

Behavior Supports



Welcome

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Housekeeping

PLEASE:

- Use chat ONLY for immediate technical issues
- Use Q&A button to ask questions
- Click closed captioning (cc) in order to see the live transcript
- Complete the evaluation that will be sent in the follow-up email

The recording will be uploaded to the BQIS YouTube Channel after the live sessions have been conducted





Agenda

- HCBS Settings Rule and modifications
- Behavioral Supports:
 - ✓ What is it?
 - ✓ What to expect from a Behavioral Consultant?
 - ✓ Role of the Team
- Q & A



HCBS Settings Rule

- The intent of the rule is that people receiving HCBS waivers have choice in:
 - where to live
 - opportunities to seek employment and work in competitive integrated jobs
 - have control of their resources
 - and have the option to participate in activities of their choosing.
- The rule emphasizes access to and integration in the community so that people receiving HCBS waivers have the opportunity to live the life they want to live, just like people who don't receive services.
- <https://www.in.gov/fssa/ddrs/files/HCBS-Settings-Rule-Fact-Sheet.pdf>



Kelly Hartman



HCBS SETTINGS ARE...

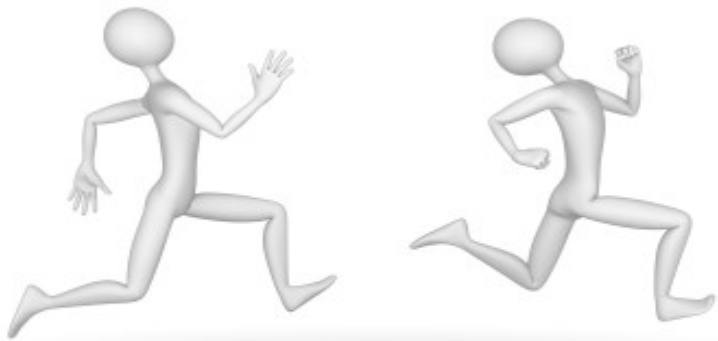
Integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities todo everything.....in the community, to the same degree of access as individuals not receiving Medicaid HCBS.

*This is not a “want” or a “hope” for the waiver program – this is a condition of participation.
The HCBS Final Rule is not optional!*



THIS MEANS YOU

- Do you have to earn time with your family?
- Do you have the right to make poor decisions for your health?
- Are your doors locked so you cannot get out of your house?
- How about your cigarette restriction?



What are Behavioral Support Services?

- an array of services designed to support an individual who is experiencing or are likely to experience challenges accessing, and actively participating in the community as a result of behavioral, social, or emotional challenges
- intended to empower individuals and families, through a strengths based approach to achieve self-determination, interdependence, productivity, integration and inclusion in all facets of community life, across all environments, across the lifespan.
- identified as a support to achieve outcomes through the person centered process, which leads to the choice of a qualified provider who will support the person toward strategies/actions to achieve outcomes that are also clearly outlined in the PC-ISP.
- a **Functional Behavioral Assessment** (FBA) completed including observation, environmental assessment, record reviews, interviews, data collection, complete psychosocial and biomedical history to identify targeted behaviors, the function of those behaviors, and to hypothesize the underlying need for new learning.
- then a resulting **Behavior Support Plan** (BSP) including functionally identifying behaviors that interfere for the person to achieve their good life including proactive and reactive strategies to support the individual.
- ongoing supports then include training to the individual, their family and other team members, continuous reassessment, monitoring, and evaluation of risks versus benefits analysis

Behavioral Support Services

- Foundational values are based on Positive Behavioral Supports
- Every individual who has ongoing Behavioral Supports as a service should have:
 - Need for behavioral supports outlined and reflected in PC-ISP, including in what settings these supports be delivered
 - Should also have BMAN1/HSPB oversight built into the plan
 - FBA (45 days) > BSP development (next 14 days) > BSP implementation (next 14 days)
 - Ongoing support
 - Training individual, their supports (natural and paid) on the BSP and intended PC-ISP outcomes
 - Ongoing revisions of BSP – it is a living document
 - Fading restrictions
 - Monitoring medication regimen changes and participating as a meaningful part of the team with psychotropic medication monitoring
 - Collecting data, monitoring trends of successes and challenges, meaningful participant on the IST

What exactly do you mean by Positive Behavior Supports?

