Positive Supports MINNESOTA

Scaling Up PBS With Advocate-Driven Leadership Statewide in Disability Services

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University of Minnesota

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Purpose of Presentation

- How social and disability justice is changing work in Minnesota
- Regional Quality Council work in Minnesota
- Statewide efforts to build direct leadership and decision making of people with lived experience in positive supports

Positive Supports MINNESOTA

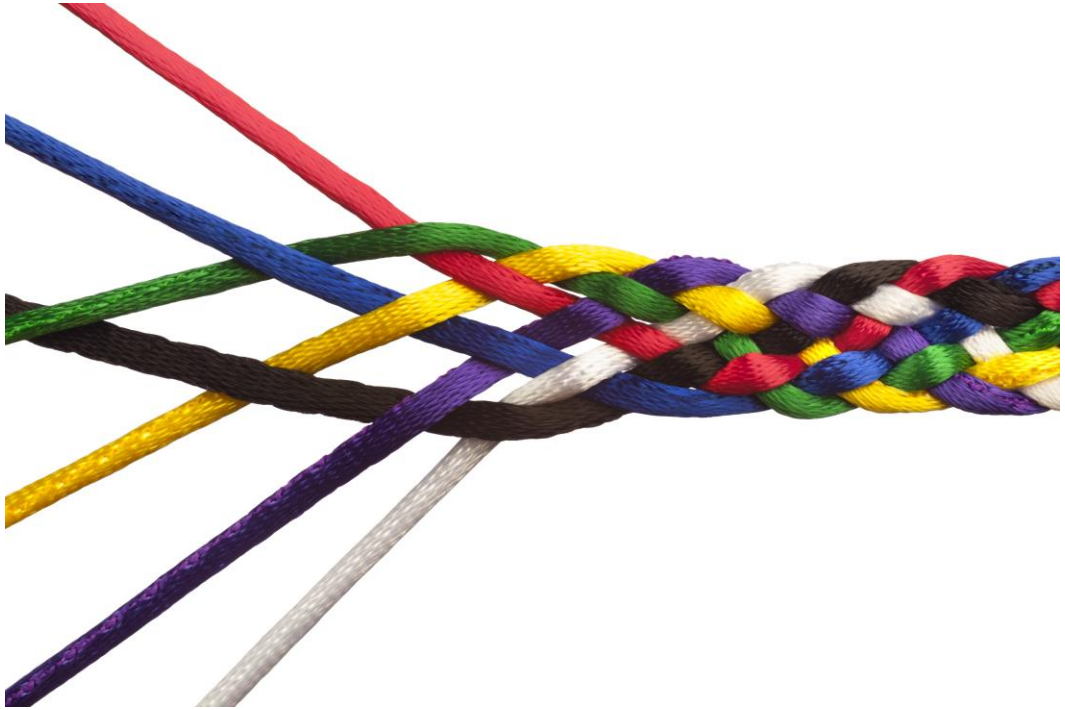
Positive Supports Defined

Refers to all practices that include the following characteristics:

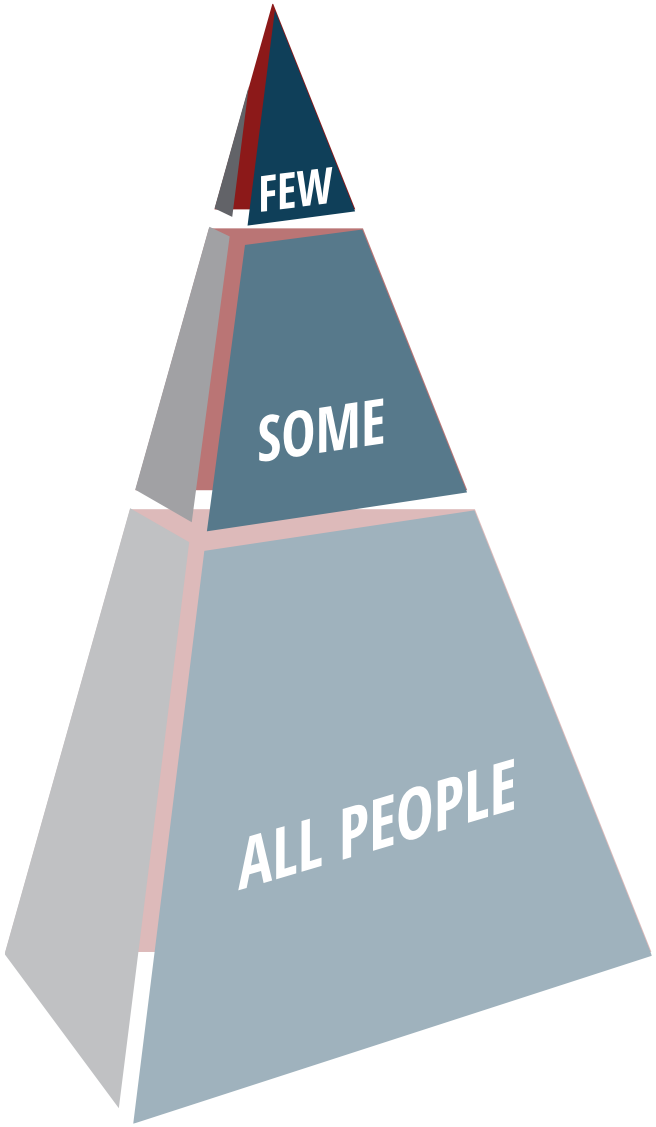
1) Person- centered interventions that demonstrate cultural competence and respect for human dignity
2) Evidence- based and promising practices
3) Include strategies for ongoing assessment and monitoring at individual and organizational levels
4) Are often implemented in combination with more than one practice

Examples of Positive Support Strategies

- Person- centered thinking/ planning- foundational values
- Positive behavior support
- Applied behavior analysis
- Assertive community treatment
- Cognitive behavior therapy
- Dialectical behavior therapy
- Motivational interviewing
- Wraparound planning/ Systems of care
- Trauma informed practices
- School- linked mental health



Implementing a Tiered Prevention Model



Tier 3 - Individual Plan with Multiple Supports

Tier 2 – Group or Simple Problem Solving

Tier 1 – Home, Work, Community

Universal Person-Centered Strategies are not a Person-Centered Plan

- Use person-centered tools and strategies to build relationships
- Practice and encourage empathy and active listening
- Explore and celebrate cultural differences
- Increase self-awareness of how we interact with others
- Reflect and change our use of language as well as our behavior
- Use data to reflect on progress

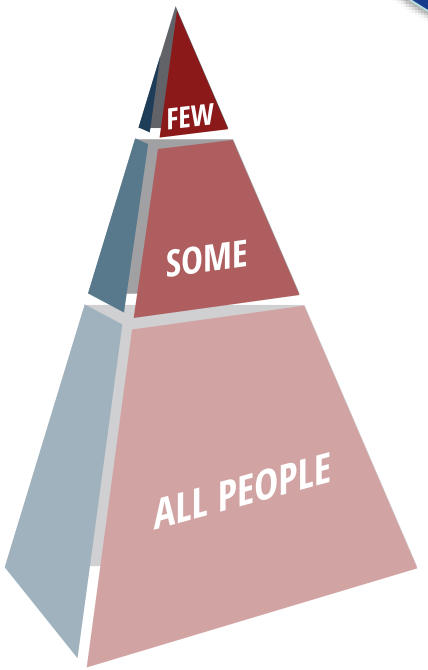
Universal Positive Behavior Support *is not the Same as a PBS Plan*

- Teach, prompt, and model social and emotional skills
- Reinforce and celebrate positive skills in use
- Create a consistent response when challenges occur
- Use data to reflect on progress

