

DDS



**Department of
Developmental Services**

Positive Behavior Supports

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Agenda for Mass Presentation

- History
- Regulations
- Lessons Learned
- Implementation Strategies

Brief History

- Began more than a decade ago
- Started with memo to the DDS community about eliminating prone restraint, in early years thought pursuing a low-hanging fruit would build acceptance.
- Developed an Advisory Group led by Commissioner at the time who fully embraced PBS
- Created a clinical advisory group
- Created a department definition of PBS

Brief History of Process

Multiple iterations of regulations were put forth for the DDS community.

The Department held **two sets of public hearings** in 2016 and again in 2019 and engaged in a robust public process to seek input from interested parties.

DDS received many public comments and invited a group of providers who serve some of the most challenging individuals to work with the Department to address their expressed concerns. Multiple **meetings were held to discuss and seek input from concerned providers** about the impact of the changes.

Following the public comment period to the proposed amended regulations filed in 2019, **DDS made some further revisions.**

Positive Behavior Supports

Our Definition of PBS

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 the quality of life** across the lifespan.

Current Implementation

- Regulations promulgated on 2/21/20
- COVID !!!!!
- Collected survey data in March 2020 and again in Fall 2020 to understand the work and changes needed ahead for providers
- Purpose to offer explanation of the Chapter 5 Regulations: Standards to Promote Dignity
- Learned that providers did not understand fully previous regulations or the new ones

Standards to Promote Dignity

The scope of the changes to Chapter 5, Standards to Promote Dignity, is designed to move the DDS community to Positive Behavior Supports which is the conceptual framework for behavioral change and is the standard of contemporary practice in the field of developmental disabilities.

PBS emerged from three major sources

- applied behavior analysis,
- the normalization/inclusion movement, and
- person-centered values.

Summary of High-Level Changes

- Goal to transform the system- using regulatory process
- Replaced behavior modification with current standard of Positive Behavior Supports
- Described Policy Statement about PBS, including avoiding the use of restrictive procedures and restriction of rights
- Described required elements for all Providers (specifically to all services and support operated, certified, licensed, or contracted for or otherwise funded by the Department), including PBS Leadership Team, PBS Action Plan, Tiers of Support, requirement that all providers have a Universal Tier of Supports and a system of data-based decision to inform decisions

Summary of High-Level Changes

- Described qualifications for a **Senior PBS Qualified Clinician** and a **PBS Qualified Clinician**
- Senior PBS Qualified Clinician **must** be a member of the PBS Leadership
- Differences in training, experience and scope of work between Senior PBS Qualified Clinician versus PBS Qualified Clinician

Summary of High-Level Changes

- Described a process for **Peer Review** by a committee of PBS Qualified Clinicians, including criteria about the skill set of the members, including the requirement that one member be a Licensed Psychologist.
- Described a **Peer Consultation** process

Summary of High-Level Changes Continued

- Described Health-Related Supports and Protective Equipment
- Detailed a list of prohibited practices, including
 - Restraint and any physical restraint which causes pressure or weight on the lungs, diaphragm, or sternum causing chest compression or restricting airway, or basket hold in a seated position on the floor,
 - Seclusion
 - Locking of exits from buildings
 - Mechanical restraint and chemical – prohibited.

PBS Leadership Team Membership

- Create Leadership Team
- Membership includes:
 - Individual in Executive Leadership
 - Senior Qualified PBS Clinician
 - Other Agency Personnel representing different functions
 - Stakeholder participation

Leadership Team Duties and Responsibilities

- Establish a culture reflecting PBS principles
- Develop extensive communication and data collection system among agency units
- Hold regular meetings
- Select key agency indicators

Leadership Team Duties and Responsibilities

- Write PBS Action Plan
- Establish Universal, Targeted, and Intensive Teams based on provider population and needs
- Use data-based decision making across the system
- Monitor Teams and indicators
- Reward success

Leadership Team Determines Tiers Needed

- **UNIVERSAL TIER OF SUPPORT: ARE FOR EVERYONE** and are “always available”, GOAL = Prevent problem by ensuring individuals are in pleasant and responsive environments in order to increase QOL and decrease problem behavior
- **TARGETED TIER OF SUPPORT: ARE FOR ANYONE at risk of problems**, GOAL= Prevent (potential) problem from becoming a big problem via quick action
- **INTENSIVE TIER OF SUPPORT: ARE FOR ANYONE with on-going challenging behavior.** GOAL= Prevent big problem from occurring or lasting longer than it has to by reducing severity of challenging behavior via individualized intervention

Targeted Tier of Support

Targeted Behavior Tier of Supports: THE IDEA: They are for anyone at risk of problems or who have low level problems