PBS 101 – what it is:

- Belief that all behavior is a form of communication.
- Understanding that people don't randomly have behaviors – they **use** behaviors
- Believes success comes in focusing on what a person CAN do
- Strategies to help people get what they want safely
- Preventative, Proactive, Supportive
- Person Centered (*and compliant with the Settings Rule!*)
- Based on strong functional behavioral assessment (*You cannot change behavior if you don't know why it happens!!*)

Positive Behavior Supports

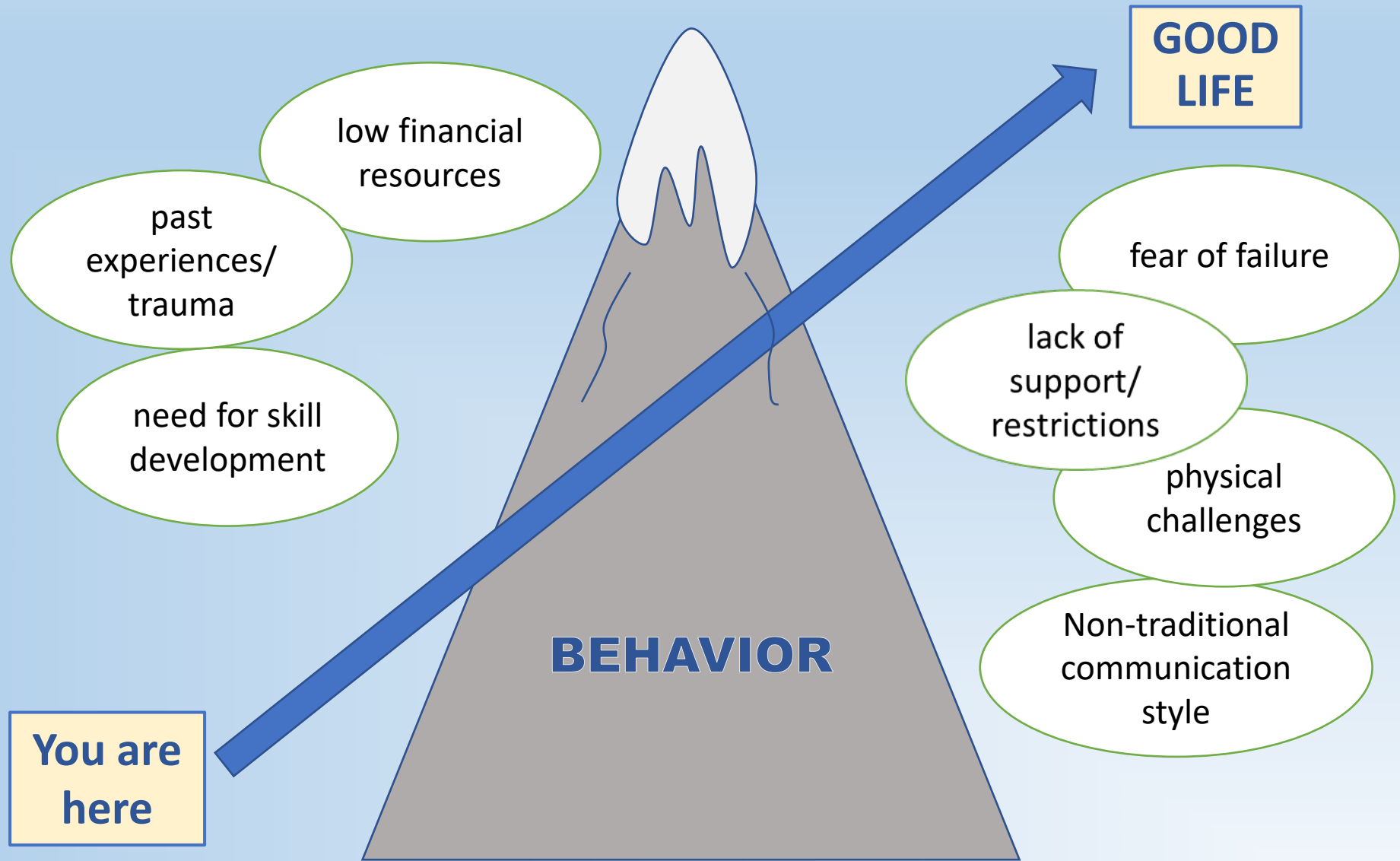
PBS 101 – what it is NOT:

- Generic
- Aversive
- Restrictive
- Use of manual or mechanical restraints
- Crisis Intervention

- *And it is not the exact same as Applied Behavior Analysis*

It is important to understand Positive Behavior Supports, the Functional Behavioral Assessment and the resulting Behavior Support Plan through the lens of the Life Course Framework.

The basic core of your approach begs you to understand the person you are supporting using their trajectory toward a good life.



healthy

safe

Balancing best life to achieve HAPPY



safety & security

abuse prevention
hobby
counseling
transportation



setting goals
worshipping
school

advocacy & engagement



personal value development
job shadowing
praying/meditating
supported decision making



healthy living

classes

Implement BSP strategies to get back on course



Get more support

PROACTIVE & PREVENTATIVE

PROACTIVE & PREVENTATIVE

medical appointments

social & spiritual



money management

volunteering

meal planning

daily life & employment



benefits planning
relationships

exercise
housing

legal rights

clubs

emergency prep

relaxing

culture

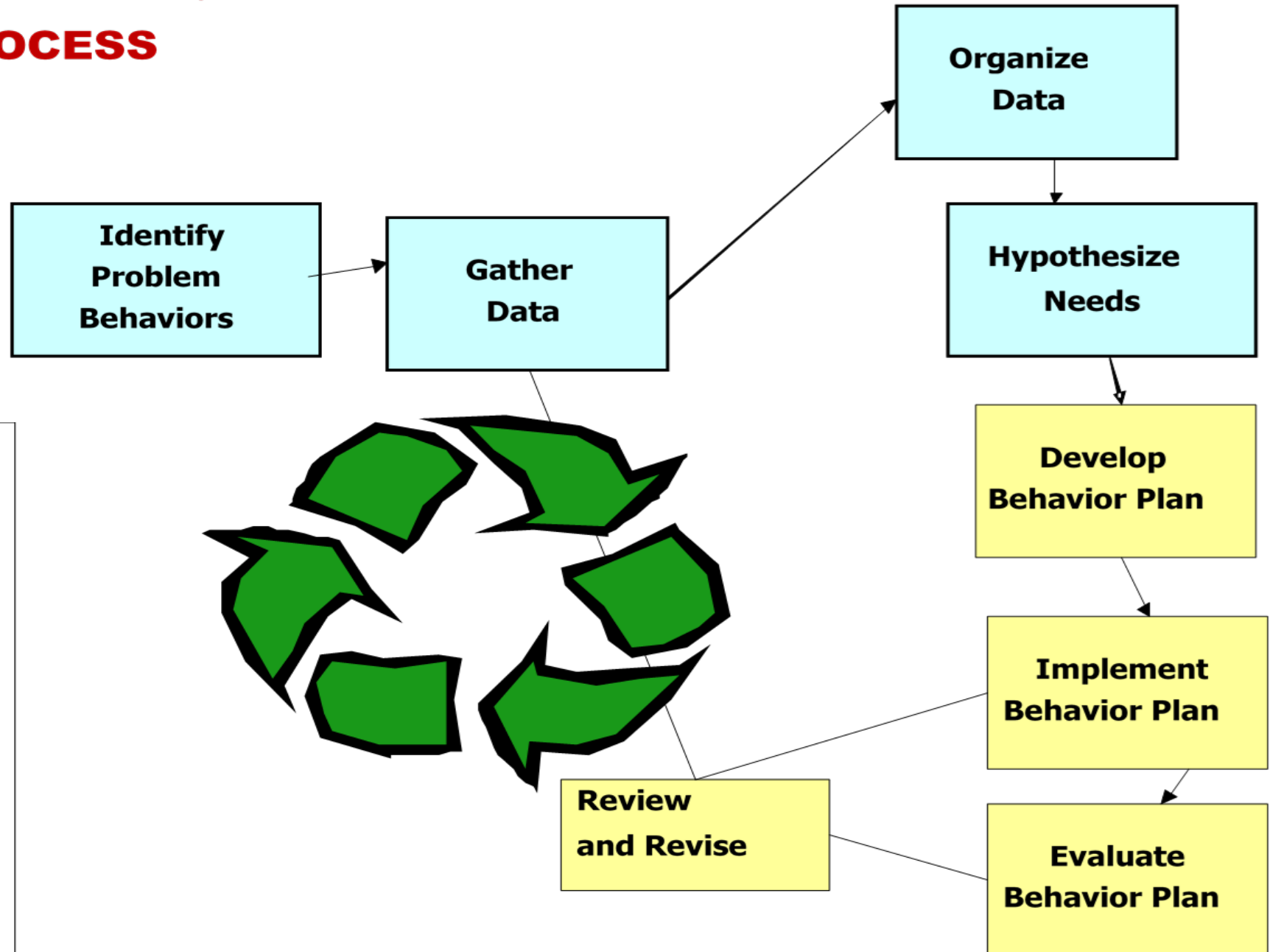
loved

community living



valuable

BEHAVIOR MANAGEMENT PROCESS



FBA: The first actions in blue are the steps for assessing the targeted behavior and challenges to this person's GOOD LIFE.

BSP: Then in yellow, the development and implementation of the BSP which is a combination of proactive and reactive interventions that the entire team can use to support this person toward their good life.

TEAM: The individual you are supporting and their respective PC-ISP Team should be involved in every single step of this process!

Completion of the FBA

- The process requires we identify the problematic behavior and functionally define the challenge (*all people on the team should get it*)
- **Keep it simple** – focus on behaviors that are 1) harmful to self or others, 2) infringe on others rights 3) symptomatic of psychiatric challenges.
- Collaboratively the team will collect data, organize the data, and along with the individual, begin to determine next steps.
- **Answer the question - WHY** does the behavior happen? What is the underlying need for learning a new positive replacement behavior? This process should inform the recommendations for development of the BSP.