Organizations With All 3 Tiers Form Two Teams for Oversight

Tier 1
Organization-Wide
Team

Universal Systems



Tier 2 & 3
Team

John's Team

Satish's Team

Alfonso's Team

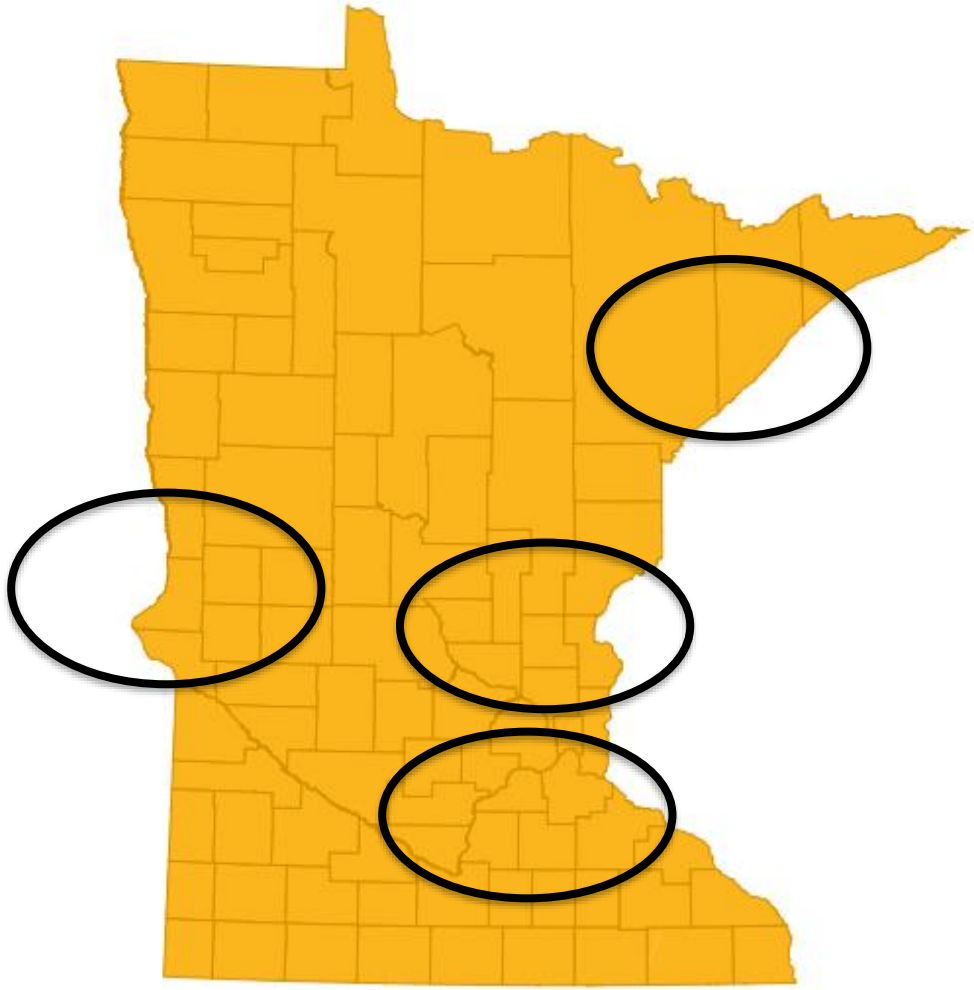
Akemi's Team

OSEP Center on Positive Behavioral Interventions & Supports
Effective Schoolwide Interventions

Minnesota Statewide Organization-Wide Training Infrastructure

Training Layers

- Team Training (T1)
- PCT Trainers/Coach Training (T1)
- Picture of a Life Planners/Trainers
- PBS Intensive Awareness
- PBS Certification Level



Cohort 2B

Cohort 1 & 2A

Cohort 1 ,4,& 5

Cohort 3 & 4

Teams Trained = 32
Teams with TOET = 24
Organizations = 12

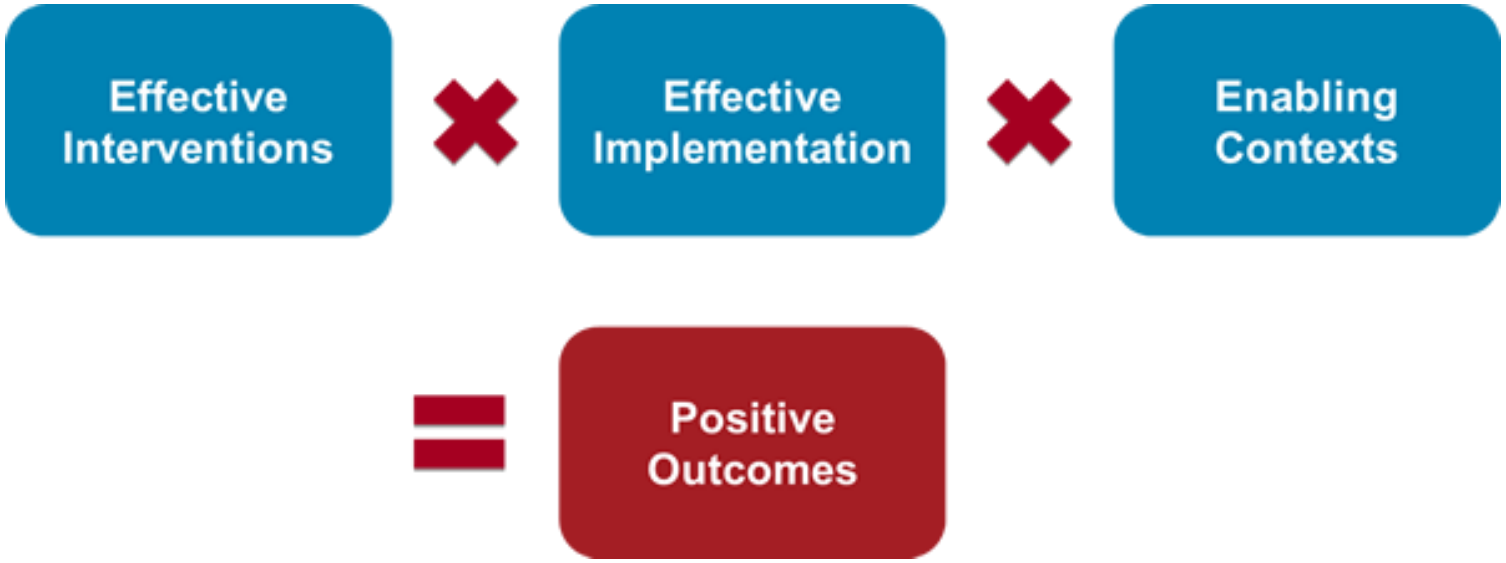
Addressing the Challenge

Statewide Planning

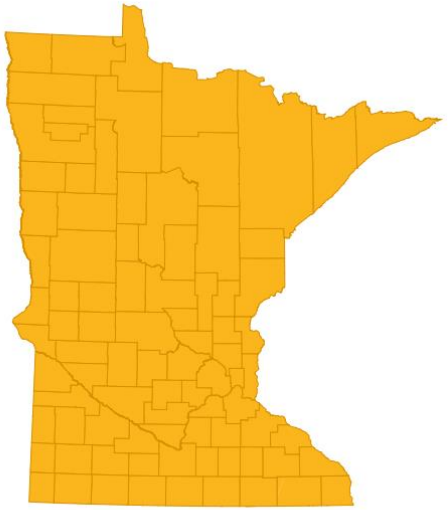
Regional collaboration and capacity building

Use implementation science to embed evidence-based practices

Focus on establishing a continuum of increasingly intense interventions using a tiered approach



