Positive Behavior Supports

PBS Leadership Team

Guidance for Providers Implementing Positive Behavior Supports

Massachusetts Department of Developmental Services
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This guidance document was developed as guidance to assist the DDS community to implement Positive Behavior Supports and it is not a substitute for a thorough understanding of applicable law, regulation, and DDS policy.

PBS Leadership Team
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DDS Positive Behavior Support Policy

It is the policy of the Department Developmental Services (DDS) to establish procedures and the highest practicable professional standards for the treatment of persons with intellectual and developmental disability, and to assure the dignity, health, safety, of its clients. System-wide PBS is a widely accepted and utilized framework for both system change and individual treatment which supports individuals to grow and reach their maximum potential. Id. Positive Behavior Supports (PBS) emerged from three major sources:

(a) Applied behavior analysis
(b) The normalization/inclusion movement; and
(c) Person-centered values

Journal of Positive Behavior Interventions, Positive Behavior Support: Evolution of an Applied Science, (Carr, Edward, Dunlap, Glen, Horner, Robert, et al.) Vol. 4, No. 1 (2002).

PBS provides a means for selecting, organizing, and implementing evidenced-based practices in the treatment of individuals. It focuses on clearly defined outcomes, data-based decision making and problem-solving processes that support fidelity and durability. PBS emphasizes the use of positive behavior approaches and recognizes that behavior is often an individual's response or reaction to the environment and the need to communicate his or preference and wants to others. Therefore, PBS focuses on environmental modifications, antecedent strategies, teaching desired and replacement behavior strategies, as well as reinforcement for teaching these desired and functional replacement behaviors and the non-reinforcement of the challenging behavior. The strategies used to modify the behavior of individuals should involve PBS which promotes the dignity and respect of individuals and should not be unduly restrictive or intrusive. It is both law and policy to use only procedures which have been determined to be the least restrictive or least intrusive alternatives.

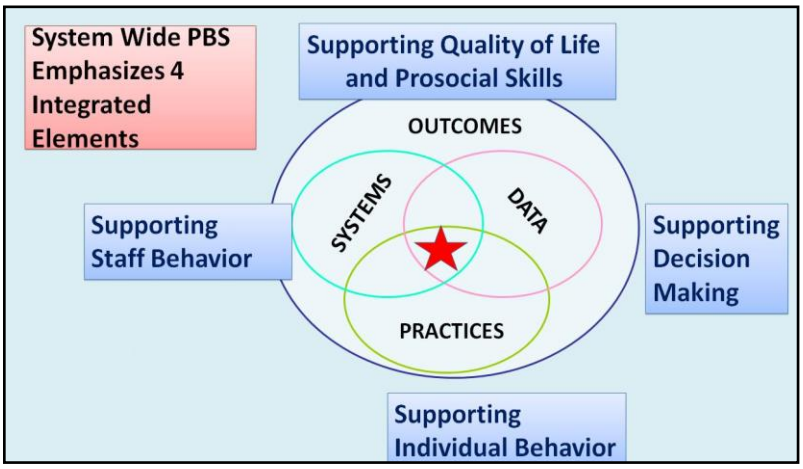
115 CMR 15.14(1)

Positive Behavior Support

Positive behavior support is a systematic, person-centered approach to understanding the reasons for behavior and applying evidence-based practices for prevention, proactive intervention, teaching and responding to behavior, with the goal of achieving meaningful social outcomes, increasing learning, and enhancing quality of life across the life span. PBS is a three-tiered system that includes Universal Supports, Targeted Supports, and Intensive Supports, as defined in 115 CMR 5.14(5). [1]