 - *The Functional Behavior Assessment includes observation, environmental assessment, record reviews, interviews, data collection, complete psychosocial and biomedical history to identify targeted behaviors, the function of those behaviors, and to hypothesize the underlying need for new learning. Based on the principals of person-centered thinking and positive behavioral support, the assessment process should inform the recommendations for development of the behavioral support plan.*

Develop & Implement the BSP

- Develop, review, revise, and train. It is imperative that the least intrusive/restrictive techniques are attempted, documented, and exhausted prior to implementation of any highly restrictive procedure
- Any restrictive measure must be approved by HRC, be time limited, and regularly reviewed for intended reduction/eventual elimination over time
- When there are restrictions – the team has MODIFIED an individual's rights, which requires a certain process be followed by rule
 - *Developing a comprehensive behavioral support plan and subsequent revisions: this includes devising proactive and reactive strategies designed to support the participant. Any restrictive techniques employed as part of the behavioral support plan must be approved by a human rights committee, be time-limited, and regularly reviewed for elimination or reduction of the restrictive techniques to ensure appropriate reduction in these interventions over time.*

Rights modifications MUST contain the following

- Identification of a specific and individualized assessed need
- Documentation of
 - positive interventions and supports used prior to any modifications to the person-centered service plan
 - less intrusive methods of meeting the need that have been tried but did not work
- Inclusion of
 - a clear description of the condition that is directly proportionate to the specific assessed need (i.e., the modification is in line with the need).
 - regular collection and review of data to measure the ongoing effectiveness of the modification.
 - established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
 - informed consent of the individual.

What is “the team?”