Creating a More Inclusive PBS Common Social and Disability Justice Language



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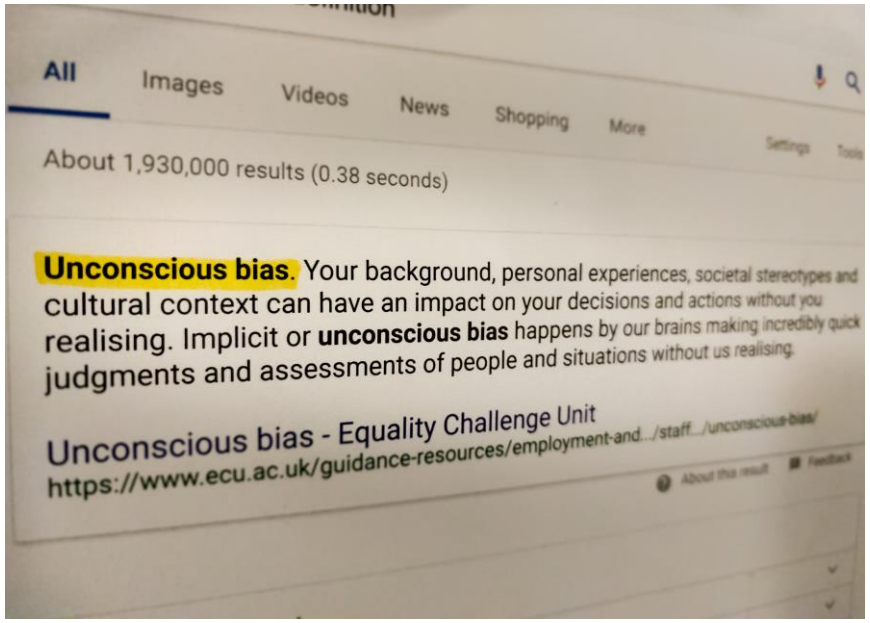
How Changing Values Drive Change

- A growing awareness that we need to attend to language used in all of our work

- Co-leadership and direction from advocates with disabilities can help change this…
  - » Statewide advisory board
  - » Co-training and materials development
  - » Guidance in tool development
  - » Providing leadership in policy changes across systems



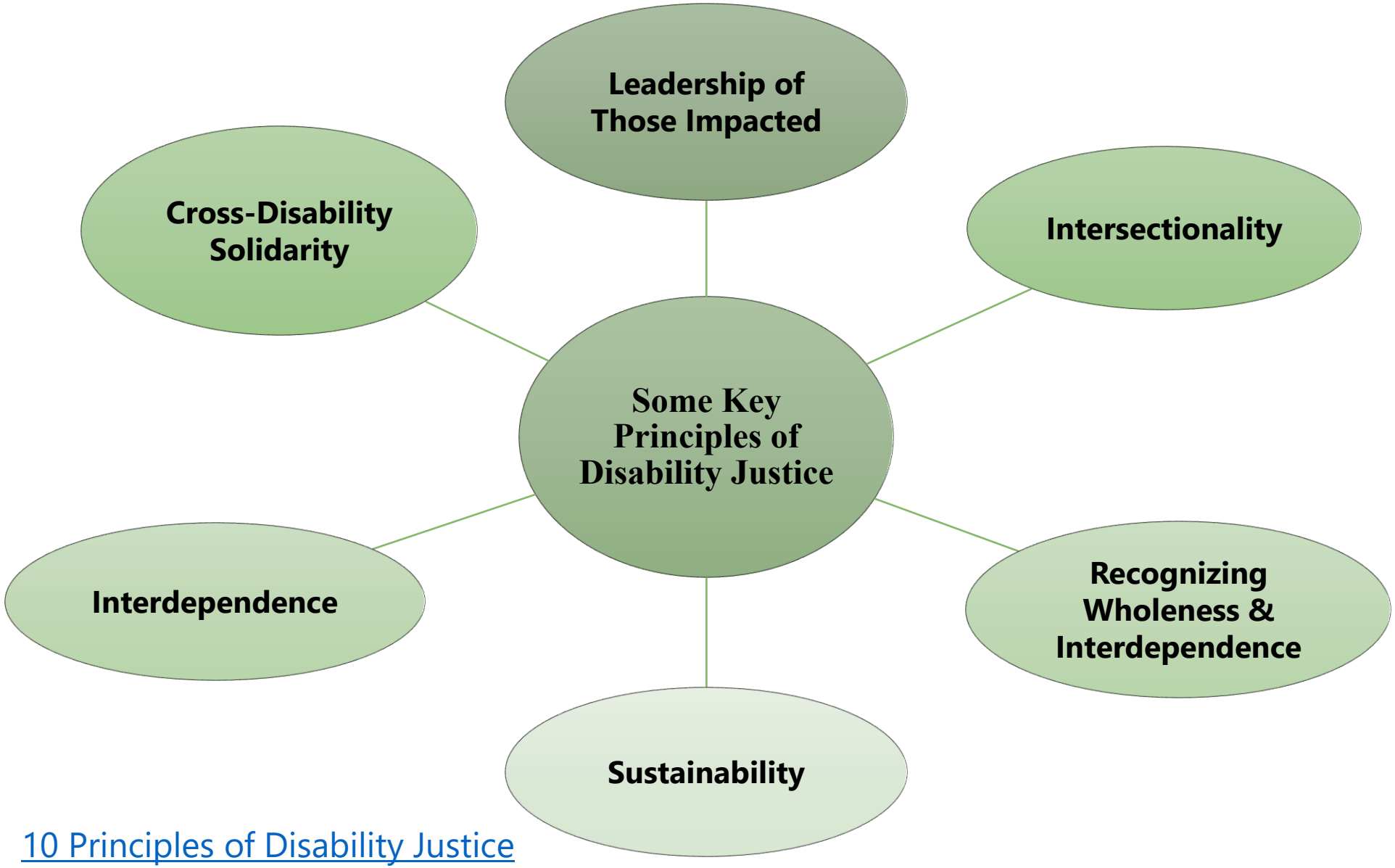
Challenging Behavior

- Everyone engages in behaviors that:
  - Interfere with quality of life
  - Can result in injury to self or others
- When these challenges become intense and chronic the goal is to help problem solve and come up with solutions
- *Avoiding the term "behavior" makes it more difficult to find solutions*

Ableism and Disability Justice

Cross-Movement Solidarity

…the idea is to lift up all of our community members, especially those who are often left out and not considered