I. INTRODUCTION

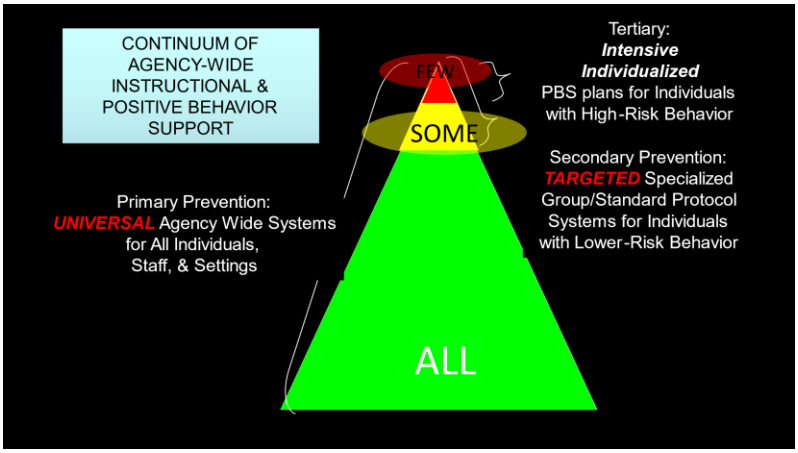
PBS consists of four key integrated elements: outcomes, systems, data, and practices. These elements are integrated and interdependent so that no one element can singularly accomplish the goal of providing demonstrably effective outcomes for individuals. Each provider should determine their meaningful, measurable ***outcomes*** that support pro-social skills and enhance the quality of life for all individuals served. To support these outcomes, PBS employs three activities: systems to help support staff behavior in implementing evidenced- based practices with ongoing data-based decision-making measuring fidelity and individual outcomes. The most important component of system-wide Positive Behavior Support is the systems component. Systems are used to build capacity in each organization to implement PBS practices with fidelity, regular data-based decision-making by a team to problem solve the effectiveness and efficiency of the evidenced-based practices to improve the quality of life of individuals served. Evidenced- based ***practices*** are those that can be found in the research literature. They should be practical and implemented proactively so that problems are less likely to occur or significantly disrupt an individual's life. Staff should be trained with knowledge and understanding of an individual's values, motives, and actions and trained in effective responses to communication needs. PBS relies on ***data*** to communicate the effectiveness of practices and systems so that problems can be identified and remedied in a timely way. Objective, measurable data guide decision-making at every level of support.[2]



There are three Tiers of Positive Behavior Support: Universal referred to as Tier I, Targeted Behavior Supports referred to as Tier 2, and Intensive Positive Behavior Supports referred to as Tier 3. Information on the Universal, Targeted, and Intensive Tier will be found at ddslearning.com in the future. At each Tier, the goal is for the individual to achieve meaningful outcomes and improved quality of life. The PBS triangle below represents the typical distribution of the Tiers and may not be representative of any particular provider. Providers must implement the Universal Tier across all their programs.

[1] Definition developed by sub-committee of the Commissioner's Advisory Board on PBS and adopted at 115 CMR 5.02.

[2] Common terms used in PBS work are presented in Appendix A



The Universal Tier provides the structure, foundation, and scaffolding for Targeted Behavior Supports and Intensive Tier of Supports; Universal Supports must always be in place for all individuals; essential components of the Universal Tier of Supports are the use of Teams, practices, consistent policies, approaches, and data to inform decision-making. Information about the Targeted Behavior Supports and Intensive Supports can be found at ddslearning.com

II. PBS LEADERSHIP TEAM

As an important first step in PBS implementation, each provider is required to establish and support a PBS Leadership Team. The PBS Leadership Team is responsible for identifying the provider's unique needs to be addressed by PBS practices and is charged with the oversight of PBS implementation at all levels. The Leadership Team uses objective, measurable data to make decisions on all aspects of PBS implementation. The PBS Leadership Team is responsible for ensuring that there is a system wide commitment to Positive Behavior Supports.

The following tasks outline the minimum responsibilities of a PBS Leadership Team. Tasks that are required to be a part of a provider's PBS system are indicated as such. Tasks that are not required are indicated as recommended.

PBS Leadership Team Membership (See 115 CMR 5.14(4)(a))

The Leadership Team, at a minimum, should consist of the following members:

a) An individual(s) in an executive leadership position who has the authority to implement changes in management, content, resources, and/or training.
b) Senior PBS Qualified Clinician(s) (Senior Qualified Clinician) meets the qualifications set forth at 115 CMR 5.14(10)(b). A Senior Qualified Clinician meets all the qualifications of a PBS Qualified Clinician (115 CMR 5.14(10(a)) and has training in PBS, organizational strategies, and multi-tiered systems of support, at least five (5) years of training, including post graduate class work or formal training, and/or experience in function based behavioral assessment and treatment, and at least three years of clinical experience in the treatment of individuals with developmental disabilities.
c) Providers should invite one or more stakeholder(s) including individuals served by the organization, and or family members of individuals served (based on agency practice) to participate and/or provide advice on PBS.
d) Other personnel from within the provider that represent different functional units such as direct support staff, IT staff, Human Rights Coordinators, Division Directors, Clinicians, Quality Assurance staff, etc.