- The individual support team (IST) is a collaborative group of individuals (both paid and unpaid) that the individual has chosen to support them
- These team members share a sense of investment in the supported person making progress toward living their good life.
- The team is collaboratively aware and understands what is important TO the individual and FOR the individual and are partners in accomplishing support as outlined in the person centered individual support plan (PC-ISP)
- The PC-ISP is a document that outlines the process for supporting that person toward their good life. Roles are allocated based on team member's strengths and interests, and the support they have been chosen to provide.
- The IST collaborates with the supported individual and regularly reflects on, and shares, what they are learning to determine whether strategies and roles may need to be changed
- The supported individual and their wishes for a good life are the absolute driver for all things. While each team member can have input – **the ultimate authority is the person in supports** as they have chosen to participate in a program that is compliant with the settings rule.

BEHAVIORAL RED FLAGS

- Reinforcement schedules written by people other than the individual
- Compliance or performance is required to earn rights afforded to all
- Restricting any freedom of movement not related to health and safety
- Alone time and privacy restrictions
- Limits on access to preferred items, personal items
- Freedom to come and go (double sided locks, windows nailed shut)
- The statements: “Well the HRC approved it” or “The guardian said....” or “but the doctor ordered it.”

My pet peeves (and they should be yours too!)

- Cut and pastes, mis-naming, mis-gendering
- Impossibilities (verbal aggression for person who is non-verbal, “eloping” for someone who is dependent on others for mobility)
- Citing clinical concepts that staff will not understand
- Underexploring and failing to address potential trauma and its impact on individuals in our service
- Using interventions you wouldn't have in your BSP
 - **Eloping/AWOL**
 - **Attention Seeking**
 - **Non-Compliance**

Risks vs. Benefits Analysis

- Does this behavior (or the way we plan to deal with it) present significant danger to anyone?
- Have we considered all less restrictive ways to address this behavior?
- Is our plan able to be implemented consistently across all environments?
- Can we safely address this behavior while allowing natural consequences?
- Does this approach “work” for this person developmentally?

Arranging the environment so the behavior doesn't happen in the first place



Ask the person to stop
Redirect to another functional activity
Is “planned ignoring” appropriate?
Ask the person if they would like to go to another area to avoid the stressor

Suggest the person move
Non-aversive/hands off block



Treats/tokens for positive behavior
Loss or privilege for negative behavior



Once you intervene physically or require something against the willing choice of the individual it is considered the most restrictive



Physical blocks/ release from holds
Accompany the person
Physical escort or holds
PRN medication
Loss of placement

Actively participate on the PC-ISP Team

- This is a living process, and Behavioral Supports don't live in a silo – BC's are not the owner of this process, they are the facilitator of the support as they are credentialed to do so. **All members of the team have a voice toward accomplishing positive outcomes outlined by that individual to achieve what they see as their good life.** All facets of the BSP should ultimately be designed by the person you support with input from their entire team. **Behavior support is a total team process.**
 - *Obtaining consensus of the IST that the behavioral support plan is feasible for implementation and uses the least restrictive methods possible.*
 - *Supporting the participant in learning new, positive behaviors as outlined in the behavioral support plan. This may include coping strategies, improving interpersonal relationships, or other positive strategies to reduce targeted behaviors and increase quality of life.*
 - *Training staff, family members, housemates, or other IST members on the implementation of the behavioral support plan.*
 - *Consulting with team members to achieve the outcomes of assessment and behavioral support planning.*



ALL people are empowered to live, love, work, learn, play and pursue their dreams.





We're In This Together

- If you need additional information,
- please contact us at
- 800-545-7763
- BQIS.Help@fssa.IN.gov



Stay Connected

- Sign up for the DDRS listserv:
- <https://www.in.gov/fssa/ddrs/about-ddrs/>
- Follow the BDDS FB page:
- <https://www.facebook.com/Indiana-Bureau-of-Developmental-Disabilities-Services-318818311807579/>





obrigado

Dank U

Merci

mahalo

Köszí

спасибо

Grazie

Thank
you

mawuuru

Takk

Gracias

Dziękuję

Děkuju

danke

Kiitos