Washington State Department of Social & Health Services
Transforming lives

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Olympia, Washington

TITLE:	FUNCTIONAL ASSESSMENTS AND POSITIVE BEHAVIOR SUPPORT PLANS: RHCs	5.24

Authority:	Title 71A RCW	*Developmental Disabilities*
Reference:	DDA Policy 5.14	*Positive Behavior Support Principles*
	DDA Policy 5.16	*Psychotropic Medications*
	DDA Policy 5.17	*Physical Intervention Techniques*
	DDA Policy 5.22	*Restrictive Procedures: Residential Habilitation Center*
	DDA Policy 9.02	*Administration of Psychotropic Medications*
	DDA Guiding Values	

BACKGROUND

The Developmental Disabilities Administration (DDA) transforms lives by providing supports and fostering partnerships that empower people to live the lives they want. DDA uses person-centered planning principles that emphasize respecting the client and partnering with the client, their family, and their service providers. Person-centered planning emphasizes the client's strengths and identifies areas in need of supports. It encourages growth in skills that enable each client to live in their community, achieve their goals, participate in the workforce, and contribute to the community.

DDA wants clients to experience positive life benefits described in the DDA Guiding Values. These benefits include:

- Inclusion;
- Status and contribution;
- Relationships;
- Power and choice;
- Health and safety; and
- Competence.

None of these values stand alone or is more important than the others. Each overlaps, affects, and informs the others. As a values system they support and facilitate individualized person-centered plan development respecting the client, preserving the client's rights, and guarding the client's dignity.

PURPOSE

This policy establishes the requirements and procedures regarding the life cycle of a Functional Assessment (Functional Assessment) and Positive Behavior Support Plan (PBSP).

SCOPE

This policy applies to employees, interns, volunteers, and contractors who deliver services to Residential Habilitation Center clients.

DEFINITIONS

Antecedent means an environmental event or action that occurs before a behavior.

Behavior means an action that can be observed and counted.

Consequence means the outcome or result of a behavior.

Data collection is a systematic process of gathering information from a variety of sources on specific observable behaviors to inform decisions around a client's treatment, learning, growth, and goal attainment.

Duration means the length of time a behavior lasts.

Frequency means how often a behavior occurs.

Function means what a client gains, avoids or satisfies by using a behavior.

Functional assessment or **functional behavioral assessment** means observing a client, reviewing information about the client, and collecting data about the client to:

- Determine relationships between antecedents and behaviors;
- Identify reinforcing consequences; and
- Form a hypothesis about why a behavior continues to be used.

Habilitation Plan Administrator (HPA) is the person who facilitates the interdisciplinary team meetings and writes, implements, and monitors the individual habilitation plan (IHP).

Hypothesis is a prediction that a certain outcome is likely to result from specific conditions.

Interdisciplinary team (IDT) is a group of people who collaborate to create a client's IHP. The IDT must include: the client; the client's family or legal guardian; professionals or support staff from disciplines and service areas suggested by the needs list and based on the client's likes and dislikes.

Individual habilitation plan (IHP) is a comprehensive plan developed by the client's Intermediate Care Facility for Individuals with Intellectual Disabilities IDT that includes a detailed description of the client's needs, supports, and preferences to aid transition to a less-restrictive environment.

Individual Plan of Care (IPOC) is a comprehensive plan developed by the client's IDT that includes a detailed description of the client's needs, supports, and preferences to address the care needs of a client residing in a state operated nursing facility.

Person-centered planning means whole-life planning that is driven by the client, with help from family, friends, and professionals that the client chooses to include.

Positive behavior support as outlined in DDA Policy 5.14, *Positive Behavior Support Principles*, guides assessment, planning, and service provision.

Positive behavior support plan means a plan designed to:

- Strengthen or improve a client's existing adaptive behaviors and skills;
- Expand the client's existing adaptive behaviors and skills to new tasks or settings;
- Teach the client new, adaptive behaviors and skills;
- Provide supports to the client;
- Modify, reduce, and eliminate situations in the environment known to reinforce, setup, or cause target behaviors; and
- Reduce or eliminate the use of target behaviors.

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

Replacement behavior is an adaptive behavior or skill that meets the same need or serves the same function as a target behavior.

Support means methods used to teach, expand, and increase use of adaptive behaviors and skills as well as changes and accommodations made to the environment and support system to increase opportunities to use adaptive behaviors and skills.