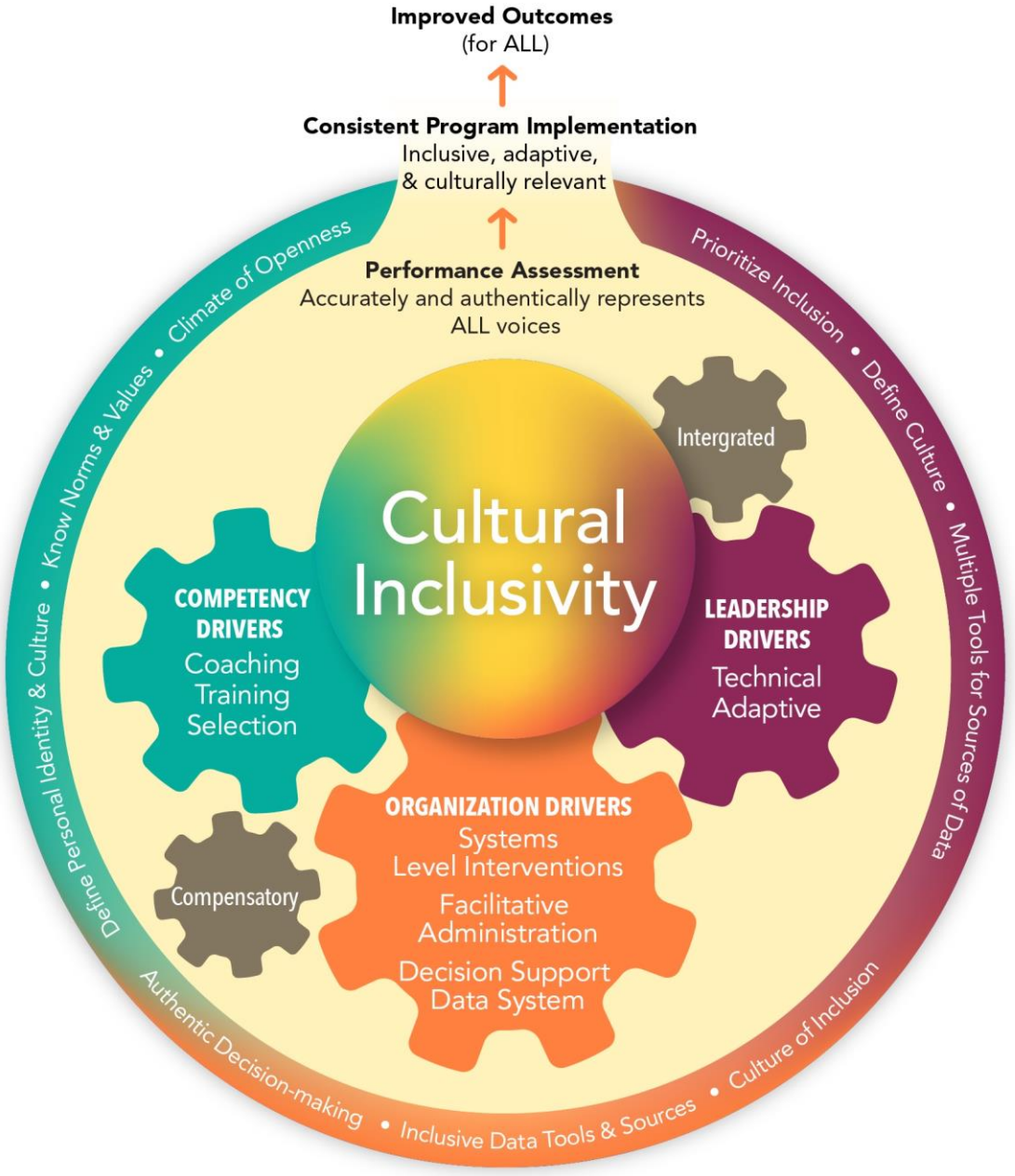
[10 Principles of Disability Justice]

Leadership of Those Most Impacted

People from marginalized communities must be actively involved in the meetings where decisions are made for positive change to occur

-Community Toolbox

Integrating Cultural Inclusiveness Into Implementation Science



Leadership Level Decision Making for People with Lived Experienced in Statewide Planning

State Level Examples
- Contribute to group decisions made to state
- Make formal recommendations

State Implementation Team

Regional Level Examples
- Plain language materials
- Co-facilitating meetings
- Assist in Tool development

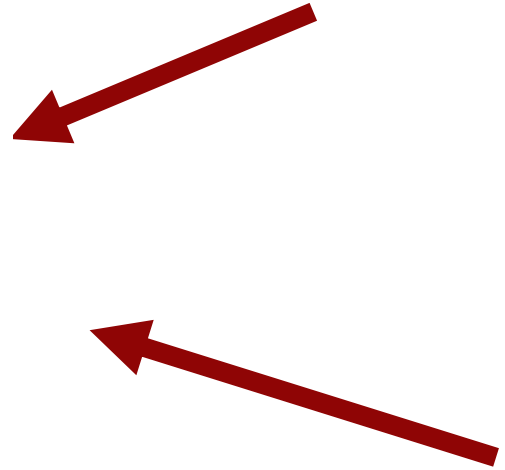
Regional Teams

Members on Positive Supports Team

Local Level Examples
- Attend organization-wide team
- Assist in hiring staff
- Train direct support staff in PBS

Local Leadership Implementation

Regional Quality Council Leadership in Meetings



Local & Regional Level Examples

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Leadership and Lived Experience at the *Local Level*

Advocates with Experience will (or are already doing so)……

- Attend organization-wide team meetings
- Become part of group events using PATH to guide organizational vision and mission
- Assist in hiring staff in organization
- Train other direct support staff in PBS in the organization
- Assist and guide in the use of language

Leadership and Lived Experience at the *Regional Level*

Self Advocate Leadership Initiative Members are….

- Creating plain language materials
  - Positive Behavior Support
  - Person-centered Planning
- Co-facilitating regional meetings
- Assisting in tool development (TOET)
- Helping to guide the use of language

Minnesota's Regional Quality Councils

Who is Involved:

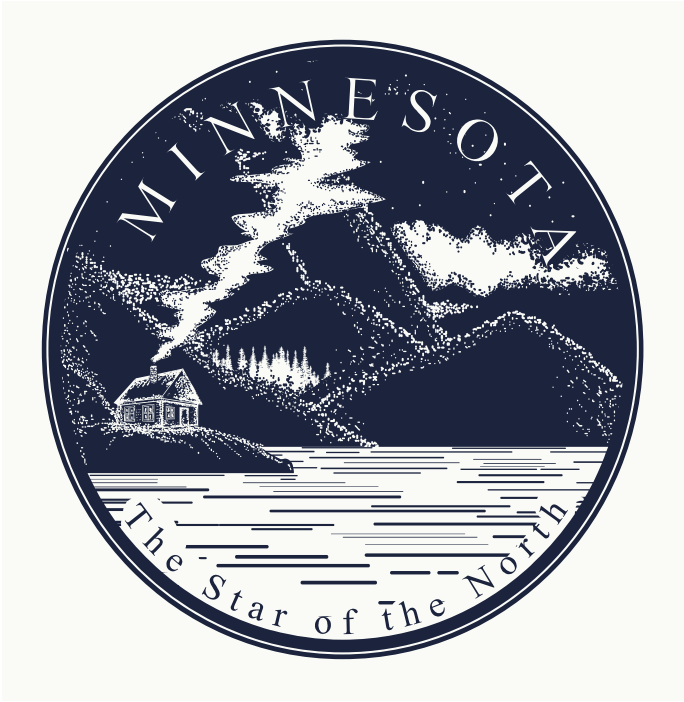
- People with disabilities, their families
- County and state leaders
- Organizations supporting people
- Community members

What RQCs Do:

- Collaborates with regional partners
- Improve quality of services
- Work with regions to monitor outcomes related to quality of life & person-centered outcomes