Targeted Tier consists of three components in DDS framework:

- Individualized Targeted Supports (written guidelines)
- Standardized pre-approved package of supports by Leadership Team
- New identified targeted behavior supports – not yet approved

Individualized Targeted Supports

- Added in response to provider concerns- DDS added to regulations
- Unique to individual
- May be expressed as written guidelines
- Does not require abbreviated functional behavior assessment
- Designed to assist staff in dealing with everyday issues such as transitions

Intensive Tier of Support

- Goal Prevent Big Problem from occurring or lasting longer than it has to or by reducing severity of challenging behavior via individualized treatment
- Intensive supports ARE FOR ANYONE with challenging behavior impacting health, safety, or emotional well being of individual or others, or the individual's quality of life is seriously impeded due to challenging behavior
- Must have an FBA
- Restraint excluded
- Behavior Safety Plan

Types of Restrictive Procedures

- Some of the Restrictive Procedures in Regulations may include but are not limited to
 - Timeout
 - Response blocking
 - Protective Devices
- Positive approaches utilized
- In conjunction with Intensive Positive Behavior Support Plan

Crisis Prevention Response and Restraint (CPPR)

- May select from any DDS qualified CPPR Curriculum.
- DDS providers and their chosen CPPR Curriculum provider responsible for managing health risks.
- Escorts over resistance are classified as restraints.
- Restraint cannot be part of any Positive Behavior Support Plan. Use Behavior Safety Plan.

Health Related Supports and Protections

- Differentiates between health-related supports and protective equipment
- Health-related supports to maintain proper body position
- Health related protective equipment
 - for specific medical or dental procedures
 - to prevent risk of harm during challenging self-injurious
- Use of health-related protective equipment for behavior challenges must be authorized by **PBS Qualified Clinician** in an Intensive PBSP

Current Activities

- Train all staff in PBS framework through orientation offering
- Providers establish a PBS Action Plan
- Identify Tiers of Support needed; everyone must have Universal Tier in place
- Implement new standardized statewide Peer Review Process
- Publish Guidance Materials, Templates, and FAQs- ongoing

Current PBS Training Plans

- DDS approved Restraint Curricula contains PBS elements as focus for de-escalation
- PBS part of new revised employee orientation for all
- Online introductory course available for free
- Universal Training curriculum developed and provided for free to providers
- PBS embedded in Community College and University programs funded by DDS

Barriers to Implementation

- Many locations across the state
- 200+ unique providers with differing organizational structures and capacity
- DDS itself is largest provider of services
- Differing priorities at various levels of organizations
- Little or no IT infrastructure at the provider level
- DDS IT infrastructure does not meet current needs
- DDS critical infrastructure to support change insufficient
- Limited focus on outcomes, more focus on practices

Status of Implementation

- Some providers have been able to move forward
- Many providers severely impacted by Pandemic and workforce shortages
- Long-term effort to transform system – look for slow, steady and deliberate progress
- Mindful of conditions on the ground
- Will take time to build competency and fluency

Lessons Learned:

- Where you start matters
- Emphasis on system change and organizational development – not practice
- Build in coaching capacity
- More champions needed
- Broad support of agency leadership required, buy-in critical

Lessons Learned: (continued)

- Basic level of internal fluency for department staff to support provider community
- Early emphasis on data based decision-making, IT systems for tracking in place
- Movement away from provider compliance to quality of life measures
- Need a well-resourced Agency Team
- Human Rights matter
- Learn from other states

Lessons Learned: continued

- Use of person-centered planning approach
- Substantial change requires ramp-up time in a regulatory framework
- System transformation takes more time than regulatory framework envisioned, need ramp-up and ramp-off strategies
- Development of Interpretative materials

Implementation Strategies

- Post-Covid opportunity to regroup led to more systemic approach
- to build fluency – to build organizational capacity
- Created new standard introduction to PBS for all staff
- Engaged Center for Developmental Disabilities Evaluation and Research (CDDER) at the Eunice Kennedy Shriver Center at UMass Chan Medical School for assistance to develop:
 - Self- assessment toolbox for providers
 - Created Community of Practice for Providers
 - Created Community of Practice for DSS clinical staff
 - Created PBS Advisory group from national experts

Implementation Strategies continued

- Continued focus on evidence-based practices
- Focus on “knowing” population served well
- Teaching DDS community to focus on prevention activities
- Emphasize quality of life measures

Implementation Strategies continued

- Role of family members on Leadership Team
- Staff and family education to gain support for PBS framework
- Share Peer Review process and outcomes with provider community
- Continued clarification of regulations through dialogue and collaboration with providers

Questions?????

For further information about DDS regulations, please read 115 CMR 5.0

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