need it, offer help if you see someone needs it	Use manners (please and thank you), thank the people who cook and serve you	Plan more fundraisers, talk about how to plan them at Clubhouse meetings	Be polite to the public and each other
	Volunteering	Welcoming new members, help others to participate more	Try out different tasks, try not to always do the same things	Pay attention to what chore/cleaning needs to be done	Volunteer for what you can, attend Clubhouse meetings to learn of and present opportunities	Help other people stay on time and with the group
	Support for Each Other	Offer to help, share computer time, only share things with others that you are comfortable sharing	Take turns doing tasks, develop teams for getting bigger cleaning projects done	Help out where you can - 2 people can do a job faster than 1	If someone or a committee needs help, offer assistance	Be friendly, get involved in planning activities



Example Tier 2 Intervention

- John, Pete, and Eduardo sometimes get into loud arguments that so far have not yet escalated into aggression.
 - These arguments have focused on disagreements regarding TV shows (they share a TV)

Intervention

- Tutoring sessions have been held to introduce a TV schedule housed next to the television.



Example Tier 3 (Tertiary) Interventions

Context and Antecedent Interventions

- Modify or eliminate setting events
- Implement tolerance for delay in delivery of reinforcer
- Implement within or across task schedules
- Change others interactional style

Alternative Skill Instruction

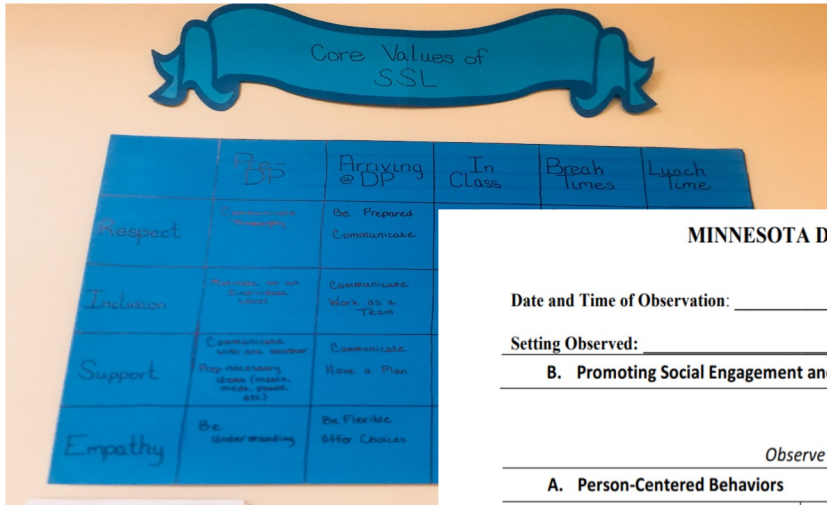
- Teach alternative skills that are equivalent to and potentially more efficient than problem behavior
- Teach skills that enhance self-regulation
- accept signaled delay
- accept delayed reinforcement
- teach self-monitoring skills
- **(and many others)**

Consequent Interventions

- Provide instructive feedback
- Introduce logical consequences
- Provide reinforcement for appropriate behavior
- Differential Reinforcement Strategies
- Non-Contingent Reinforcement



Implementing positive and person centered practices



MINNESOTA DIRECT OBSERVATION FORM

Date and Time of Observation: _____ Number of People in the Setting: _____

Setting Observed: _____

B. Promoting Social Engagement and Interactions

Part 1

Observe Staff using the list below.

A. Person-Centered Behaviors

Item Observed	Minutes 0-5	Minutes 5-10	Minutes 10-15	Minutes 15-20
Person-First Language				
Nonjudgmental Descriptive Language				
Working in Alliance with the Person				
Reflective Listening Skills				
Person-Centered Behaviors				
Demonstrates Empathic Behavior				

Subtotal Person-Centered Behaviors Observed _____/24
_____ %

Item Observed	Minutes 0-5	Minutes 5-10	Minutes 10-15	Minutes 15-20
Encouraging Others to Interact				
Supporting Choices				
Reinforcing Others				

Subtotal Person-Centered Behaviors Observed _____/12
_____ %

- Review PBS subscale
 - Identify area of strength,
 - Area 'on the cusp,'
 - Area of future need.

Motivational interviewing to identify goals that are achievable, common considerations:

- It's too big,
- "PBS doesn't pertain to us because we don't provide direct supports,"
- Getting buy in,
- STAFFING CRISIS.