Senior PBS Qualified Clinician (115 CMR 5.14(10)(b))

Each Leadership Team is required to include a Senior PBS Qualified Clinician as an integral member. The Senior Qualified Clinician is the clinical expert and consults with the other members of the Leadership Team about evidenced-based practices and the use of data to better understand how to change both behavior and provider culture. The Senior Qualified Clinician may be either an employee or contracted independent consultant for the provider. An independent consultant Senior Qualified Clinician may support more than one provider (typically small) and providers without a Senior Qualified Clinician who meets the qualifications may also collaborate and share a Senior Qualified Clinician. The important feature is access and availability of the Senior Qualified Clinician to the provider's Leadership Team. A Senior Qualified clinician is required regardless of whether or not there are individuals with challenging behaviors served by the provider.

If a provider is utilizing a contracted Senior PBS Qualified Clinician, it is expected that the contracted Senior Qualified Clinician will participate in the Leadership Team. If the provider does not employ any PBS Qualified Clinicians , for example, personnel with a bachelor's degree in: psychology, social work, applied behavior analysis, speech and language pathology or education with at least one year of post graduate experience working with individuals with developmental disabilities, then the Senior PBS Qualified Clinician is responsible for all of the tasks of a PBS Qualified Clinician; these include completion of the Functional Behavior Assessment (FBA), development of all the Positive Behavior Support Plans (PBSPs), training on all PBSPs, data analysis, and plan revisions. It is important that the Senior Qualified Clinician does not develop PBSP and then divest responsibility for implementation to non-qualified individuals, i.e., who are not PBS Qualified Clinicians.

The plan for hiring and recruiting PBS Qualified Clinician(s) must be detailed in the provider PBS Action Plan. Each provider will determine the number of qualified clinicians and the number of hours needed to meet provider needs.

Senior PBS Qualified Clinicians must meet all the requirements of a PBS Qualified Clinician. All Senior Qualified Clinicians are PBS Qualified Clinicians, but all PBS Qualified Clinicians are NOT Senior Qualified Clinicians.

PBS Qualified Clinician Requirements can be found at 115 CMR 5.14(10)(a):

A PBS qualified clinician shall:

1. be currently licensed in Massachusetts in accordance with applicable law as one of the following:
   a) a psychologist;
   b) an independent clinical social worker;
   c) an applied behavior analyst;
   d) a masters or doctorate level speech pathologist;
   e) a physician;
   f) a master's or doctorate level teacher with a certification in special education;
   g) a licensed mental health counselor (LMHC); or
   h) be a doctorate level special education teacher actively teaching the topics of positive behavior support or applied behavior analysis at the college or university level.
2. have at least three years of training, including post graduate class work or formal. training, and/or experience in function based behavioral assessment and treatment; and
3. have at least three years of clinical experience in the treatment of individuals with developmental disabilities.

Please note that to meet the qualifications a PBS Qualified Clinician may have up to a combination of six years of training, and clinical experience or as few as three years. It is critical that the provider pay close attention to the training, including post graduate class work, formal training, and/or experience in function based behavioral assessment and treatment and three years of clinical experience of potential PBS Qualified Clinicians. A careful review of an individual's resume, degree, etc. should provide the information needed to determine if the individual meets these qualifications.

A PBS Qualified Clinician's duty include:

1. design and implementation of PBSPs, including making referrals to other clinicians;
2. monitoring individuals and data to ensure treatment integrity and to determine effectiveness of the PBSP;
3. revising the PBSP as necessary; and
4. providing supervision of:
    a. clinicians who meet the criteria described in 115 CMR 5.14(10)(a)1. (licensure and doctorate level teaching requirements) and 2. (training requirements) who do not have a minimum of three years of clinical experience as described at 115 CMR 5.14 (10)(a)3. (treatment of individuals with developmental disabilities), and
    b. personnel with a bachelor's degree in:
        i. psychology;
        ii. social work;
        iii. applied behavior analysis;
        iv. speech and language pathology; or
        v. education (teacher) and at least one year of post graduate experience working with individuals with developmental disabilities.

115 CMR 5.14(10(c)

DDS recognizes that there may be circumstances in which it is difficult to recruit and retain a stakeholder's (s) to participate on the Leadership Team. In this event, it is expected that all possible, effective accommodations permitting stakeholder(s) to participate in person or remotely should be explored. If participation is still not possible, then ongoing efforts to recruit stakeholder(s) should be documented in the provider's PBS Action Plan.

