DAUPHIN COUNTY MH/ID PROGRAM  
POLICY AND PROCEDURE

Department:  ____ MH             Policy No.  ____ 15-01 ________________

  ____ ID             Effective Date  ____ 5/8/15 ________________

  ____ EI             Revision Date ________________

  ____ Admin

  ____ Crisis             Approved  _______________________

Title: Behavior Support Practices

Policy: This policy establishes the minimum standards and guidelines to be used in providing behavior support to Dauphin County residents with intellectual disabilities. This policy applies to Behavior Support Professionals, provider agency professionals when supporting an individual receiving behavior support services, and Support Coordinators.

Definitions:

Behavioral Support: Behavioral Support is a service that includes the following:

- Functional assessment – to include indirect assessment, direct assessment, graphing of assessment data, and the development of hypothesis statements for each problem behavior
- The developmental of strategies to support the individual based upon an individualized assessment
- The provision of training to individuals, staff, parents, and caregivers
- Ongoing monitoring of the effectiveness of the plan and further plan development/revision in response to lack of progress.

Behavior Support Plan (BSP): A set of interventions to be used by people coming into regular contact with the individual to avoid and/or respond effectively to problem behaviors and teach skills, which will increase and improve the individual’s adaptive behaviors, consistent with the outcomes identified in the individual’s ISP.

Informed Consent: Behavior Support Plans must be signed by the person for whom the plan was developed, or his or her substitute decision maker, indicating that he or she consents to the plan. The individual provides written informed consent by signing; offering their mark and/or signature of the substitute decision maker once the information is explained in a manner which can be understood by the person or the person’s decision maker. The Behavior Support Professional is responsible for securing the informed consent.
**Positive Behavior Support (PBS):** PBS is an evidence-based, person centered approach to preventing challenging behavior that is based on a functional assessment of the behavior to determine the purpose of the behavior and the circumstances under which it occurs. PBS strengthens existing skills and teaches new behaviors that accomplish the same functional purpose as the challenging behavior, making the challenging behavior unnecessary. Through positive reinforcement strategies and modifications to the environment, PBS facilitates behavioral changes that promote independence and community integration.

**Common Service Standards:**

Behavioral Support Services will be provided that meet the following standards:
1. The decision to develop a Behavior Support Plan (BSP) is part of a collaborative person-centered planning process involving the person and his or her support team members.
2. Behavior Support Plans (BSPs) are based on the understanding of the person and include an observation/conversation with the individual and a functional analysis of the target behavior(s).
3. BSPs are based on the individual needs of the person and the outcomes the person hopes to achieve in their life.
4. BSPs are based on the least restrictive and most effective interventions to address the target behavior.
5. BSPs adhere to the principles of positive practices.
6. All provider staff and caregivers are trained in the implementation of the BSP.
7. All BSPs containing restrictive interventions shall be reviewed by the Dauphin County Human Rights Committee or designated agency committee pending approval by the County MH/ID Program.
8. BSPs must include a fade plan for each restrictive element and the pre-established criteria for the implementation of fading procedures.
9. The person, or his or her substitute decision maker, must give signed informed consent to any restrictive control and any BSP.
10. The service is performed by an individual with a Master’s Degree in Human Services (or a closely related field) or an individual under the supervisor of a professional who is licensed or has a Master’s Degree in Human Services (or a closely related field). The provider of behavioral supports is responsible for the person’s support needs across settings (residential and day). This includes: training, coordinating, tracking services and supports, and evaluating the effectiveness of the services and supports. (Source: Service Definitions)

**Procedures:**

Implementation of Behavior Support Services begins with the following key benchmarks:
1) A Supports Coordinator E-mail Request to locate a willing and qualified provider will include the following information:
   a) Where services will be received
b) Behavior challenges/behavior expectations  
c) Contact person to arrange the service  
d) Level of Need (urgent, routine, low priority)  