Universal direct observation

- Conducted w/ coaching from University Trainer
- Meet over telehealth with PBS Facilitator
- Includes positive social behaviors and organization's specific matrix behaviors
- 20 min observations
- Partial 5 min intervals
- Of person being supported and staff member (or can be tailored to org)
- IOA: 84%, range 50 – 100% (100% of sessions)
 - 1 session 64%, met for 10-15 min debrief after observation to calibrate

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Supporting Choices				
Reinforcing Others				
Subtotal Person-Centered Behaviors Observed				_____/12 _____%



Tiered Onsite Evaluation Tool (TOET) Development

- TOET—external evaluation to score fidelity of implementation (Freeman, Watts, O’Neill, & Amado, 2017)
- Developed translating similar tools, are psychometrically evaluated within PBIS in educational settings (Horner, Todd, Lewis-Palmer, Irvin, Sugai, & Boland, 2004; McIntosh et al., 2016)

C. Universal Positive Behavior Support		
<p>1.9 Organizational Alignment: Vision and mission for organization clearly relates to positive behavior support, are proactive and prevention focused</p>	<ul style="list-style-type: none"> • Vision and mission statements • Action planning tasks used to align vision and mission 	<p>0 = no clear alignment of vision or mission statements to preventing problematic social interactions</p> <p>1 = Vision and mission do not refer to positive social interactions but team action plan includes actions related to PBS</p> <p>2 = Vision and mission statement include clear focus on establishing positive environments that promote positive social outcomes</p>
<p>1.10 Policy Alignment: Policies and procedures addressing positive behavior support and describing the importance of building positive social environments that promote higher quality of life for both people supported and staff members within the organization</p>	<ul style="list-style-type: none"> • Policies and procedures documenting the use of social skills and issues related to improving the quality of the social and physical environment • Action plan showing efforts to adapt policies and procedures to include PBS 	<p>0 = There is no evidence that the organization is addressing the need to promote positive social interactions</p> <p>1 = Some evidence that policies and procedures align with the need for promoting positive social interactions</p> <p>2 = Policies clearly describe how PBS is used within the organization to promote quality of life for people supported and staff members</p>
<p>1.11 Positive Social Interactions: Specific universal positive behavior support strategies are created with the direct involvement of everyone within the setting and plan for practicing and teaching positive social skills is clearly described</p>	<ul style="list-style-type: none"> • Interviews • Observations • Matrix describing important person-centered values and social interactions in specific settings • Written plan for teaching and practicing skills • Calendar schedule for prompting staff to focus on specific person-centered values 	<p>0 = There is no evidence that positive social interactions have been identified, taught, or practiced in any setting</p> <p>1 = Some evidence shows that positive social interactions are being identified, taught, and practiced</p> <p>2 = Interviews, observations, and written documentation clearly show that positive social interaction plans are being implemented in at least one setting within the organization</p>
<p>1.12 Positive Feedback and Acknowledgement: Strategy for recognizing staff and people supported for positive social interactions is articulated and implemented in areas of organization where PBS is implemented</p>	<ul style="list-style-type: none"> • Interviews • Written plan for recognizing and acknowledging positive social interactions • Action plan describing plan for feedback and acknowledgement • Other documentation is available (website, newsletter, ...) 	<p>0 = There is no evidence that feedback and acknowledgement is used to support implementation</p> <p>1 = Some evidence shows that positive feedback and acknowledgements are provided through interviews and action plan documentation</p> <p>2 = Interviews, observations, and</p>



Tiered Onsite Evaluation Tool (TOET)

Subscale	# of Items	Example
Team Action Planning/Stakeholder Involvement	4	Team composition
Universal PCP	4	Vision established
Universal PBS	4	Identification/teaching of social behaviors
Cultural Awareness & Competence	3	Cultural Assessment
Organization-Wide Data for Decision Making	6	Frequency & regularity of data review
Support for Staff	6	Coaching systems in place
Visibility	2	Team shares progress

- 29 items
- 7 subscale domains
- scored from 0 to 2



1.12 Consistent Response to Challenges That Occur: Definitions are in place that clearly outline behaviors that are considered incidents that need to be documented and minor issues that do not require documentation. Strategy for teaching staff members how to respond to minor problems is in place.

Evidence: Behavioral definitions, Training materials, Behavior definitions within the Matrix, Code of Conduct Policy, Onboarding training incorporates these definitions and strategies, Organizational process in place defining incidents, conflict and the positive.

