

MINUTES OF CALLED MEETING
BOARD OF DEVELOPMENTAL DISABILITIES SERVICES
January 14, 2016
DDS Director's Conference Room
Little Rock, Arkansas

The called meeting of the Board of Developmental Disabilities Services (DDS) was held via teleconference January 14, 2016 at the DDS Director's Conference Room, Little Rock, Arkansas. The meeting convened at 12:05 p.m. pursuant to the call of the Board Chair.

MEMBERS PRESENT: Board Chair Mr. Randy Laverty, Ms. Sally Hardin, Ms. Suzann McCommon, Mr. Darrell Pickney, Mr. David Rosegrant, Ms. Artie Jones and Dr. Linda Selman.

STAFF PRESENT: Ms. Melissa Stone, Mr. Jeff Gonyea, Ms. Vanessa Wyrick, Mr. Glenn Clark, Ms. Linda Scales, Ms. Sarah Murphy, Ms. Kathy Guffey, Mr. Forrest Steele, Mr. Steve Farmer, Mr. Charles Smith, Ms. Tammy Benbrook, Ms. Avis Lane, Ms. Traci Harris, Ms. Deborah Tenner, Ms. Amy Webb, Mr. Dale Woodall, Ms. Mischa Martin and Mr. Mark White.

OTHERS PRESENT: Ms. Jan Fortney, Ms. Rita Edwards and Ms. Carole Sherman, family members of HDC residents, Mr. Andy Davis of the Arkansas Democrat Gazette, and Mr. Tom Masseur, Mr. Thomas Nichols, Mr. Justin Nickels, Ms. Cassie Howell and Ms. Debra Poulin from Disability Rights Arkansas.

Mr. Randy Laverty called the meeting to order and welcomed everyone in attendance.

Mr. Laverty then turned the meeting over to DDS Interim Director, Melissa Stone, to address the 2016 Disability Rights Arkansas report regarding the Booneville Human Development Center (See Attachment 1:1). Ms. Stone advised that Disability Rights Arkansas provided DDS with a copy of the final report prior to release with the understanding that DRA would consider incorporating a response from the Department of Human Services into the released report. Ms. Stone read the DHS response into the record. (See Attachment 1:2)

Ms. McCommon stated that the Board was concerned with the use of restraints. The matter, however, has been addressed with the staff of the Booneville Human Development Center and notes that action has been taken based on a reduction in number of incidents which required the use of restraints.

Mr. Pickney assured all in attendance that the Board takes any allegations of mistreatment seriously. He then posed questions to Jeff Gonyea, Superintendent of the Booneville Human Development Center.

- 1) Are the Board's policies and procedures regarding restraints being followed? Mr. Gonyea responded that the policies and procedure are being followed. Staff is trained to utilize restraints only to protect clients and staff.

- 2) Are you aware of incidents where restraints were used for punishment or convenience? Mr. Gonyea responded that he is aware of no such incidents. Mr. Gonyea added that state surveyors and CMS surveyors found the Booneville Human Development Center to be in compliance.

Ms. Hardin echoed Ms. McCommon's comments and added that through staff training, steps have been taken to decrease the incidents of restraint used.

Dr. Selman and Mr. Pickney both spoke candidly from personal experience involving family members and approaches used in their care.

Mr. Lavery reiterated the Board's goal for the most humane and appropriated treatment for HDC residents and conveyed that the Board will see that staff follows through. He then called for a motion to accept the Department of Human Services response to the Disability Rights Arkansas report. Mr. Rosegrant made a motion to accept the response. Mr. Pickney seconded the motion which passed unanimously. The response will be forwarded to Disability Rights Arkansas.

Mr. Lavery opened the floor for comments. Rita Edwards, sister of a Booneville Human Development Center resident, spoke to the reality that restraints are occasionally necessary. She notes that numbers alone are not an accurate reflection of restraint use. The issue must be viewed on a case by case basis.

