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Department of Developmental Services

Mass PBS

Implementing PBS Support with Individuals with IDD

Standard of Practice for Adults with IDD

NE Positive Behavior Support Forum
November 15, 2024

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DDS/IDD Strand

- **F1. Implementing PBIS Support with Individuals with IDD**
- **F2. Supporting PBS Implementation Across Two States**
- **F3. Harnessing Person- Centered Planning Tools to Boost Individuals' Active Involvement in Designing and Participating in Their Own Care and Programming**

CONFLICT OF INTEREST DISCLOSURES

- None of the authors report any direct financial or non-financial conflicts of interest in presenting this information.

DATA ACCURACY AND UTILITY

- The information presented is based on evidence-based practice recommendations and substantial research evidence supporting the use of PBIS-based approaches and ABA in the prevention and management of challenging behavior in individuals with intellectual disability.
- References with be provided where applicable throughout and available from authors.
- The recommendations may be applicable to agencies and clinicians supporting similar individuals with a PBIS-based approach.

DIVERSITY, EQUITY, AND INCLUSION

- Much of the research that these findings are based on have not carefully considered diversity of research subjects. Additionally, adults with intellectual disability are often marginalized and denied equitable social inclusion. PBIS with its focus on lifestyle and relationships is a positive step forward to mitigating this.
- SEE: Kover, & Abbeduto, (2023). Toward equity in research on intellectual and developmental disabilities. *American Journal on Intellectual and Developmental Disabilities*, *128*(5), 350-370.
- SEE: Bogenschutz et al. (2024). An equity-based research agenda to promote social Inclusion and belonging for people with IDD. *Intellectual and Developmental Disabilities*, *62*(3), 186-199.

Presenters

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DDS Systems Change Initiative Implementing PBS Support

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Learning Objectives

- State DDS Standard of Practice
- Describe Organizational Change Process
- Employ DDS PBS Self-Assessment tool
- Demonstrate Six phases of Implementation
- List Supporting Resources on PBS from DDS

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Objective 1

State Standards of Practice: Background and Basis for Change

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New DDS Standard of Practice

- Feb 2020 regulations – more than shift to prevention vs reaction to approach people with challenging behavior; established PBS as new Standard of Practice for the Dept in order to achieve Quality of Life outcomes for the people we support.
- 3 pillars of PBS as chosen Standard of Practice = Person Centered Values & Planning, Evidence Based Practice, Data driven decision making
- All that we do requires these 3 elements be present in some way; at systems and individual person level

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PBS Regulatory Framework is Different Type of Implementation Challenge

- Regulations taken together to form new Standard of Practice – Need to incorporate "PBS thinking." As an organization:
  - How have we applied person centered thinking and planning?
  - How do we know what we're doing is evidence-based?
  - What are we paying attention to and how are we tracking it?
  - On what are we basing decisions?
- Many answers to the same question – e.g., workforce issues
  - How exactly are these impacting my particular organization and how do they shape my options to do person centered planning, to do reliable tracking, etc. here in my agency?

Some Examples of What's Different

- Person Centered Planning – use of Charting the Life Course, Individual Service Design sessions, and other tools used to build out and formalize ISP vision statement content
- ISP to specifically call out Universal Supports that person most benefits from and how these incorporated into current services
- MTSS model = continuum fluidity
- Behavioral supports that are Targeted and Intensive must be Evidence-Based, either off the shelf or developed by licensed, qualified clinician and based on formal FBA and evidence-based practices
- The timing of how/when information is integrated and reviewed; changes to be based on data rather than timeframes established in DDS workflow
- The way outcomes are measured and data drive decisions has an added emphasis on fidelity

Sample Application of PBS Thinking – Three Questions

1. What Universal Supports are in place? What is happening all the time through staff interactions and in the environment to enhance quality of life?

