POLICY: BEHAVIORAL SUPPORT PLAN

POLICY STATEMENT: It is the policy of the Division of Developmental Disabilities and Rehabilitative Services (DDRS) that a behavioral support plan to assist an individual receiving supported living services with behaviors that decrease quality of life, independence and meaningful participation in the community, shall be developed based upon the belief that all behavior has purpose and meaning for the individual. This belief requires a behavioral support plan that is the result of a careful and deliberative process conducted by qualified entities.

DETAILED POLICY STATEMENT:

Identifying Unwanted Behavior:

1. A determination by the Individualized Support Team (IST) that an individual’s behavior is limiting the individual’s quality of life, independence and/or meaningful participation in the community shall be identified and documented in the Individual’s Individualized Support Plan (ISP).

Assessing Factors Related to Unwanted Behavior:

1. The members of the individual’s IST shall obtain assessments for the individual to pursue information potentially associated with unwanted behavior, including but not limited to:
   a. medical/health assessments;
   b. meaningful day assessments;
   c. environmental assessments;
   d. psychiatric assessments;
   e. other assessments such as speech and language when communication difficulties play a role, as indicated for the individual.
2. The individual’s behavioral support services provider shall perform a functional behavior assessment utilizing:
   a. record review, including information from all assessments;
   a. interviews with knowledgeable informants; and
   b. direct observation of the individual.
3. A functional behavior assessment shall be reviewed annually at minimum and be either:
   a. updated to accurately reflect the hypothesized cause or function of the individual’s behavior, and signed and dated by the behavioral support services provider completing the update; or
   b. confirmed to continue to accurately reflect the function of the individual’s behavior by an addendum that includes updated behavioral data supporting continued accuracy and a signature and date by the behavioral support services provider completing the review.
Creating Behavioral Supports:

1. A behavioral support plan (BSP) focused on positive supports shall be developed and implemented by the behavior support services provider within time frames that include:
   a. completion of the functional behavioral assessment within 45 days of:
      i. the IST identification and documentation of unwanted behavior when the IST includes a behavioral support services provider; or
      ii. the addition of a behavioral support services provider to an individual’s IST following identification and documentation of unwanted behavior.
   b. development of the BSP within 14 days of completion of the behavioral assessment; and
   c. implementation of the BSP within 14 days of the development of the BSP.

2. A BSP shall include:
   a. identifying information for the individual;
   b. operational definition for alternate or replacement behaviors to be increased or taught;
   c. alternate or replacement behavior objectives;
   d. data collection instruction for alternate or replacement behaviors to be increased or taught;
   e. operational definition for targeted behaviors to be decreased;
   f. data collection instructions for targeted behaviors to be decreased;
   g. pro-active or preventative strategies;
   h. re-active or de-escalation strategies;
   i. IST signature page that includes:
      i. identification and signature of the author;
      ii. signature of the individual or the individual’s legal representative when indicated.

3. A BSP shall have approval of the Human Rights Committee when incorporating restrictive interventions.

4. The behavioral support services provider shall monitor the BSP and, with the cooperation of the IST, adjust and readjust the individual’s environment and BSP as necessary in attempts to minimize the unwanted behavior.

5. All efforts at positive behavioral and environmental supports shall be assessed by the behavioral support services provider on a regular basis, with at minimum quarterly reports to the IST of progress that include graphs of both targeted behavior and replacement behavior.

6. A BSP is a component of the individual’s ISP.

Implementation of the BSP:

1. All providers working with an individual shall implement the individual’s BSP/s.

Staff Training Required:

1. The individual’s behavioral support services provider shall provide competency based training on an individual’s BSP to:
   a. direct service staff; or
   b. each of the individual’s service provider’s supervisory staff.

2. If each of the service provider’s supervisory staff are trained on an individual’s BSP by the behavioral support services provider as in (1)(b) of this section, the service provider’s supervisory
staff shall provide competency based training with all direct support professional staff on implementation of the BSP.

3. Each service provider shall ensure staff receives competency based training as described in “1” and “2” above, prior to working with the individual.

**Incorporating Restrictive Interventions into Behavior Support Plans:**

1. When data from a BSP focused on positive supports, in conjunction with feedback from the IST, confirms danger to the individual or others due to the individual’s challenging/dangerous behavior, and after the IST has concurred and documented that no other reasonable or feasible alternatives are available, a BSP with restrictive interventions may be developed by the individual’s behavioral support services provider.

2. Use of restrictive interventions in a BSP shall be in compliance with DDRS “Use of Restrictive Interventions, Including Restraint” policy.

**DEFINITIONS:**

“Challenging/dangerous behavior” means a behavior exhibited by an individual receiving services that presents imminent serious danger to themselves or others.

"Competency based training” means that learning of taught concepts must be demonstrated through acceptable, observable performance (whether in role playing, or in real time settings when possible,) in addition to passing a written post-test based on the training curriculum. Competency Based Training is measured and documented by the trainer who is responsible for teaching toward the specific consumer outcomes."

“DDRS” means the division of disability and rehabilitative services as established by IC 12-9-1-1.

“Individualized Support Plan” or “ISP” means a plan that establishes supports and strategies, based upon the Person centered planning process, intended to accomplish the Individual’s long term and short term outcomes by accommodating the financial and human resources offered to the Individual through paid Provider services, volunteer services, or both, as designed and agreed upon by the Individualized Support Team.

“Individualized Support Team” means a team of persons, including:

1. an Individual;
2. the Individual’s Legal representative, if applicable;
3. the Individual’s Providers;
4. the Individual’s Case Manager, if indicated;
5. a BDDS representative; and
6. other persons identified by the Individual or the Individual’s Legal representative, if applicable, who assist the Individual in the development and implementation of the Individual’s ISP.

“Operational definition” means a definition that identifies one or more specific & observable conditions for a behavior that defines how the behavior will be measured.
“Positive supports” means strategies used to increase quality of life and decrease problem behavior by teaching new skills and making changes in an individual's environment.

“Restrictive intervention” means an action or procedure that limits an individual’s movement or access to other individuals, locations or activities; or that restricts an individual’s rights.

“Unwanted behavior” means a behavior that limits an individual’s quality of life, independence and/or meaningful participation in the community.

REFERENCES:

IC 12-9-2-3
IC 12-11-1.1
DDRS policy: Use of Restrictive Intervention, Including Restraint
DDRS policy: Aversive Techniques

Approved by: Julia Holloway, DDRS Director -