Summary statement is a sentence that clearly states what the client is trying to avoid, gain, or satisfy when the target behavior is used.

Target behavior means a behavior that has been assessed and needs to be modified or replaced.

POLICY

According to positive behavior support best practices, a PBSP should:

A. Recognize the client must be involved in the planning process;

B. Include information provided by people involved in the client's life;

C. Improve the client's quality of life while respecting the client, the client's rights, and guarding the client's dignity;

D. Accomplish change in the environment and routines supporting the client in the least restrictive and least intrusive manner possible;

E. Make target behaviors unnecessary by:

1. Eliminating or reducing events that trigger target behavior;

2. Eliminating or reducing reinforcement for each target behavior;

3. Teaching new, and increasing the use of existing, adaptive behaviors and skills that satisfy the same function of the target behavior; and

4. Reinforcing adaptive behaviors and skills.

PROCEDURES

A. Determining When a FA and PBSP are Required

1. The IDT must assess and document if a client has behavioral support needs. The IDT must determine the most appropriate plan to address identified needs [individual habilitation plan (IHP), individualized plan of care (IPOC), or positive behavior support plan (PBSP)].

2. The IDT must prioritize behavior to be targeted for change that:

a. Interferes with the client making progress toward independence through active treatment;

b. Prevents the client from assimilating into the community;

c. Uses psychotropic medication as a part of a behavior response protocol (Refer to DDA Policy 9.02, *Psychotropic Medications: ICF/IID and State-Operated Nursing Facility*);

d. Uses a restrictive procedure requiring a PBSP or an exception to policy under DDA Policy 5.22, *Restrictive Procedures: Residential Habilitation Center*;

e. Incorporates a physical restraint under DDA Policy 5.17, *Physical Intervention Techniques;* or

f. If a physical restraint or drug is used to modify a target behavior on an emergency basis three times in six months.

B. FA and PBSP Timelines

1. For a client admitting to a RHC, the facility must:

a. Begin data collection on proposed target behaviors within seven business days of admission and

b. Complete the functional assessment and positive behavior support plan within 30 days after admission.

2. When IDT identifies a new target behavior for a client with an existing PBSP, determines a client needs a PBSP who does not have one, or a physical restraint or restrictive procedure outlined in DDA Policy 5.22, *Restrictive Procedures and Restraints*, is used on an emergency basis three times in six months, the facility must:

a. No more than seven calendar days after identifying the new target behavior or determining the need for a PBSP, provide direction to staff on how to keep the client and others safe if the target behavior involves threats or acts of physical violence, property destruction, abuse, self-harm, or unsupported departures;

b. No more than seven calendar days after identifying the new target

behavior or determining the need for a PBSP, begin data collection and the FA development or revision process;

c. No more than 45 calendar days after identifying the new target behavior or determining the need for a PBSP, update or complete the FA; and

d. No more than 60 calendar days after identifying the new target behavior or determining the need for a PBSP, train staff to implement the updated or completed PBSP.

C. Functional Assessment

1. A FA must be based on data collection designed to assess:

a. The overall quality of a client's life;

b. Factors or events that increase the likelihood of target, adaptive behaviors and skills, specifically:

i. When and where target behaviors occur most frequently; and

ii. When and where adaptive behaviors and skills occur most frequently;

c. The presence of diagnosed medical, mental illness or neurological dysfunction that may contribute to target behaviors;

d. Environmental responses that reinforce target and adaptive behaviors and skills; and

e. The proposed function or purpose of each target behavior.

2. The FA must:

a. Be written before the PBSP is developed;

b. Accurately reflect the client's history and current status by directly documenting information or referencing information contained in other documents that address:

i. The client's likes and dislikes;

ii. The client's living arrangement;

iii. The client's work environment;

iv. The client's cognitive and adaptive functioning, strengths, functional limitations, and supports needed;

v. Strategies and techniques that are known to be effective when the client is at baseline;

vi. Relevant medical conditions and their impact on the client's behavioral profile;

vii. The client's current psychiatric conditions and their impact on the client's functioning; and

viii. Significant events in the client's life and their impact on the client's behavioral profile;

c. Define the target behaviors to be replaced, which might include:

i. Factors or events that increase the likelihood target behaviors will be used (antecedents);

ii. When and where target behaviors occur most frequently;

iii. Assessment and analysis of each target behavior, including:

A) Defining the target behavior in observable terms;

B) The target behavior's rate (frequency), length of time (duration), and impact (intensity);

C) Events after the target behavior that reinforces the target behavior (consequence);

D) Assessment of the client's desired outcome achieved by using the target behavior; and

E) Analysis of the possible functions the target behavior serves;

d. A summary statement that clearly states what the client is trying to avoid, gain, or satisfy when the target behavior is used. A complete summary statement:

i. Defines the target behavior in observable terms;

ii. Describes things or events that setup and trigger the use of the target behavior;

iii. Outlines what happens in the environment after the target behavior is used that reinforce use of the target behavior; and

iv. Identifies what the client achieves by using the target behavior.