   - Safe, comfortable, predictable settings
   - Choice is offered continually and in accordance with people's preferences
   - Continual opportunities for control
   - Recognition (sometimes known as praise) is embedded into the environment and interactions
   - Redirection and/or teaching as response to ineffective communication or actions; techniques to change the situation
   - Positive, proactive environment; empathy and active listening, explore and celebrate cultural differences, increased self-awareness of how we interact with others, reflect and change our use of language as well as our behavior

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Sample Application of PBS Thinking – Three Questions

2. What Fidelity Measures are in place? What do they show?
   - Not clear:
     - Are new or additional fidelity measurement tools recommended?
     - Is additional training on completion of tools needed? New strategies to compensate for workforce issues?
   - Yes, reliable:
     - Can we/should we add, subtract, adjust Universal Supports based on the data?

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Sample Application of PBS Thinking – Three Questions

3. What use of critical incident and/or risk management report (aka DDS trigger report) data may be relevant?

   - May reveal patterns or new way of seeing the story
   - Determination whether patterns suggest the person is at increased risk

Clinical Considerations at Tier Two (Targeted) and Tier Three (Intensive)

- Behavioral supports that are Targeted and Intensive must be Evidence-Based, either “off the shelf” or developed by licensed, qualified clinician and based on formal FBA and evidence-based practices
- Trauma-informed practices must be present
- Tiers Two and Three supports must be in addition to Tier One(Universal) supports and fidelity tracked for all tiers

Two Year Activities Recap

- Continuous assessment of status and knowledge gaps – provider & DDS
  - Monthly PBS Community of Practice meetings
    - Share best practice, continued struggles, guest speakers
    - May Center PBIS team consultation
  - Bi-monthly (2x per mo) statewide meetings with DDS clinical and adjunct staff
- Respond to systemic health and safety matters
  - Statewide Peer Review and Consultation
  - Sub-regulatory Guidance and Information Briefs
    - Most focus on clinical implementation
    - Next set to focus on DDS and provider operations; remaining clinical brief
- Recertification of CPRR curricula
- Partnered with CDDER/UMass to develop PBS Self-Assessment tool and Roadmap for Implementation

Change Management Model (how will we get there?)

- Selection of Roadmap to Culture of Quality Improvement as Change Management model
- Designed to be a continuous quality improvement tool, used by DDS service providers in perpetuity even as their organizations grow and change; this feature also forms a basis of overall systems change measurement by the Department
  - Modeled after National Association of City and County Health Organizations (NACCHO) Roadmap;
  - Strategies target both “process” and “human” side of change across 6 key Foundational Elements: leadership, employee empowerment, customer focus (in this case person-centered emphasis), teamwork & collaboration, QI infrastructure, continuous process improvement

Objective 2

Describe Organizational Change Process

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Lessons Learned

- What makes PBS Implementation Happen
  - Senior Management Engaged
  - Active incorporation of DSP knowledge and person-centered plans
  - Achievable goals
  - Track progress through Data
  - Share the Data
  - Communication Plan
  - Approach incorporation of PBS through organizational change strategies
  - Further integration of PBSPs with ISPs, Med Treatment Plans, Risk Plans, etc.

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The Importance of Managing Change

Change management facilitates a smooth transition to new ways of doing things.

- It helps those within the organization to understand, accept, and adapt to change.
- It ensures the successful transition to new ways of doing things.
- It reduces waste in terms of time and resources. It boosts morale.

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Three Tiers of Support

Across your organization you may be starting here:

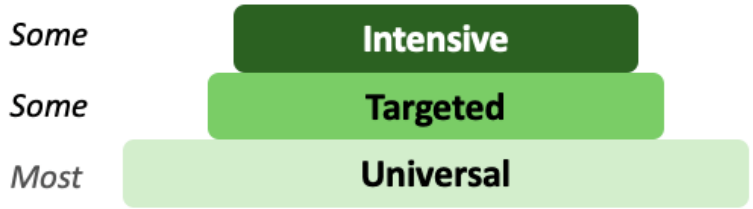
Equal amounts

Intensive
For people with High-Risk Behavior

Targeted
For people with At-Risk Behavior or in an At-Risk situation

Universal
For all people; can be seen in all settings

Over time, you'll shift to more ideal states, like this:



And eventually...

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Principles of Change Management In Action

Improve the quality of life of the people we serve.

Empower staff at all levels and make them participants in embracing change.