Mr. Lavery addressed Melissa Stone's current position as Interim Director. Ms. McCommon and Mr. Pickney commended Ms. Stone for her professionalism and the excellent work she has performed as Interim Director. Mr Lavery called for a motion to accept Ms. Stone as Director of Developmental Disabilities Services. Ms. McCommon made a motion to accept Ms. Stone as Director. Mr. Pickney seconded the motion which passed unanimously.

After the motion was made and accepted Mr. Lavery, on behalf of the Board, congratulated Ms. Stone on her new position.

There being no further business, Mr. Lavery called for a motion for the meeting to be adjourned. Ms. McCommon made a motion for the meeting to be adjourned. Mr. Pickney seconded the motion which passed unanimously. The meeting adjourned at 12:35 p.m.

ATTEST:


Mr. Randy Lavery, Chair, Board of DDS


Executive Secretary

Response

The Division of Developmental Disabilities Services (DDS) and its Interim Director Melissa Stone have received a copy of the DRA's January 2016 report on the restraint practices at the Booneville Human Development Center (BHDC). That report mirrors complaints in a January 2015 report from DRA. It's important to note up front that BHDC is licensed by the Office of Long-term Care, which completes annual on-site reviews of the facility and its practices. No deficiencies with the restraint practices have been identified in those reviews.

Though no deficiencies with regard to restraints have been discovered, DDS took the DRA's 2015 concerns seriously and reviewed the restraint policies of all human development centers and ultimately changed policies at BHDC and another facility to ensure all were using the same restraint techniques. BHDC began training in the new, nationally-recognized approach from the Crisis Prevention Institute in March 2015. More than 100 employees have been trained in the new techniques to date, and the remaining employees will complete training by the end of March. The new techniques provide staff with more non-physical de-escalation approaches and ways to set appropriate limits that help calm behaviors. These techniques are also in line with recommendations made in 2012 by an independent consultant who reviewed restraint practices at all HDCs. BHDC data through December 2015 shows that the use of emergency restraint techniques is less frequent than it was a year ago.

Unfortunately, emergency restraints and interventions are necessary at BHDC because of the number of residents who have a diagnosis of both a developmental disability and a mental illness that can be associated with aggressive or injurious behaviors or tendencies. Currently, more than 93% of our clients have dual diagnoses. Despite the assertions of the DRA that residents at BHDC have the same behaviors as other HDC residents, this is a unique population that requires intense treatment and emergency interventions. Many of our residents are directly admitted from the Arkansas State Hospital, other HDCs, or jail. Often admissions occur because the safety of the resident being admitted or others in the referring environment could not be ensured. BHDC employees are specially-trained to work with this high-need population. CMS recognizes that emergency situations arise in these populations and allows for the use of interventions, including the papoose board and chemical restraints.

While all residents meet HDC admission requirements, many are accepted with the awareness that they present a high-risk of danger to self or others, as predicted by their psychiatric diagnoses and history. These residents will likely always need a closely-supervised, high-level of care due to their clinically-complicated needs. Despite the potential for dangerous behaviors, BHDC only uses restraint interventions in emergency situations, often only after other de-escalation techniques did not calm the resident. Emergency interventions are not used out of convenience or for punishment. It's important to note that incidents involving emergency restraints and interventions are reviewed daily by BHDC residential staff and nurses and, when necessary, the treating psychiatrist. The treating physician will adjust and monitor medications and treatments in an effort to reduce or eliminate dangerous or self-injurious behaviors. Chemical restraints are only used when ordered by a doctor. The DDS assistant director for quality assurance also reviews restraint use monthly.

Though DDS Interim Director Stone is confident that BHDC staff only use restraints in emergency situations, she takes the new report seriously and plans to take an in-depth look at the practices, diagnoses and admissions at BHDC to see if there are ways to further reduce the use of these emergency interventions. She also plans to work with BHDC to ensure staff is re-trained, if necessary, on appropriately documenting client interactions and emergency interventions.