The membership of a provider leadership may include new disciplines as the provider's population changes. Also, some providers find it helpful to rotate staff through a series of Leadership Team meetings to increase the diversity of input and to provide an opportunity for interested staff to experience the leadership process. At all times, including when Leadership Team membership changes, an individual in an executive position, a Senior Qualified Clinician, and stakeholder(s) are still required. A Senior Qualified Clinician is required regardless of whether there are individuals with challenging behaviors served by the provider.

PBS Champion -recommended

PBS Champion is a staff member who has developed an interest and expertise in PBS and who knows the provider well. It is a recommended best practice and important for the PBS Leadership Team to consider the role of PBS Champion, how best to fill this role and whether given the provider's state of readiness and knowledge about PBS whether it is needed. The Leadership Team may identify one or more staff to assume the duties of "PBS Champion(s)." In large providers, there may be more than one staff needed to function as a PBS Champion. The PBS Champion will be involved in all aspects of PBS implementation within the provider. In addition to providing content expertise in PBS practices and implementation, the PBS Champion will guide and encourage teams at all support levels as they implement PBS. The PBS Champion attends as many PBS team meetings as needed and facilitates communication among teams, members, and other areas of the provider. The PBS champion is a current employee of the provider. This is not a new staff person, but rather a new function of existing personnel who have knowledge about PBS, expertise in the provider operations, and is respected by provider personnel as a helpful, positive individual.

PBS Coach- recommended

There is a great deal of literature that recognizes the important role a coach can play in the implementation of PBS. Coaching staff helps to ensure that staff have the skills needed to effectively implement PBS with fidelity. It can be at the individual staff level, groups of staff, or at the system level. At the system level coaching supports organizational change and sustainability of those changes. Coaching is most effective in both the steps needed to ensure the use of evidenced-

based practices as well as the making sure that professional development and supports are in place and effective including training, coaching, data systems providing feedback.

Providers will benefit when using a PBS coach to assist in implementation. A PBS coach is an individual who has credibility and experience with implementation of PBS. "The goals for coaching and the level of intensity of support a coach provides evolve over time based on observed gains in competencies and skillful use of Evidence based practices" [3]

The Leadership Team's role is to determine how best to facilitate coaching as needed for its staff.

Leadership Team Meetings and Responsibilities

Responsibilities of the PBS Leadership Team include:

a) Developing a written organization-wide PBS Action Plan; the PBS Action Plan is a living document and is the provider's strategic plan to guide the provider in implementing PBS across the organization
b) Determining the configuration and number of PBS tiers based on population served;
c) Ensuring that the Universal Tier of support is implemented, and that strategies have been identified to implement Targeted and Intensive Tiers if they are needed for specific individuals as needed 5.14(4)(c)2;
d) Developing agency PBS goals and metrics to assess progress toward goals;
e) Using data-based decision making to
    a. Assess the implementation of the PBS Action Plan on an ongoing basis,
    b. Assess the effectiveness of fidelity of PBS across all three tiers, and
    c. Assess the effectiveness of implementation of PBS across all three tiers;
f) Provide PBS training, coaching and oversight to staff within organization.

115 CMR 5.14(4)(c)

The PBS Leadership Team should have a regular meeting schedule (monthly meetings are recommended), and maintain a record of its activities: planning, policy agreements, and decisions which will be shared with DDS when requested.

Recommended standing agenda items include:

a) Review of data on key indicators and other relevant data to determine the effectiveness of PBS implementation. Graphic presentation of data is recommended. DDS recommends that the PBS Leadership team consider how the provider's mission statement is operationalized.
b) Discussion of PBS goals set in the provider PBS Action Plan. Discussion should be based on objective data and the review addresses quality of implementation, that is, "*Are Universal Preventive Interventions reliably being implemented*?" and are they effective, efficient, and acceptable.
c) Revision, as needed, of provider PBS Action Plan.