Minnesota's Regional Quality Councils

RQCs and Regional Planning



The Arc™ Northland

REGIONAL QUALITY COUNCIL

Minnesota's Regional Quality Councils

Plain Language Materials

The Arc™ Northland

REGIONAL QUALITY COUNCIL

Regional & State Level Examples

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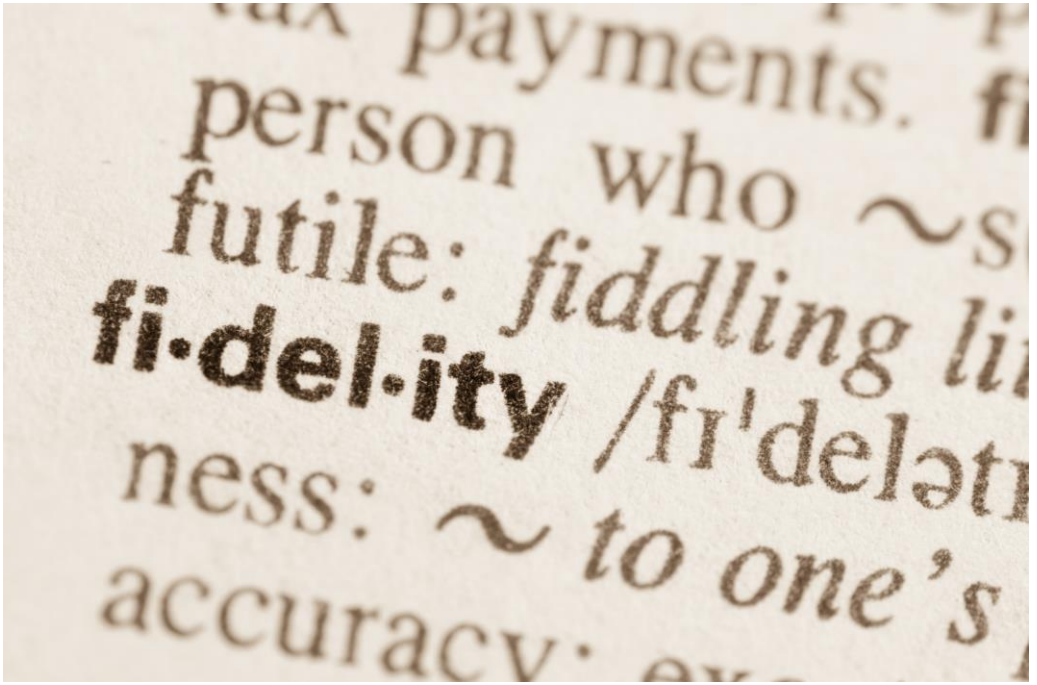
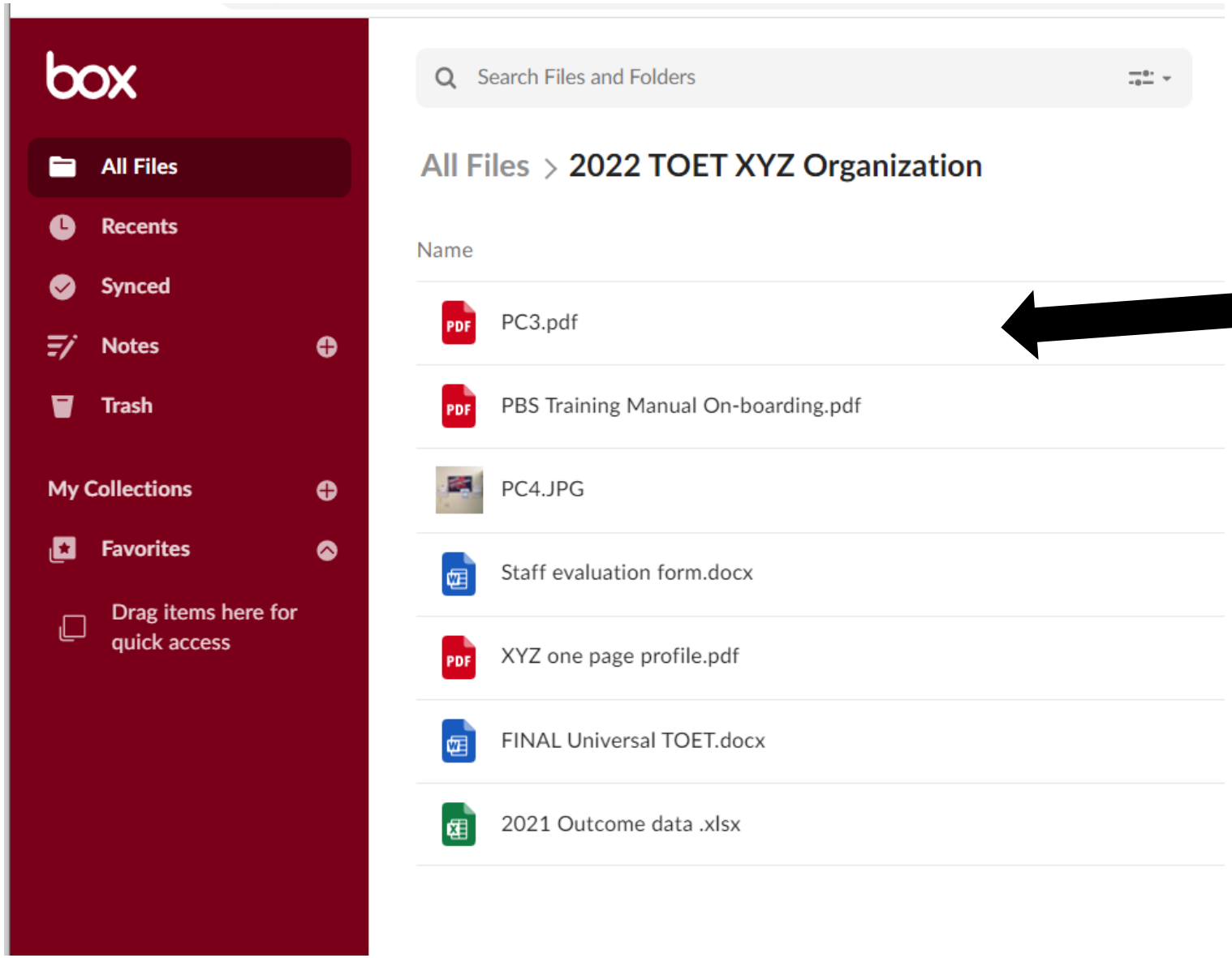
Assessing Progress in Organizations

Tiered Onsite Evaluation Tool (TOET)

Key Characteristics

- 2-4 Hours Onsite Visit to Organization
- Outside Evaluation of Implementation
- Review of Documentation
- Interviews
- Observations





Teams Upload evidence prior to TOET Meeting

Overview of Tiered Onsite Evaluation Tool (TOET) Subscales and Items

TOET Subscale	Number of items	Items	Sample scoring and types of evidence
1. Team Action Planning/Stakeholder Involvement	4	1.1 Team Composition, 1.2 Team Effectiveness, 1.3 Stakeholder Involvement, 1.4 Consensus Building and Staff Decision Making.	**1.1 Team Composition:** Working team composition includes administration, key contact(s), universal person-centered (PC) coaches, and practice expertise, PBS expertise, human resources, management, people receiving services and family, and direct staff **Evidence:** Organizational chart or documentation, Meeting Minutes, Interviews **Scoring:** ***0*** = Team exists but roles are not represented; ***1*** = Team exists but some key team members do not attend, or attend less than 80% of the meetings; ***2*** = Team members representing key roles attend over 80% of meetings
2. Universal Person-Centered Practices	4	1.5 Organizational Alignment, 1.6 Policy Alignment, 1.7 Universal Person-Centered Strategies, 1.8 Active Staff Support.	**1.5 Organizational Alignment:** Vision and mission for organization clearly states person-centered values and/or outcome statements are shared as link to person-centered values **Evidence:** Vision and mission statements, Action planning tasks used to align vision and mission, Outcome statements and related document, Units/departments/divisions one-page description to identify their own mission, vision and values statements. Includes everyone in the unit not just team, Action statements indicating the process for mission and vision revisions organization wide. **Scoring:** ***0*** = no clear alignment of vision or mission statements to person-centered practices and no plan for improvement, ***1*** = Vision and mission do not refer to person-centered practices, but a plan is in place to establish person-centered mission/vision statements or outcomes statements are person-centered, ***2*** = Vision and mission statement include person-centered language and outcomes aligned with outcome statements and action plan.