Example summary statement:
When [antecedent trigger] occurs, this [behavior] is likely to occur so that the client can get or avoid [this consequence].This behavior is more likely to occur when [these setting events and conditions] are present.

D. Positive Behavior Support Plan

1. The PBSP must:

a. Be based on the FA;

b. Be accurate and consistent with the FA;

c. Include as a minimum:

i. Strategies and supports used to prevent target behaviors;

ii. Strategies for responding to target behaviors; and

iii. Instructions and strategies to teach and support replacement behaviors; and

d. Include data collection that addresses:

i. Target behaviors;

ii. Replacement behaviors; and

iii. Schedule of data collection.

2. Each Residential Habilitation Center must designate the template to be used at their facility.

E. Plan Review and Revision

1. The IDT must monitor data collected and use that data to make the decision to make changes to the FA and PBSP or continue their use without changes.

2. The IDT will designate the staff member responsible for monitoring and aggregating data collected regarding target and replacement behaviors.

3. All PBSPs using restrictive procedures must follow the requirements of DDA Policy 5.22, *Restrictive Procedures: Residential Habilitation Center*; DDA Policy 5.16, *Psychotropic Medications*; DDA Policy 5.17, *Physical Intervention Techniques*; DDA Policy 9.02, *Administration of Psychotropic Medications*; and collect data on the behavior requiring the use of the restrictive procedure. The data collection system must be sufficient to document:

   a. Setting conditions;

   b. Triggering event;

   c. Behavior indicating the need for protection;

   d. Protective actions taken including the restrictive procedure; and

   e. The client's response prior to, during, and after the use of the restrictive procedure.

4. The IDT must assure the PBSP and changes are trained to staff working with clients and document that training in the facility's records.

F. Distribution of FAs and PBSPs

1. A copy of the client's current PBSP must be available in electronic or hardcopy in the client's file located in the living unit or cottage for the client and employees to access.

2. The IDT must provide employment or day program providers with a copy of the client's PBSP if the client receives these services off RHC grounds, and offer the

off-campus provider consultation regarding the PBSP.

3. If the client is enrolled in school programming, the IDT must provide the school district with a copy of the facility's PBSP.

4. The RHC must provide the client's legal representative with current copies of the FA and PBSP.

G. Clients Leaving Campus who have PBSPs

1. For clients leaving campus on leave without facility staff, an IDT member will review the client's behavioral support needs with the escort.

2. For clients admitted to hospitals, an IDT member will consult with the receiving hospital regarding the client's behavioral and supervision needs.

H. Discharge Planning

1. When planning for a client's discharge to a community provider, the RHC must:

a. Establish a relationship with the community-based provider,

b. Have the client's FA and PBSP writer work with the receiving community provider:

i. Providing documents, including the current FA, PBSP, data collection documents, data summaries, and other documents that will assist the community provider in writing their FA and PBSP; and

ii. Consulting and providing information to assist the community plan writer in meeting the FA and PBSP requirements outlined in DDA Policy 5.21, *Functional Assessments and Positive Behavior Support Plans;*

c. Facilitate discharge planning as outlined in RHC SOP 103.4, *Discharge Process*, including ways to promote positive behavior support by:

i. Consulting on how the community environment may be setup to provide the client with familiar objects and necessary equipment to promote adaptive behavior;

ii. Communicating how to establish a working relationship with the client that emphasizes techniques known to help the client maintain power, choice and independence; and

iii. Mentoring receiving staff in how to approach and interact with the client promoting adaptive social skills and building meaningful relationships with support staff.

2. The community provider will author the FA and PBSP on the agency's form to fulfill the requirements of DDA Policy 5.21, *Functional Assessments and Positive Behavior Support Plans*.

EXCEPTIONS

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

SUPERSESSION

None.

Approved: */s/: Debbie Roberts* Date: May 1, 2021
Deputy Assistant Secretary
Developmental Disabilities Administration