

Positive Behavioral Support Initiative: Guidelines for Required Components

Revised 6.11.14

The Department of Developmental Services plans to revise the regulations for “behavior management” to define standards for the implementation of Positive Behavior Support throughout the DDS system. This will apply to all providers which receive funds directly or indirectly from DDS. These changes are being made to improve the quality and effectiveness of behavioral practices and outcomes for all individuals served.

The proposed guidance for Positive Behavior Support is as follows:

1. The framework for Positive Behavior Support consists of the five following elements:
 - a. operationally defined outcomes for all individuals reflecting their own values
 - b. the use of established behavioral practices to be used in a holistic approach in coordination with appropriate biomedical interventions to address problem behaviors and improve of quality life
 - c. the use of data to guide the selection of behavioral interventions from among research validated practices
 - d. the development and continuous improvement of monitoring and management systems that support the effective and efficient implementation, evaluation and sustainability of those practices
 - e. the implementation of three “tiers” of programming : universal, targeted, and intensive, as defined in the PBS literature.
2. DDS recognizes that because provider organizations vary significantly in the size, structure, populations served, and required expertise for professional behavioral services, providers will adapt a Positive Behavioral Support framework to the unique features of their individual organization.
3. Providers must use a Crisis Prevention, Response and Restraint (CPRR) system approved by DDS. In the event that a CPRR procedures used in an agency can not be used for a specific individual due the unique needs of that person, providers will consult with the approved CPRR Curriculum provider which is responsible for receiving approval for the adapted procedures from the DDS Restraint Curricula Review Committee.
4. All providers will be required to develop a leadership team which will provide governance for PBS.
 - a. Membership of PBS leadership team consists of the following members:
 - i. An individual in an executive leadership position with authority to implement changes in management, content, resources and/or training
 - ii. A senior level qualified clinician
 - iii. Other agency personnel that represent different functional units within the organization, such as Human Rights, Quality Assurance, and other clinical staff

- iv. In accordance with their organization's practices with regard to stakeholder participation, providers should invite participation of one or more representatives of stakeholders, including individuals served by the organization, and or family members of individuals served, to participate and/or provide advice on PBS.
- b. Goals and Responsibilities of the leadership team are to:
- i. Assess agency readiness and ongoing capacity
 - ii. Develop agency metrics to assess agency goals
 - iii. Develop a written organization-wide PBS Implementation Action Plan , available to DDS
 - iv. Determine the configuration and number of PBS tiers based on population served and agency organizational structure
 - v. Ensure that the Universal Tier of PBS is implemented, and if not part of the original and ongoing system, that contingency plans made and resources have been identified to implement the Targeted or Intense Tiers if they are needed by specific individuals
 - vi. Use ongoing data based decision making to
 - a. Develop a PBS Implementation Action Plan for all three tiers based on agency population served. (see Frequently Asked Questions for more guidance)
 - b. Assess the implementation of the PBS Action Plan(s) on an ongoing basis
 - c. Assess the fidelity of PBS across all three tiers
 - d. Assess the effectiveness of implementation of PBS plans across all three tiers
 - vii. Guide the use of evidence based practices
 - viii. Implement a standardized identification and referral process leading to referral to Targeted and Intensives support teams.
 - ix. Guide the development and implementation of an effective PBS training program

5. Intensive Supports must be:

- a. Developed by a qualified clinician: see the Informational Bulletin and Frequently Asked Questions
- b. Be preceded by a Functional Behavioral Assessment which incorporates all of the DDS required elements if the DDS format is not being used
- c. Have a written Positive Behavioral Support Plan which incorporates all of the DDS required elements if the DDS format is not being used