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LEADERSHIP TEAM

Obtaining buy-in → **Full implementation**

- Open Communication
- Clear Measurable Goals
- Clear Timelines
- Anticipate and meet resource needs

Populating your PBS Action Plan

- Provide realistic expectations
- Identify short-term goals
- Break project into manageable chunks
- Create a training plan
- Set clear timelines

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Communication Plan

- Who is making the change?
- Who needs to be informed?
- How will the plan be communicated?
  - Communication styles
  - Various audiences
- What will you communicate at different stages of the change?
- At what time points?
- Be transparent!

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Motivate Stakeholders to Understand and Accept Change

- People need to understand the reason behind the change.
  - How it helps meet the mission of the organization
  - How it's expected to address the quality improvement need
  - What are the consequences of not doing it
  - How important staff are to making a difference

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How We Expect Organizations to Manage Transition

- Conduct
  - Self-Assessment
- Develop
  - PBS Action Plan
- Ongoing
  - Training
  - Data Evaluation
  - Monitoring
- Feedback

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Objective 3

Employing DDS's PBS Self-Assessment Tool to evaluate your progress in implementing PBS

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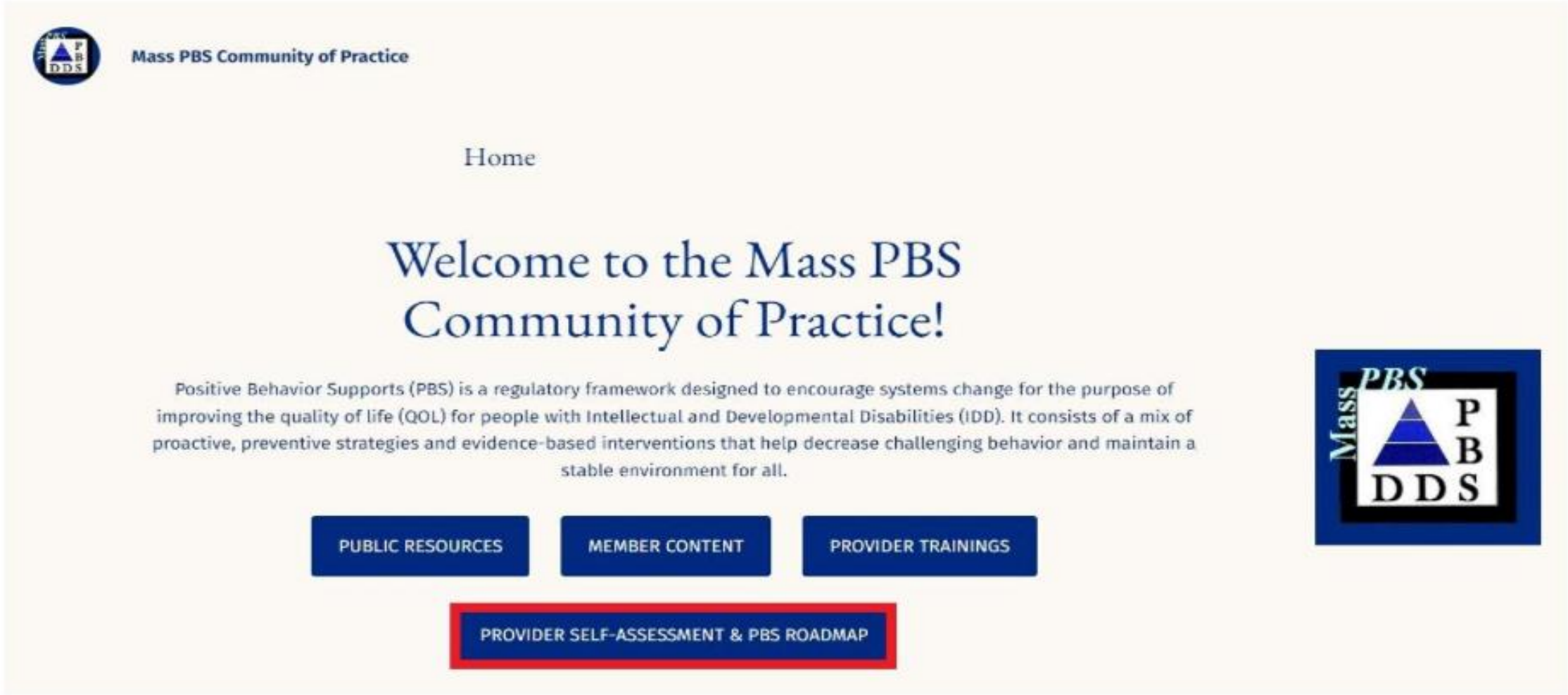
PBS Self-Assessment & Implementation Tool