Freeman, R., Simacek, J., Jeffrey-Pearsall, J., Lee, S., Khalif, M., & Oteman, Q. (2022). *Development of the Tiered Onsite Evaluation Tool (TOET) for organization-wide person-centered positive behavior support*. Accepted with revisions. *Journal of Positive Behavior Interventions.*

Scoring the TOET

- **Implementation points**
  - Achieved = 2
  - In progress = 1
  - Not Started = 0
- **Criterion for scoring provided for each item**
- **Percentage of Items Implemented**
  - Overall Total
    - ✓ Number of items scored as “Achieved” divided by Total # of items
  - Subscale Scores
    - ✓ Number of items in each subscale area scored as “Achieved” divided by the number of items in that subscale area

TOET Fidelity Includes Monitoring Data-Based Decision Making

Evaluation Questions-Teams

Efforts Taken

- Coaches, Key Contacts. PBS Facilitators
- Homes, Areas of Organization (parameters)

Fidelity

- Self-Assessment
- Onsite Evaluation

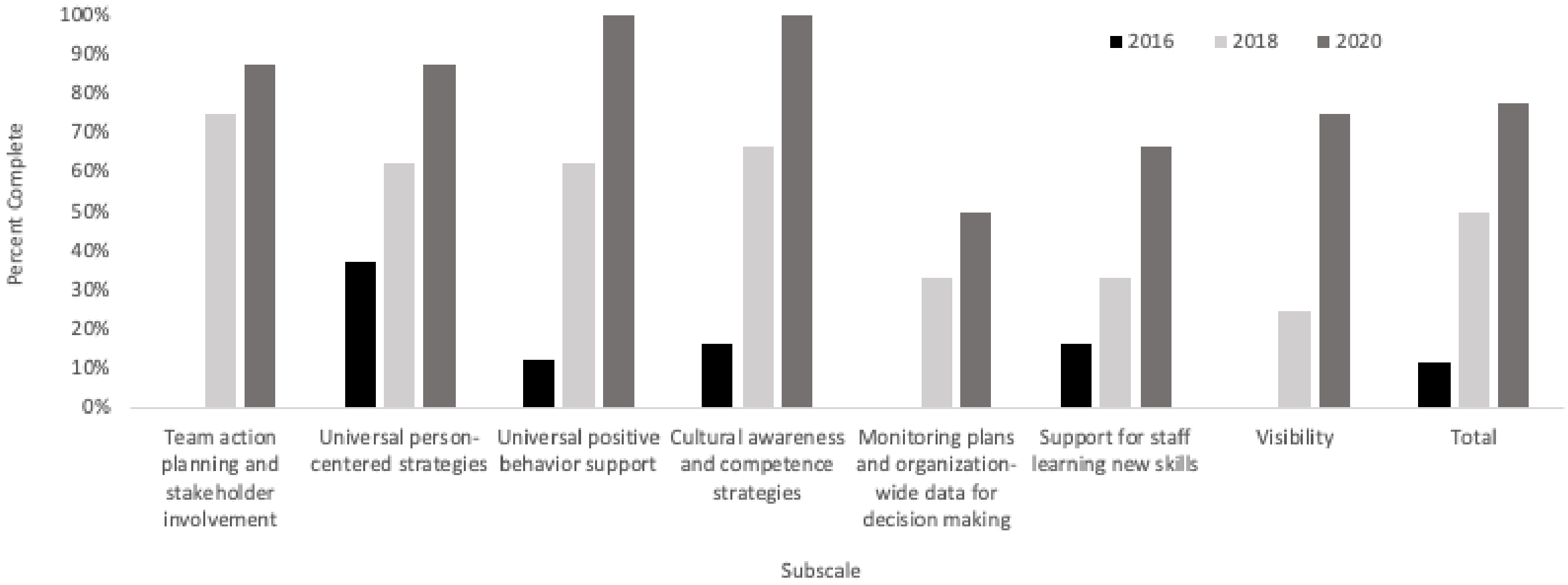
Outcomes

- Quality of Life
- Incident Reports
- Injuries, Sick Days
- Attrition/Retention, Workers Compensation

Examples of Evaluation Measures

- # key contacts
- # of active coaches
- TOET (external evaluation)
- MN Team Checklist (self-assessment)
- Quality of life measures
  - Individual
  - Summary across organization
- Incident reports, injuries, restraint
- Sick leave, attrition/retention workers compensation
- Climate scales staff and people supported
- Surveys of cultural responsiveness

TOET Data From 2016 – 2020 for the Case Study Example



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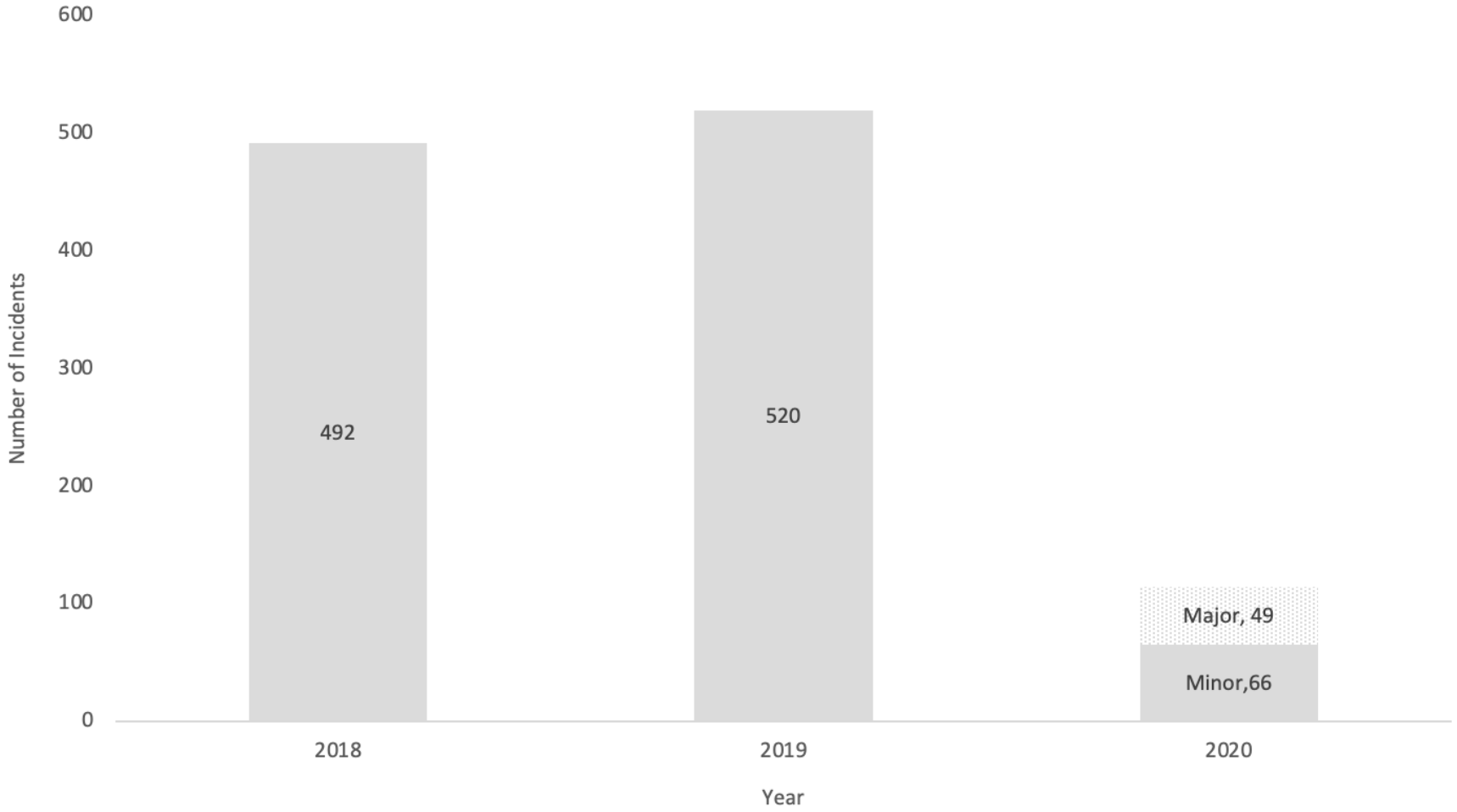
Annual Incident Report Data 2018-2020