Scoring:

0 = There is no evidence that definitions and training materials are in place,

1 = Some work has been completed to establish behavioral definitions and train staff,

2 = The behavioral definitions and training materials are in place with a plan to train all staff members over time.



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All Files > 2022 TOET XYZ Organization

Name



PC3.pdf



PBS Training Manual On-boarding.pdf



PC4.JPG



Staff evaluation form.docx



XYZ one page profile.pdf



FINAL Universal TOET.docx

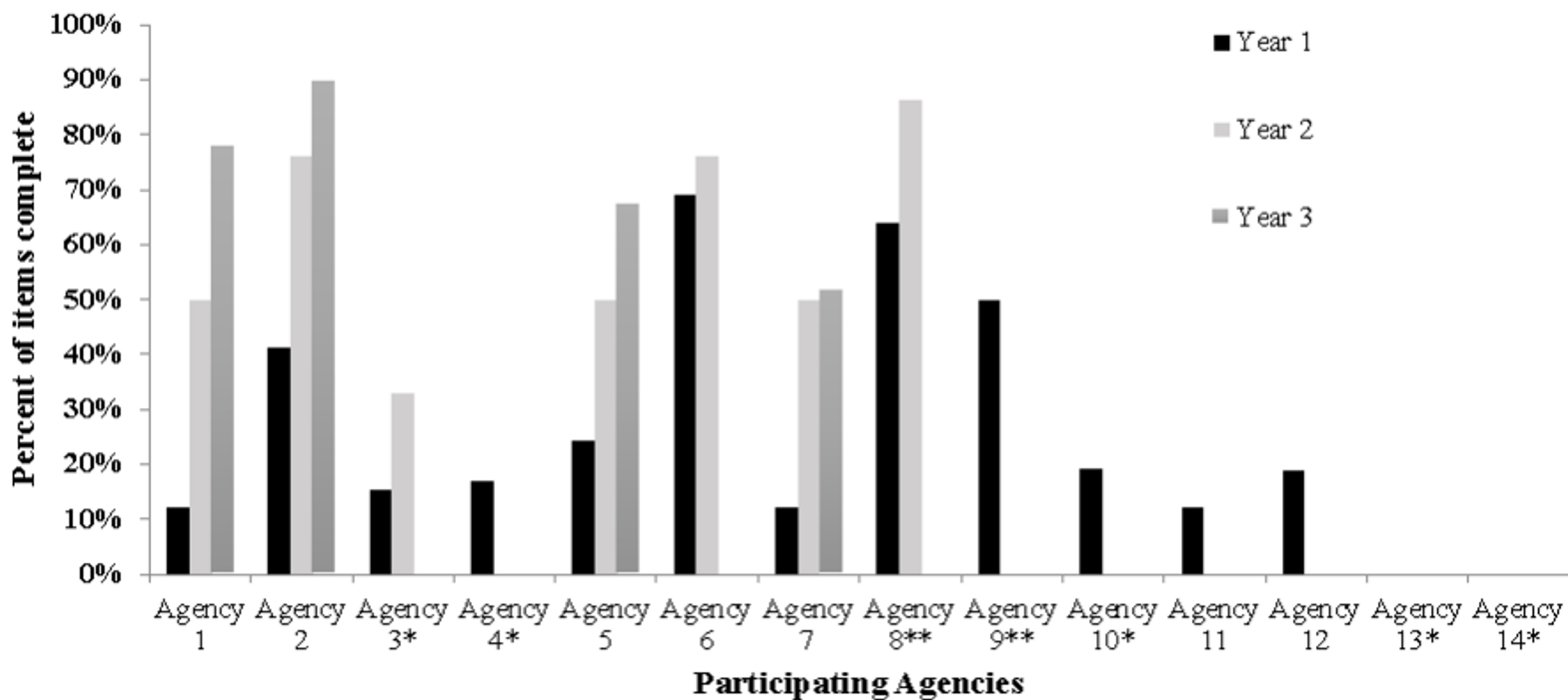


2021 Outcome data .xlsx

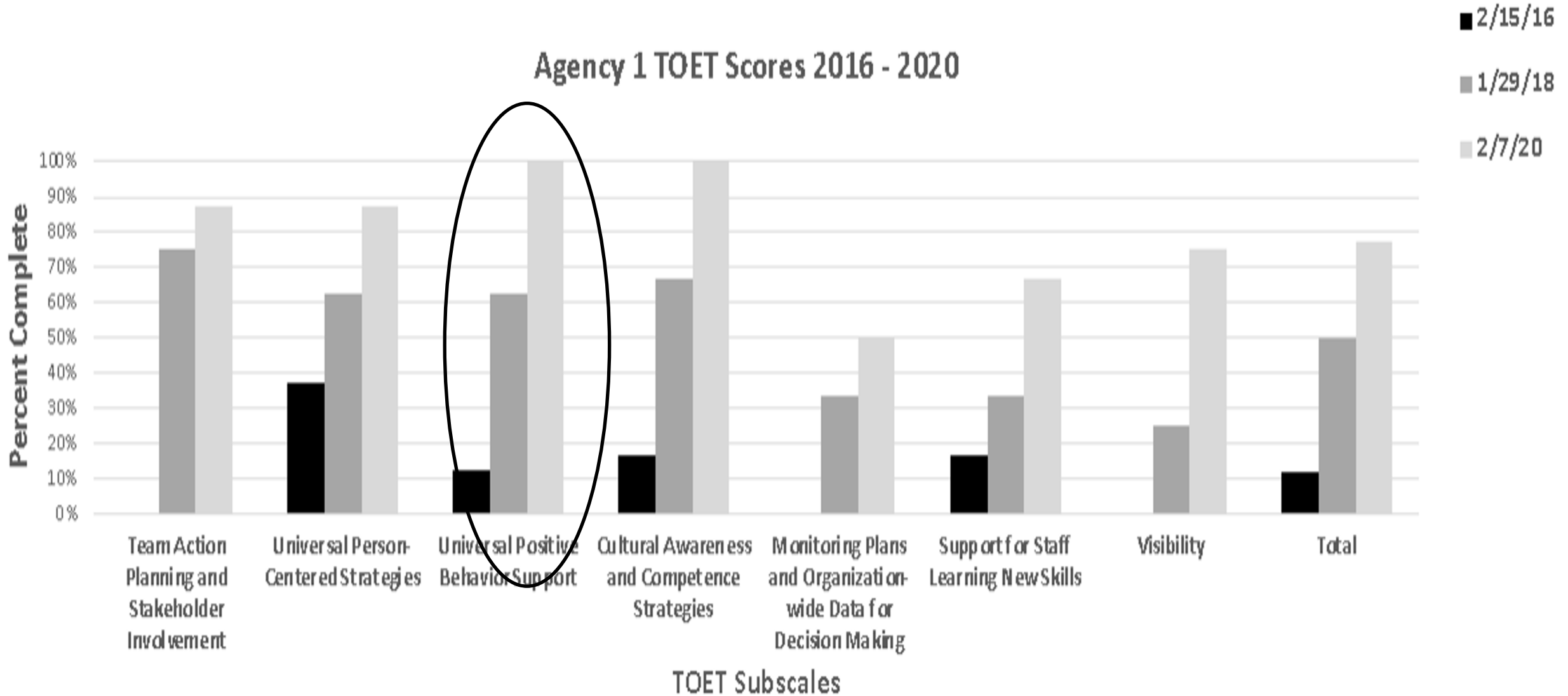
Upload evidence prior to evaluation



TOET Scores by Agency



Agency 1 TOET Scores 2016 - 2020



Resources and guidance

- Requirements will vary given the population, setting (location, state), provider type, and type of service provided.
- American Speech Language Hearing Association (ASHA)
 - Code of Ethics (ASHA, 2016a)
 - Scope of Practice for Audiology and Speech-Language Pathology (ASHA, 2018; ASHA, 2016b)
- U.S. Department of Health and Human Services
 - Telehealth.HHS.gov <https://telehealth.hhs.gov/providers/getting-started/>
- Family Educational Rights and Privacy Act (FERPA)
 - 20 U.S.C. § 1232g; 34 CFR Part 99
https://studentprivacy.ed.gov/sites/default/files/resource_document/file/FERPA%20%20Virtual%20Learning%20032020_FINAL.pdf
- Health Insurance Portability and Accountability Act [HIPAA]
- Health Resources and Services Administration (HRSA)
 - <https://www.telehealthresourcecenter.org/>
- National Consortium of Telehealth Resource Centers
- American Psychological Association



Questions?

- What did you LIKE about today ?
- What did you LEARN today?
- What would you CHANGE about today?





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