Self-Assessment for Organizations Developed

- To assess where you are as an organization and guide your next steps in full incorporation of PBS across your organization.
- Thorough review of the DDS regulations with a group of PBS experts
- Incorporated an organizational change model (as discussed above)
- Modeled on the Culture of Quality Roadmap which serves a continuous quality improvement tool for use by both DDS and providers
- Piloted with variety of organizations (size, population served, services offered)

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Six Phases of Implementation

Phase 1: Strategize	Phase 2: Engage	Phase 3: Prepare & Install
Phase 4: Activate	Phase 5: Refine	Phase 6: Sustain/Optimize

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Self-Assessment Key Areas

- Leadership teams
- PBS Action Plan
- Qualified Clinicians
- Staff training & Coaching
- Universal, Targeted and Intensive Supports
- Organizational changes strategies and practices
- Use of data
- Quality Improvement

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Lesson Learned from Pilot

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- Clarified Some Questions
- Clarified Feedback Report Messages
- Moved some tasks to later Phases
- Added some regulatory references
- Allowed for some answers to include “partial” response rather than Y/N
- Allow for some comment boxes for organizations to supply more detailed response
- Confirmed Supports must be provided in PBS framework

Self-Assessment Process

All Service Providers must:

- Complete at least once by January 15, 2025
- Complete every 6 months OR
  - Provide new supports
  - Change in leadership
  - Change in Senior Qualified PBS clinician

- Recommended complete more than once, as often as you like

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The PBS Implementation Self-Assessment Tool

Positive Behavior Supports (PBS) Implementation: Where Are We? Assessing Your Organization Implementation Guide

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Q9.2. Which of the following evidence-based Universal Supports are available in your organization?

- Opportunities are provided to make choices within the context of the particular environment
- Effective means of communication and problem solving are established for all people supported
- People receiving services are familiar with behavioral expectations and what constitutes respectful interactions
- Schedules provide structure, consistency and predictability
- Recognition, praise, and other forms of encouragement are regularly included in routine interactions

At Completion of Self-Assessment

- Automatic display of a series of messages indicating phase
- Use Implementation Guide with results to move through the Phases
  - Go through the elements each phase, Be sure you fully implement each phase
- May have completed some aspects of each phase, but not all
  - If your organization is missing required elements of a Phase, the Self-Assessment will alert you to the areas you may be missing.
- Review results of Self-Assessment with your PBS Leadership Team, consider where you are as an organization, and decide your course to achieve greater progress.

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Self-Assessment Feedback

FEEDBACK REPORT

Remember to submit your response by clicking one of the "SUBMIT RESPONSE" buttons. You'll have the option to download a copy of your responses and this feedback on the next page.

Your organization is in Phase 1 (Strategize) of PBS implementation but has not completed all components. During this Phase, you should be starting to implement foundational elements of PBS, including:

- Educating and advancing a leadership implementation team
- Developing a PBS Action Plan
- Securing clinicians

One or more of your answers to the following questions did not meet the requirements for this Phase: Q3.1, Q3.2, Q4.1, Q4.4, Q5.1, Q7.1, Q9.1, Q9.2, Q5.3.1, Q5.3.2.

More details are available in the Phase 1 (Strategize) section of the guide linked at the end of this report.

