

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE:	YOUTH TRANSITIONAL CARE FACILITY POSITIVE BEHAVIOR SUPPORT	18.07
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Authority:	42 CFR § 441.155	Individualized Plan of Care
	42 CFR § 441.156	Team Developing Individualized Plan of Care
	42 CFR § 483.356	Protection of Residents
	Title 71A RCW	Developmental Disabilities
	Chapter 71.34 RCW	Behavioral Health Services for Minors
	Chapter 71A.26 RCW	Client Rights
	Chapter 388-825 WAC	Developmental Disabilities Services

Reference: [DDA Policy 5.06](#) Client Rights

PURPOSE

This policy describes positive behavior support principles for promoting a youth's quality of life and achieving the goals outlined in the youth's individualized plan of care. Treatment at a Youth Transitional Care Facility (YTCF) uses a wholistic focus to improve the youth's physical health, behavior health, behavior, social functioning, educational achievement, and relationship with their family and community to allow the youth to be supported:

- In the least restrictive setting and in the least intrusive manner while at the facility and when returned to the community;
- By learning opportunities that emphasize the youth's strengths to support their learning and building on their current skills;
- In their interactions with others using the interpersonal skills they have learned; and
- As a member of their community, learning to accept the risk and responsibilities of exercising their rights and privileges as an integrated member of their community.

SCOPE

This policy applies to all YTCF employees, volunteers, interns, and work-study students.

DEFINITIONS

Clinical treatment team means members of a multi-disciplinary team, which in this policy is inclusive of the cottage program director (psychologist), clinical director, attending psychiatrist, primary medical provider, psychiatric social worker, and registered nurse at its core, other disciplines as necessary (speech pathologist, occupational therapist, recreational therapist, dietitian, transition case manager, etc.), and the youth, youth's parent, authorized agent, or persons the youth identifies as a participant.

Positive behavior support or **PBS** means changes to the environment, how things are explained, use of routines, teaching skills, coaching, and building a relationship with the youth to increase the youth's ability to function, improve their, social connectedness, behavioral responses, mental outlook, physical health, and relationship with their family without the use of punishment, coercion, ultimatums, or seclusion.

Quality of life means the youth's perception of their satisfaction with their lifestyle, living situation, relationships, activities of school, work, and leisure, as well as progress toward their goals.

Support means methods used to teach, expand, and increase the youth's use of adaptive skills along with changes and accommodations made to the environment and support system to increase opportunities for the youth to use their skills.

Youth transitional care facility or **YTCF** means the staff-secure and voluntary facility offering specialized treatment for suitable youth.

POLICY

- A. The facility must use positive behavior support principles in an effort to provide trauma-informed and wholistic care to youth.
1. The clinical treatment team must use the most naturalistic treatment methods and interventions that support changes to the environment, how staff communicate with the youth, coaching and teaching strategies that emphasize the youth's strengths and abilities.
 2. The facility staff daily interactions must help youth use their existing skills to make choices, direct care, and solve problems in situations the youth finds familiar and expands the use of their existing skills in less familiar settings or routines.
 3. The facility incorporates techniques from many fields to accomplish change, teach skills, and improve the youth's quality of life, their physical health, mental health,

social functioning, ability to learn, and their relationships with others. The clinical treatment team must incorporate adapted treatment modalities from:

- a. Behavioral sciences, such as Applied Behavior Analysis and Task Analysis;
 - b. Educational sciences, such as Learning Theory, Constructivism, Direct Instruction, Mastery Learning, Functional Education, and Functional Literacy Education;
 - c. Psychological sciences, such as developmental psychology, educational psychology, motivation theory, cognitive behavioral therapy, dialectical behavioral therapy, play therapy, recreational therapy, social learning theory, measurement, systems theory, positive psychology, clinical psychology, behavioral psychology, trauma-informed care;
 - d. Medical arts to maintain the youth's physical and psychiatric health with medical interventions, psychoeducation, nursing services, physical or occupational therapy, speech-language therapy, nutrition, and diagnostic evaluations; and
 - e. Family therapy focusing on the family support analysis, parent-child relationships, parent-child interaction therapy, parenting skills that match the youth's developmental needs, and relationship restoration.
- B. The facility must use trauma-informed practices in an effort to provide wholistic care to youth. Trauma-informed practices:
1. Respect and support each youth in exercising their rights and prevent the youth from experiencing unnecessary:
 - a. Restrictions or restrictive procedures;
 - b. Medications; and
 - c. Limits to youth choice solely for facility or employee's or convenience.
 2. Provide services preserving the youth's dignity;
 3. Promote the youth's abilities to consider options and make choices;
 4. Assure the youth accesses medical care to address assessed needs; and
 5. Assist the youth in pursuing their interests and treatment goals.

PROCEDURES

- A. All employees, volunteers, interns, and work study students must:
1. Use positive behavior supports to maintain the therapeutic nature of the Youth Transitional Care Facility environment; and
 2. Demonstrate respect for the youth's rights and dignity by:
 - a. Building and maintaining a professional therapeutic relationship with the youth;
 - b. Using the youth's preferred name and pronouns in conversations and written documentation;
 - c. Helping the youth think through their options and constructing opportunities for them to make choices;
 - d. Partnering with the youth when providing supports with the youth's assent;
 - e. Use person-first language in written and spoken language;
 - f. Report all incidents of abuse, neglect, or exploitation following [DDA Policy 5.13](#), *Protection from Abuse: Mandatory Reporting*.
- B. The clinical treatment team must:
1. Arrange for a mutually agreed upon time and format to complete treatment team meetings and plan reviews;
 2. Complete all evaluation and plan review documents before the scheduled meeting;
 3. Assure each youth is involved in developing their individualized plan of care, accommodating their abilities and strengths to participate in the plan development and treatment modalities and activities outlined in that plan;
 4. Involve the youth's authorized agent and others the youth wants to attend their treatment team meeting and develop the youth's plan of care;

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5. Communicate with the youth and their authorized agent in their preferred method using language and concepts that are easily understood;
 6. Obtain the youth or their authorized agent's informed consent for the individualized plan of care; and
 7. Train the direct care staff in the youth's individualized plan of care.
- C. The individualized plan of care must:
1. Provide health and psychiatric services that enable the youth to function at their highest level of functioning to enable the youth to benefit from other services.
 2. Emphasize the youth's strengths and abilities to inform which treatment modalities are used and how they are adapted to meet the youth's needs.
 3. Outline measurable treatment goals and specify how data will be collected to demonstrate treatment effectiveness.
 4. Incorporate discharge planning goals and coordination that will enable the youth to be successfully supported in a community-based setting.

EXCEPTION

Any exception to this policy must have the prior written approval of the Deputy Assistant Secretary or designee.

SUPERSESSION

None.

Approved:



Deputy Assistant Secretary
Developmental Disabilities Administration

Date: July 1, 2024