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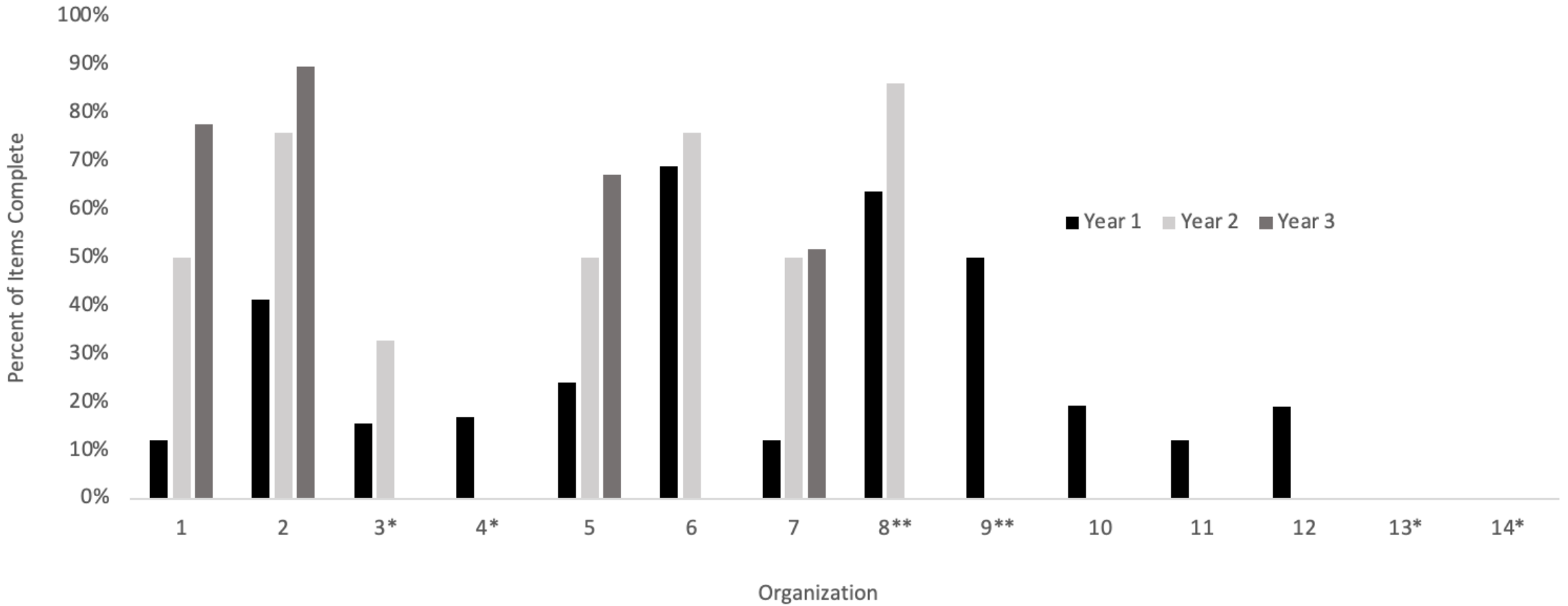
TOET Scores Across All Provider Organizations Six+ Years of Implementation



*Notes: TOET scores across participating organizations reflecting over six years of participation in TA. Organization 1 is the Case Study example. *Organizations participating that attrited. **Organizations that were part any earlier PC training funded by the state but became actively involved in the cohort model.*

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Evaluating Quality of Life - TOET Redesign

- Work with regional team and organizations
- Regional Council members will develop and assist in piloting quality of life assessment
- 2 provider organizations implementing over 3+ years will participate
- Help to establish and finalize evaluation

State Level Examples

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Leadership and Lived Experience at the *State Level*

Advocates with Experience are…

- Co-trainers and facilitators with lived experience
- Contributing to group decisions made in state meetings
- Making formal recommendations for systems change
- Assisting and guide in the use of language

Creating a Common Language

Minnesota's Standards of Practice: Positive Behavior Support Across the Lifespan

Visit the Standards of Practice

mnpbs

POSITIVE BEHAVIOR SUPPORT NETWORK

MNPSP.ORG/mnpbs

MNPSP.ORG Website Training Materials Page

Select Training Materials
Then Implementation Resources
Positive Supports
MINNESOTA
Home
Topic Areas
Positive Support Practice
Training Materials
Home
Welcome to Minnesota Positive Supports Website
This website is for:
Mental health providers
Disability services providers
Social Workers
Educators
Anyone in the helping profession
You are a person receiving services
A parent or a loved one of a person receiving services
All people want to be respected, have choices, and feel safe.
Positive supports are approaches that are used to help people using a variety of proven support strategies that do not include punishment or seclusion.
But positive supports are much more than that. Positive supports are about respecting the dignity and rights of every person while offering individualized and effective services.
Whether someone is receiving mental health, housing, educational, disability, or any other services meant to improve a person's life, positive supports:
Build on a person's unique strengths, assets, interests, expectations, cultures, and goals,
Respect the rights and individuality of each person, and
Recent Events and Presentations
Upcoming Event
Register for 2019 AAIDD Annual Conference June 24-27 in Minnesota
Opportunity for Minnesota Families
An online opportunity is now available for families

Dupree Edwards – ICI PBS Training and State Associate

- Interview with Dupree Edwards, PBS Training and State Associate
- Other Interests and Work
- Helping Others Understand DHS Policies

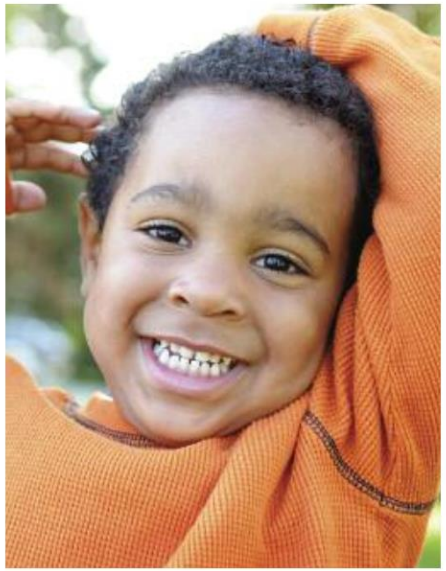
Moving beyond matching staff and people supported

Understanding how our preferences impact interactions with others

T O D D L E R V E R S I O N

INFANT TODDLER TEMPERAMENT TOOL (IT³)

SUPPORTING A "GOODNESS OF FIT"



INTRODUCTION TO TEMPERAMENT

Temperament is an important feature of social and emotional health. The word "temperament" refers to the way we approach and react to the world. It is our own personal "style" and is present from birth. There are three general types of temperaments: easy-going, slow-to-warm, and active.

Easy-going children are generally happy and active from birth and adjust easily to new situations and environments. Slow-to-warm children are generally observant and calm and may need extra time to adjust to new situations. Children with active temperaments often have varied routines (eating, sleeping, etc.) and approach life with zest.

There are nine common traits that can help describe a child's temperament and the way he or she reacts to and experiences the world. The **Temperament Chart** on the next page explains these traits in more detail. They are:

- Activity level
- Distractibility
- Intensity
- Regularity
- Sensitivity
- Approachability
- Adaptability
- Persistence
- Mood

GOODNESS OF FIT

Each caregiver and parent also has his or her own temperament. The compatibility between adult and child temperaments can affect the quality of relationships. This compatibility is often called "goodness of fit." Goodness of fit happens when an adult's expectations and methods of caregiving match the child's personal style and abilities. Goodness of fit does not mean that adult and child temperaments have to match. The parent or caregiver does not have to change who they are. They can simply adjust their caregiving methods to be a positive support to their child's natural way of responding to the world. For example, if a child is highly active, a caregiver may pack extra activities in the diaper bag for waiting times at visits to the doctor, grocery store lines, etc. For a child who needs some extra time in approaching new activities, a caregiver might stay close by, giving the child time to adjust and feel safe.