DDS recommends that minutes from Leadership Team meetings be disseminated within a reasonable timeframe to team members. Leadership Teams often identify an individual, other than the individual leading the meeting, to take notes and to write meeting minutes. The task is sometimes assigned to one team member or rotated among several team members. Meeting minutes should be distributed to stakeholders, provider leadership, and others who are invested in and benefit

[3] (Horner & Sugai, 2012). Horner, R. (June12,2012). Coaching for Effective Implementation presentation Retrieved from www.pbis.org/presentations.

from team decisions and discussions, and whose feedback would be informative to the functioning of the PBS Leadership Team. In addition, minutes must be archived and accessible to relevant individuals. [4]

III. PBS ACTION PLAN

Each provider Leadership Team is required to develop a Positive Behavior Support Action Plan (PBS Action Plan)[5]. The PBS Action Plan includes PBS activities that will occur in all settings of the provider in which DDS individuals are supported. The PBS Action Plan provides a blueprint for PBS implementation. The PBS Action Plan is required to outline plans for implementing PBS throughout the provider. Providers should think of the PBS Action Plan as the strategic implementation plan for the provider as whole. Like all strategic plans it is a living document and will change as the provider implements PBS. By developing the PBS Action Plan, each provider can be assured that PBS implementation is consistent with DDS expectations as well as increase the effectiveness of PBS activities for individuals supported.

The PBS Action Plan should contain the important activities, identity of the person(s) responsible and the dates for activities initiation and completion. PBS Action Plans are reviewed and revised as needed by the Leadership Team.

All DDS required tasks are represented in the PBS Action Plan. Tasks may be approached individually, and providers may find that the tasks are not linear. However, providers may find it advantageous to begin tasks simultaneously where possible.

The PBS Action Plan, which is a Provider-wide PBS implementation plan includes the following topics:

a) Leadership Team membership and operating plan
b) Recruitment/ retention of stakeholders and members
c) PBS "Champion(s)/Coach recommended
d) PBS Qualified Clinicians
e) Key quality of life outcomes to be addressed
f) Provider key indicators and data used to evaluate key indicators/quality of life outcomes
g) Description and Configuration of PBS tiers to be implemented
h) Universal Supports including training and fidelity
i) Targeted Supports including how individuals referred, outcome data and how progress is monitored, including training and fidelity
j) Intensive Supports including how individuals referred, outcome data and how progress is monitored including training and fidelity
k) Provider plan for PBS Quality of Life Outcomes
l) Provider Crisis Prevention Response and Restraint system (CPRR)
m) PBS Readiness Assessment
n) Other issues to be addressed

[4] See **Appendix B** for example of a sample meeting notes format.

[5] See **Appendix D** for an example of a PBS Action Plan template.

Recommended: DDS recommends that the PBS Action Plan be referenced and reviewed at each Leadership Team meeting and revised as needed.

PBS Action Plan Recommended Steps:
As a preliminary step in developing the required PBS Action Plan, the Leadership Team may find it helpful complete several activities to determine provider readiness to implement PBS. The first step in this process is to review the provider mission statement which includes the provider's core values for supporting individuals with intellectual and developmental disabilities. The Leadership Team may then consider current practices and outcomes to determine what existing areas require revised effort to fulfill the provider's mission. To determine which areas, need further development, analysis of data such as incident reports, survey outcomes, satisfaction surveys, etc. provides important information for the Leadership Team to consider.

PBS Readiness

PBS Readiness Checklist: *As Providers should be implementing the PBS regulations, agencies may benefit from using the PBS Readiness Checklist as a guide to assist the Leadership Team to think through the steps of PBS implementation; however, Providers should already be engaged in PBS Action Plan development with a particular focus on creating the PBS Leadership Team.*

An example of a PBS Readiness Checklist is provided.[6] Other versions of PBS Readiness Checklists can be found at www.pbis.org.

Establish Universal, Targeted, and Intensive Support Teams

The PBS Leadership Team is required to determine the number of teams needed within the provider to provide support at the Universal, Targeted, and Intensive Tiers. The Leadership Team is also responsible for determining the composition of and personnel assigned to each team(s) at each tier. For all three tiers of support there are four basic tasks: 1) Define what the problem is, 2) identify and analyze implement an actionable plan and coach others on what to do about it, and 4) evaluate if what is being done is working. All three tiers focus on the development of positive systems and processes to support staff so that they can help individuals reach their full potential. The number of teams at each support tier will depend on the number of individuals needing support as well as the resources available within the provider. Depending on the number of individuals needing support at each level and the personnel available for team participation, a provider may decide to combine the Universal and Targeted teams or the Targeted and Intensive teams. In some cases, it may be necessary to combine Universal, Targeted, and Intensive supports into one team. When teams are combined, it is recommended that separate meetings occur to accomplish the tasks of each support tier. Minutes from each team meeting are forwarded to the Leadership Team for review.