NOTE: Your answer to Q3.2 indicates that your PBS Leadership team does not include one or more of the required members. At a minimum, the team should include:

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Objective 4:

Describe Six Phases of Implementation

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Phase 1 Strategize

- Recruit and appoint members to the Leadership Team.
- Recruit an internal Senior PBS Qualified Clinician for your Leadership Team or hire one if none is available.
- Verify which of your clinicians meet the criteria to become a PBS Qualified Clinician.
- Assess current PBS activities.
- Assess and allocate resources for PBS.
- Train leadership both in PBS and in the organizational change process.

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Phase 2: Engage

- Select standard, evidenced-based interventions and supports and a fidelity tool.
- Develop a review and approval process for additional supports.
- Develop a PBS workforce training plan.
- Specify your organization's standardized screening and referral system for movement between tiers.
- Develop a PBS quality and data management system.

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Phase 3: Prepare and Install

- Finish developing your organization's PBS Action Plan.
- Implement your PBS workforce training plan.
- Ensure programs are actively preparing to implement PBS activities.
- Select and test PBS implementation strategies.
- Implement and test your quality and data management system.

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Phase 4: Activate

- Expand testing of PBS implementation strategies across your organization, and continue to update the PBS Action Plan, accordingly.
- Continue training your workforce.
- Activate your screening and referral system.
- Launch your quality and data management plan.
- Develop protocols on when and how to conduct FBAs, develop PBSPs and BSPs, including consent and format, if applicable.

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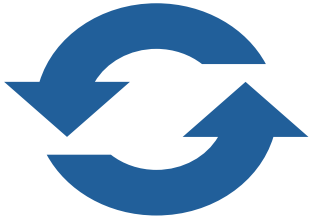
Phase 5: Refine



- Update your organization's PBS Action Plan, as needed.
- Integrate PBS into all service programs of your organization.
- Continue implementing and enhancing your workforce training plan.
- Continue implementing and improving your screening and referral system.
- Continue implementing and refining your quality and data management system.

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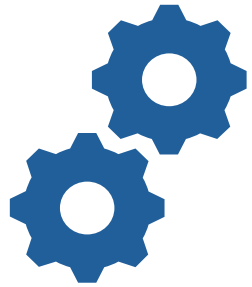
Phase 6: Sustain and Optimize



- Continue to maintain PBS at the forefront of your organization's mission and vision.
- Engage in continuous quality improvement initiatives through your quality and data management system.
- Resource assessments and allocations are ongoing, including both staff and funding
- Staff understands value use of PBS and are held accountable for implementation.
- Organization is seen as an industry leader on PBS.
- Data analysis and tools used every day.

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Maintenance strategies:

- Continue integrating improved PBS practices and philosophy throughout all aspects of your organization.
- Conduct continuous training, technical assistance, and development to ensure PBS is integrated into everyday operations.
- Promote transparency and trust by regularly communicating about the progress and positive benefits of PBS implementation and sustainability.
- Embed PBS in your organization's core values, mission, vision, and strategic goals for long-term success.
- Continue to recognize and reward Champions within all organizational levels.
- Share your organization's story and experience implementing and sustaining PBS; make this cultural change a part of your organization's history.
- Ensure new leadership or administration formally understands, adopts, supports, and endorses the PBS framework throughout your organization.

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Objective 5

List Supporting Resources on PBS from DDS

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New and Forthcoming Components

- Community of Practice & group forums
- Sub-regulatory Guidance
- Self-assessment Posted In October 2024
- More Training materials
- Consultation

Available on: https://masspbs.com/

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Training Materials and Consultation

Training Posted:

- Introductory Training on “What is PBS?”
- What are Universal Supports?
- Phases of Implementation
- Others such as change management; etc.