The Infant Toddler Temperament Tool (IT³) was developed for the Center for Early Childhood Mental Health Consultation, an Innovation and Improvement Project funded by the Office of Head Start. (Grant #90YD026B)

DIRECTIONS FOR COMPLETING THE TODDLER VERSION OF IT³

FOR INFANTS 18 TO 36 MONTHS. **COMPLETION TIME: 5-10 MINUTES.**

I AM COMPLETING THE IT³ FOR MYSELF AND _____
(TODDLER'S NAME)

Complete this brief **TODDLER** version of the IT³ to determine the "goodness of fit" between you and the child you have in mind for this activity. Remember, there are no "good" or "bad" temperamental traits; we are all born with unique personalities that make us special. The results and "goodness of fit" suggestions will help you to enhance your caregiving methods as a positive support for the child.

Please rate yourself and the toddler on the following nine traits. For each trait, fill in the circle that comes closest to describing your regular behaviors and those of the infant. You can refer to the previous page and chart of Temperament Traits for definitions of each trait.

Use the following statements to focus your thinking as you review each trait for yourself and the toddler:

- **More often than not, I behave in a way that can be described as:**
- **More often than not, the toddler behaves in a way that can be described as:**

DIMENSIONS	TYPICAL BEHAVIORAL INDICATOR	I AM …	MY TODDLER IS…
1. ACTIVITY LEVEL	Highly Active	○	○
	Less Active	○	○
2. DISTRACTIBILITY	Easily Distracted	○	○
	Less Distracted (More Focused)	○	○
3. INTENSITY	Intense Personality	○	○
	Relaxed Personality	○	○
4. REGULARITY	Highly Regular	○	○
	More Spontaneous (Irregular)	○	○
5. SENSITIVITY	Highly Sensitive	○	○
	Less Sensitive	○	○
6. APPROACHABILITY	Highly Approachable	○	○
	Less Approachable	○	○
7. ADAPTABILITY	Highly Adaptable	○	○
	Less Adaptable	○	○
8. PERSISTENCE	Highly Persistent	○	○
	Less Persistent	○	○
9. MOOD	Positive Mood	○	○
	Serious Mood	○	○

Center for Early Childhood Mental Health Consultation, an Innovation and Improvement Project funded by the Office of Head Start. (Grant #90YD026B)

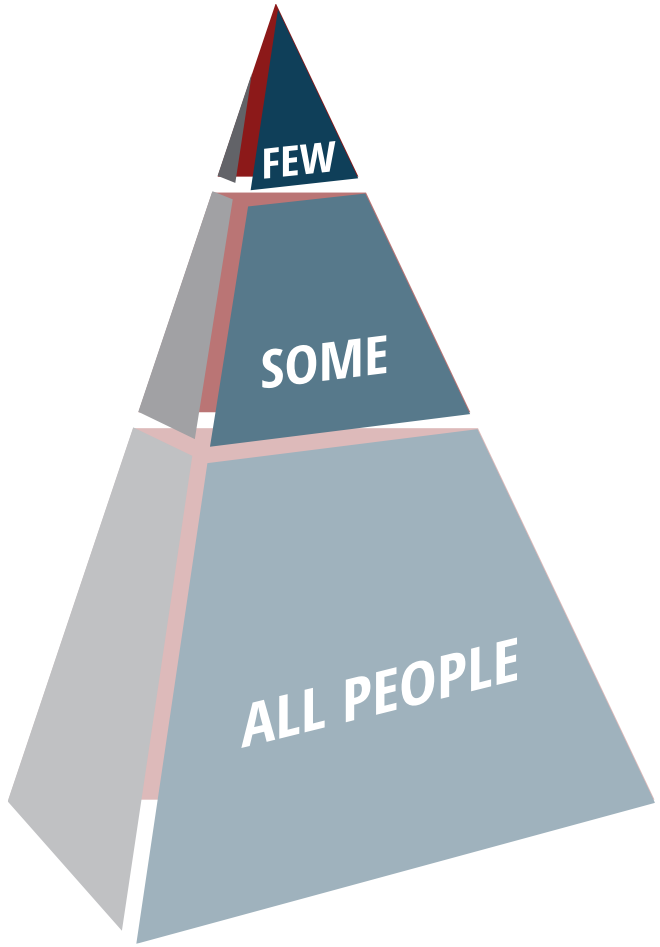
Acute Care Transitions Advisory Council (Report by October, 2024)

Addressing Acute Care Challenge Across Tiers

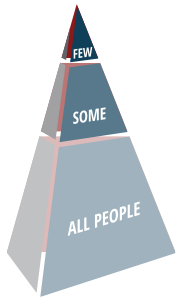
Tier 3 (Interventions, Systems and Supports for a Few People)
Temporary acute care placements when no other options are available
Coordination of funds and communication across state departments and divisions
Flexible funding for transition planning
Point of contact navigator or facilitator during transition
Funding for individualized planning
Systems for encouraging memoranda of agreement between organizations to improve communication
Ensuring training and clinical support is available prior to transitions
Team-based individualized planning includes one or more positive supports
Evaluation & measurement systems in place for statewide monitoring of acute care transitions

Tier 2 (Interventions, Systems, and Supports Needed for Some People)
Regional teams monitor signs families and communities may need support
Regional referral system for anyone wanting additional support is offered
Access to function-based targeted and group interventions is available
Communication systems across local, regional, and state teams is used for coordination
Evaluation system at regional and state levels for monitoring Tier 2

Tier 1 (Interventions, Systems, and Support for All People)
Incentives for providers accepting people who require more flexible tailor services
Endorsement systems for organizations implementing PBS and/or other positive supports across data systems and practices
Increases in salary for staff directly supporting people who require more flexible and tailored supports
Promotion path for staff providing direct support in organizations
Training and technical assistance systems for ongoing expansion of PBS for families and providers
Evaluation system for monitoring prevention-based efforts



Statewide Interventions Across Tiers



Tier 1	Tier 2	Tier 3
• Training for PBS and EBPs in layers for all partners • Incentives for providers accepting people who require more flexible tailor services • Endorsement systems for organizations • Increase salaries working with EBPs • Staff promotion pathways • Evaluation systems for Tier 1	• Monitoring and screening at a regional level • Referral system for people to seek support for minor challenges • Memoranda of agreement taught and encouraged at regional level • Evaluation of Tier 2	• Transition planning related to barriers to acute care • Policies and statues driving individualized FBA and EBPs • Care Navigator to assist coordination • Coordination of funds across departments/divisions • Funds dedicated to expanding Tier 3 training systems linked to HCBS funds • Tier 3 & acute care evaluation systems • Memoranda of agreement for Tier 3 communication

Minnesota Positive Behavior Support Network (MNPBS)

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MNPBS Network is **bringing practitioners together** across settings, populations and the lifespan to **articulate key PBS features** and **share about exemplary PBS at a community level**.

mnpbs
POSITIVE BEHAVIOR SUPPORT NETWORK

Minnesota PBS VALUES

V= **V**alues build on the strengths of children and adults, empower people and encourage culturally-responsiveness

A= **A**ll settings are important -- home, school, community

L = **L**ifespan emphasis of PBS supports diversity and inclusion

U= **U**nderstand & build on social and emotional skills

E= **E**vidence-based practices using behavioral, biomedical, and social science research

S= **S**ystems change including universal strategies, minor problem solving, & individualized supports

Our Current Work

PATH 2022

2024 Goals

- Increase Diversity
  - On MNPBS team
  - Relationship building with groups that support diverse needs, listening sessions, and make the relationship mutually beneficial
- Formalize Mission and Vision Statements
- Complete and Place MN Standards Online
- Award Celebration
- Revise and Expand Evaluation & Measurement Systems

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Organization Members

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INSTITUTE on COMMUNITY INTEGRATION | UNIVERSITY OF MINNESOTA
DEPARTMENT OF EDUCATION
UNIVERSITY OF St.Thomas
MNABA Minnesota Northland Association for Behavior Analysis
SWWC
APBS
Lutheran Social Service of Minnesota
Residential Services INC Nurturing Abilities
ARRM
Minnesota PBIS

APBS Conference in Minneapolis, 2026

Questions & Discussion

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