The number of teams needed, and the membership composition of the teams may change over time. Resources devoted to initial PBS implementation may not be sufficient or may not be necessary at later stages of implementation. The PBS Leadership Team should constantly review the needs of each tier team and provide support as needed.

[6] Leadership Appendix C – PBS Readiness Checklist

The Leadership Team will select the supports that are to be developed, trained, implemented, monitored, and evaluated at the Universal Support level. Universal Supports are always in place for all individuals. The purpose of Universal Supports is to reduce the number of individuals who will need Targeted and Intensive Supports. In addition to Universal Supports selected by the Leadership Team, a Universal Team may select additional Universal Supports that may be implemented in site-specific locations. The additional Universal Supports must be approved by the Leadership Team.

All agencies must have a Universal Tier of Supports.

The Leadership Team will also select the package of standardized Targeted Behavior Supports to be available and ensure that staff are trained, implemented as designed, monitored, and evaluated based on the profiles of the individuals served by the provider. The purpose of Targeted Supports is to build upon Universal Supports when the Universal Supports are not addressing the behavior needs of the individual(s). When Targeted Supports are not effective in addressing the behavior needs of the individual, a referral for Intensive Supports is made. Intensive Supports build upon Universal and Targeted Supports. As individuals' behavior is addressed, individuals move between Tiers. At all times the question posed by the Leadership Team is as follows: "are the interventions and supports effective?"

Evidence-based Practices

The Leadership Team supports and guides teams in their selection of evidence-based practices. Evidenced-Based Practices means "strategies based on procedures, assessments and interventions that are validated through peer-reviewed research." 115 CMR 5.02. Priority is always given to implementation of evidenced-based practices for any PBS intervention at any level of support.

Practices that are not evidenced-based may be used under certain circumstances. For example, studies that have supporting data but do not demonstrate experimentally that a functional relationship exists are "promising practices" for which adoption and use should proceed with caution. The Leadership Team needs to ensure that the use/implementation of a promising practice will do no harm to the individual.

When no evidence is available or unreliable for an intervention or practice, conservative use of the practice should be applied to avoid unforeseen negative side effects, extreme costs, and inefficient use of resources and time. At a minimum, new or innovative practices should be pilot tested, measured frequently for the extent to which desired and undesired effects are experienced, and evaluated for their costs and benefits. Equally important, innovative practices must be based on sound theory. Regardless of the evidence available for a practice, consideration for adoption should be based on a documented need and should cause no harm to the individual.

Quality of Life Outcomes

Following data review, the Leadership Team is required to select a set of behaviors, key indicators, that are measurable, distinctive, and mutually exclusive that will reflect progress toward the operationalizing the provider's mission. The Leadership Team also will identify the procedures to be used to enter, summarize, retrieve, and display the data and identify who is responsible for completing these tasks. Data for key quality of life outcomes will be presented, reviewed, and used at each Leadership Team meeting to make decisions regarding the quality of PBS implementation and services provided.

Plan for Agency PBS Quality Assurance

PBS is committed to data-based decision making using objective criteria. The Leadership Team will determine the frequency of quality review at all tiers of support as well as review of the overall effect of PBS at a provider level. The Leadership Team will outline in the PBS Action Plan, the interval at which review will occur, methods for conducting review, and data required for review. The Leadership Team is required to select a treatment integrity instrument that is appropriate for the setting(s) and the population served.

PBS Training

The PBS Leadership Team is required to assess training needs for all of its provider staff involved in the implementation of PBS at the Universal, Targeted and Intensive Tier. The Universal, Targeted, and Intensive Teams also may request additional training from the Leadership Team. The Leadership Team then develops a plan to address these training needs through internal or external sources. A provider may develop PBS trainings, implement DDS PBS trainings, or purchase PBS training for use in the agency. *See* DDS Learning.

Crisis Prevention Response and Restraint (CPPR)

Each provider is required to select from a list of DDS approved crisis prevention response and restraint curriculum providers. The Leadership Team will assure that an ongoing relationship with the CPRR provider is maintained so that revisions to standard restraints can be developed by the CPRR provider as needed by the provider. The Leadership Team also will assure that only staff certified to train such CPRR curriculum provide all trainings in these techniques.

Staff Recognition - a best practice recommendation

Although not required, formal recognition of the role staff play in the successful implementation of PBS is a recommended function. Staff teach important skills, create a pleasant and healthy environment, and manage routines and systems that make PBS effective and directly affect an individual's quality of life. To acknowledge this important work, the Leadership Team may develop a system for recognizing staff whose work at the Universal, Targeted, and Intensive Levels is exceptional and deserving of notice. Objective criteria for recognition at each support level is recommended as well as how staff will be recognized for their work.