2) The referral is forwarded to the agency after the individual chooses which agency they wish to receive services from and the selected agency has indicated that they can accept the referral.  
   a) Within the 1st week of receiving referral, the agency professional will establish a first contact with the individual and the Supports Coordinator.  
   b) The Support Coordinator will initiate the following within five (5) days of identifying the provider: 
       i) Service Authorization with the authorization date noted as the date the provider received and accepted the referral and notified the Supports Coordinator.  
       ii) Frequency and duration will be up to 60 units for the initial assessment. Subsequently, units authorized will be based on the assessed need of the participant.  
   c) The Supports Coordinator submits a critical revision to the Individual Support Plan and the Supports Coordination Supervisor submits it to the Administrative Entity for authorization of the service. The SCO will submit the revised ISP to the AE within two weeks of the referral being accepted by the provider.  
   d) The Administrative Entity (AE) approves and authorizes the service within one week (5 work days) of the ISP being submitted by the Supports Coordination Organization.  
   e) The Behavior Support Professional will secure informed consent and ensure that the person or their substitute decision maker understands:  
       i) The purpose of behavior support service and that a behavior support plan will be created.  
       ii) Intended outcome of the plan  
       iii) The procedures involved in the behavior support process  
       iv) The risks and benefits of behavior support procedures  
       v) The risks of not having behavior support  
       vi) Consent can be withheld or withdrawn at any time with no punitive actions taken against the person.  
   f) The Behavior Support Professional will conduct a Functional Behavior Assessment. The guidelines set forth by the Department of Human Services; Bureau of Autism Services shall be utilized as a guide.  
   g) The Behavior Support Professional will establish an initial Behavior Support Plan that includes the following:  
       i) A description of the target behavior and the expected outcomes of behavior support intervention.  
       ii) A Crisis Intervention Plan for immediate implementation of strategies to address crisis behavior.  
       iii) A description of how data will be collected and who will collect the data to obtain functional assessment.  
       iv) A description of how the Behavior Support Professional will communicate with appropriate team members.
v) A recommendation as to the need for the participant to develop an effective means of communicating with caregivers.

vi) Provide in writing, a document that lists strategies that caregivers can use when folks are in immediate distress.

vii) Initial recommendation plan, including a functional hypothesis.

viii) Outline of expected process and key behavioral benchmarks.

(1) Copy of recommended behavior plan
(2) Training of appropriate caregivers
(3) A communication plan between the Behavior Support Professional and caregivers, including the Supports Coordinator.
(4) Data Collection, Monitoring and Reporting of Data that outlines:
   (a) Who will collect the data?
   (b) How often will the data be reviewed?
   (c) How will it be reported?
   (d) How will the team use the data to adjust and fade strategies?

3) Integration of the Plan into the Individual’s ISP
   a) Due to character limits in HCSIS data fields, the Behavior Support Professional will work cooperatively with the Support Coordinator to update the ISP. The Behavior Support Professional will submit a short summary of the Behavior Support Plan to the Supports Coordinator for inclusion in the ISP.

4) During the first three months of service:
   a) The Behavior Support Professional submits a monthly progress note to the Supports Coordinator. The monthly note needs to outline the implementation status of the plan, progress and communication that has occurred with all appropriate team members. The monthly progress note can be mailed, faxed or sent using an encrypted email. Please note the name of the designated Supports Coordinator for distribution purposes.
   b) The Behavior Support Professional completes a progress note if there is any recommended change in the service that would require discussion with the ISPs team due to lack of progress achieving an outcome on the ISP.

5) For the duration of behavioral support services:
   a) The Behavior Support Professional continues to submit a monthly progress note, at minimum, to the Supports Coordinator.
   b) A Back-Up Plan is identified to the Supports Coordinator for documentation in the ISP, as per ODP Bulletin 00-12-05, titled “Individual Support Plan”, as well as 55 Pa. Code Chapter 51, Section 51-32, Back-Up Plans.