Appendix A – Common Terms

Common PBS Terms Within the Guidance Materials

Competing Pathway: In a PBS plan, the "Competing Pathway(s)" show how challenging behavior(s) lead to maintaining consequences and how functional alternatives will take the place of challenging behavior.

Evidenced-Based Practice: means strategies based on procedures, assessments, and interventions that are validated through peer-reviewed research.

Fidelity: How closely staff are implementing practices in the way they were intended to be implemented

Life Span: A person's period of growth, from birth to death, understanding that a person's needs, wants, expectations, abilities, and relationships change over time.

Meaningful Social Outcomes: People are as fully involved in their communities as they desire and is meaningful to them. Involvement increases their range of friends and activities in any and all realms of daily living, work, civic engagement, and leisure.

Organization: Collection of individuals who engage in behaviors that reflect a common purpose or goal, language, and experience.

Person-Centered: Empowering individuals to plan a desirable future and to make decisions that chart the course needed to achieve personal goals, with the encouragement and support of guardians, families, and the other people they trust.

PBS Qualified Clinician: Is defined at 115 CMR 5.14(10)(a).

Practice: Intervention, curriculum, procedure, etc., that has demonstrated efficacy in achieving defined outcomes within a system.

Preventive Interventions: Implementing proactive strategies that will decrease the likelihood that a person will engage in challenging behaviors while they are learning more socially appropriate skills.

PBS Qualified Clinician: Is defined at 115 CMR 5.14(10)

Quality of Life: The ability of people to participate in those activities, services and relationships that help them to feel good, happy, and fulfilled and contribute to a safe and healthy lifestyle.

Senior PBS Qualified Clinician: Is defined at 115 CMR 5.14(10)(b).

System: The organizational structures and procedures for establishing outcome measures (e.g., quality of life, social competence, relationships), representative team data-based decision making on quality of life outcomes, fidelity of evidence-based practices, coaching to build internal capacity, resource allocation (e.g., funding, staff training, and distribution of staff time), and resource coordination (e.g. data systems and analysis, staff meeting schedules, assignment of responsibility and authority, reporting board).

Systematic: The values and practices of PBS reach all levels and activities of an organization. These are used to achieve the maximum potential quality of life for all people within all settings.

Teaching: Teaching adaptive, functional skills plays a central role in all PBS plans. Emphasis is placed on teaching or strengthening adaptive, functional behavior rather than diminishing problem behavior.

Treatment integrity: PBS has an ongoing concern that all interventions are implemented as planned. Continuous effort is made in the assessment of treatment integrity in a PBS program.

Value-based clinical practice: PBS interventions are selected on the based on their fit for the individual's preferences, consistency with prevailing cultural norms, and with an emphasis on avoiding any that include coercive elements.

Appendix B – Sample Meeting Notes Template

PBS Leadership Team Meeting Minutes

Date:
Members Present:

Note taker: Next Meeting:

I. Topic for Discussion:
II. Data on Quality-of-Life Outcomes

Key Decisions Made:

Action Steps	Person Responsible	Completion Date

Agenda Items for Next Meeting:

I. Topic for Discussion:
II. Data on Quality-of-Life Outcomes

Key Decisions Made:

Action Steps	Person Responsible	Completion Date

Agenda Items for Next Meeting:

I. Topic for Discussion:
II. Data on Quality-of-Life Outcomes

Key Decisions Made:

Action Steps	Person Responsible	Completion Date

Agenda Items for Next Meeting:

Appendix C – PBS Readiness Checklist

Provider:		Date:
Form Leadership Team	1. Adequate representation	Yes or No?
	2. Active administrator membership involvement	Yes or No?
	3. Efficient communication within team	Yes or No?
	4. Capacity for on-going data-based decision making	Yes or No?
	5. Behavioral capacity on team	Yes or No?
Establish Agreements	6. Commitment to 3 support levels: Universal, Targeted, Intensive	Yes or No?
	7. Administrator participation and membership	Yes or No?
	8. On-going coaching and facilitation support	Yes or No?
	9. Agreement about roles, meeting times, action planning, etc.	Yes or No?
Data-based Action Plan	10. Commitment to regular review and use of existing data	Yes or No?
	11. Team based decision-making and action planning	Yes or No?
Develop Procedures and Supports for Implementation Action Plan	12. Emphasis on evidenced-based practices and interventions	Yes or No?
	13. Continuous staff involvement and planning	Yes or No?
	14. Effective support for staff training and implementation	Yes or No?
	15. Continuous monitoring of implementation and progress	Yes or No?
	16. System in place for staff recognition for participation and accomplishments	Yes or No?
	17. Team coordinated and managed implementation	Yes or No?
Evaluation	18. Relevant and measurable outcome indicators	Yes or No?

Appendix D – PBS Action Plan Template

Positive Behavior Support Action Plan

A. PROVIDER IDENTIFYING INFORMATION

- Provider Name
- Date of Plan
- Contact information for PBS Leadership Team Lead

B. PROVIDER PBS MISSION STATEMENT

Identify elements of provider Mission Statement that support PBS.

C. LEADERSHIP TEAM AND OPERATING PLAN

- Members' names, titles, function:
- Plan or current schedule for Leadership Team meetings
- Describe process for recruiting/retaining stakeholders for membership on Leadership Team based on provider practices:
- Describe process to review data for key indicators and other relevant data at Leadership meetings:
- Describe process to update and change PBS Action Plan as needed:
- Name(s) of PBS "Champion(s)/Coach" (provider staff who will encourage and support the development of PBS throughout the organization).

D. PBS QUALIFIED CLINICIANS

- Name(s) Senior Qualified Clinicians:
- Names of Qualified Clinicians:
- Name(s) of qualified clinician who provides supervision to staff who do not meet requirements.
- Name of external qualified contract clinicians if used:
- Describe plan to recruit and retain qualified clinicians when qualified clinicians leave the agency (i.e., who is responsible, timeline, etc.):
- Are all clinicians qualified (Y/N)?

E. PROVIDER ISSUES TO BE ADDRESSED

Based on available data, identify problems that interfere with health, safety, and well-being of individuals supported. Data sources used to identify problem areas to be addressed:

F. PROVIDER KEY QUALITY INDICATORS

Provider key indicators and data used to evaluate key indicators/quality of life outcomes. Specify two or more metrics relating to identified issues that will be addressed by PBS system and assessed through data-based decision-making.

For each key indicator, identify source(s) of data, how often data are collected, who collects data, who prepares data for presentation, and how data are presented (graphs, tables, etc.):

G. PBS TIERS

As of 2/21/20 Level I and Level II plans no longer exist. Describe the plan/process that agency will take to categorize any existing/remaining Level I and Level II plans to a respective PBS plan:

Describe the configuration and number of PBS Tiers to be implemented based on provider operations and current population served. For each tier (Universal, Targeted, and/or Intensive) currently needed based on agency operations and population, identify make-up of Team members, organizational structure, communication plan, etc.

UNIVERSAL TIER SUPPORTS

- Identify selected Universal Supports for provider-wide PBS implementation:
- Describe how Universal Supports will be taught and communicated:
- Identify fidelity measures used at Universal Support level:
- What is the process to ensure fidelity?
- Describe referral process for Targeted Supports:

TARGETED BEHAVIOR TIER SUPPORTS

- Describe Targeted Positive Behavior Support Plan; remember there are “targeted supports” and Targeted Behavior Supports 5.14(5)(b) 5Describe T-PBSP format
- Identify fidelity measures used at Targeted Behavior Support level:
- What is the process to ensure fidelity?
- Describe how you will determine that a Targeted Behavior Support is effective:
- Describe how you will determine that a teaching component is effective:
- Describe referral process for Intensive Supports:

INTENSIVE TIER SUPPORTS

- Describe FBA format
- Describe I-PBSP format
- Identify fidelity measures used at the Intensive Support tier
- What is the process to ensure fidelity?
- Describe how you will determine that a Intensive Behavior Support is effective:
- Describe how you will determine that a teaching component is effective:
- Describe movement between Tiers for an individual

H. PBS TRAINING

- Describe training plan for provider (i.e., curriculum, audience frequency, need for retraining etc.):
- Identify training needs that you might like assistance with.

I. PROVIDER-WIDE PBS PLAN

- Describe plan for rolling out PBS to agency:
- What is the provider plan or protocol for QA of PBS system?
- Identify Crisis Prevention Response and Restraint curriculum selected by provider.
- Plan to categorize current Behavior Plans and identification of individuals who need a Behavior Safety Plan.
- PBS Readiness Checklist as applicable
- Other issues of concern to be addressed.