Consultation & Coaching:

- Building consultation and coaching resources targeted based on the results of the self-assessments and needs among the provider community

Training In Development:

- How to conduct a Functional Behavioral Assessment for Psychologists and Social Workers
- What are Targeted Supports?
- What are Intensive Supports?
- How to write a Behavioral Support Plan that DSPs can understand and that relates to individualized goals from person-centered planning
- How to move individual supports between tiers

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About the May Institute

- Facilitated over 250 schools/districts/IDD organizations, mostly in Massachusetts, across the country, in working to achieve fidelity with PBIS/PBS
- Research indicates increased fidelity = increased meaningful outcomes

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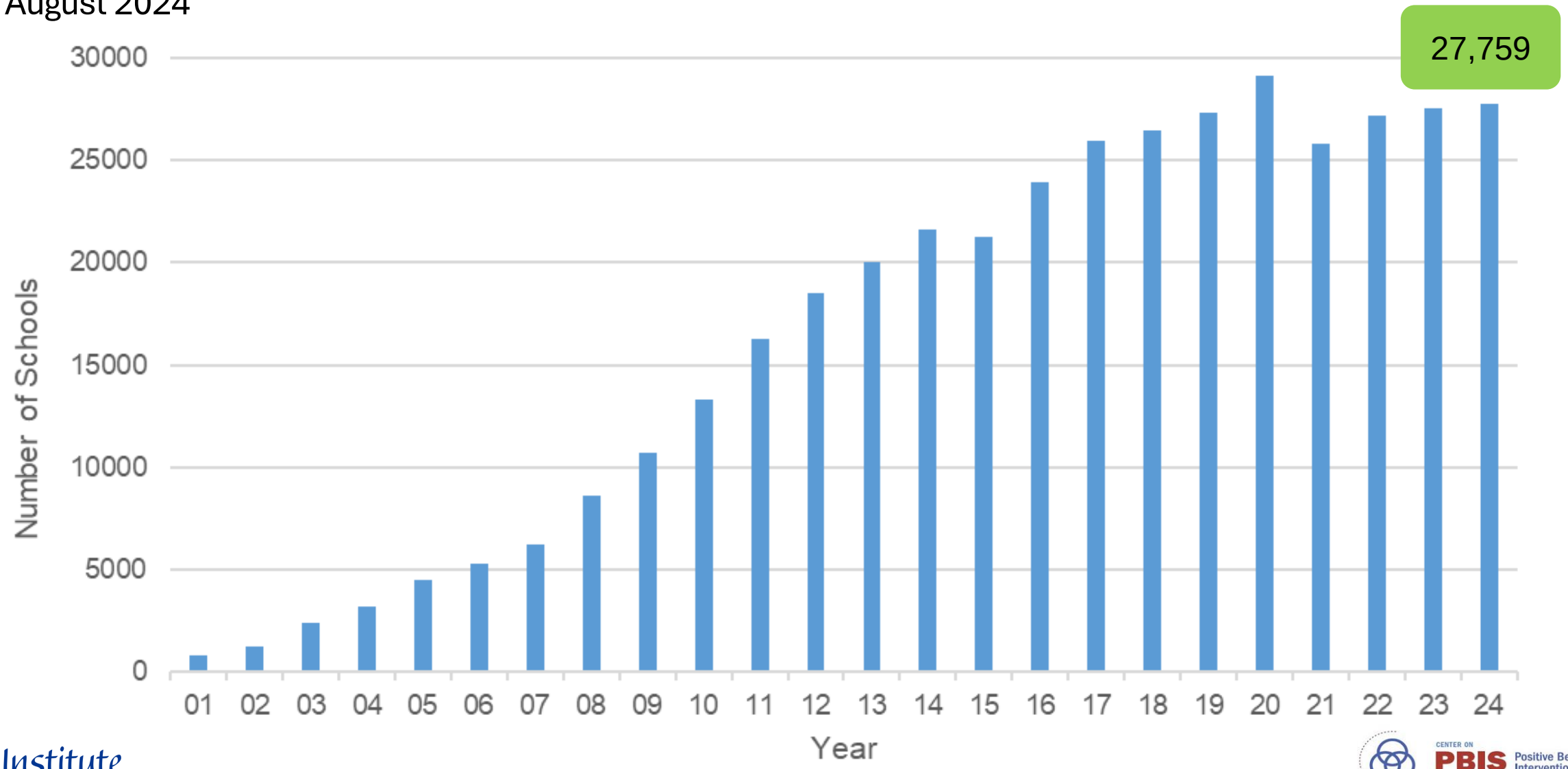
U.S. Schools Using PBIS

August 2024



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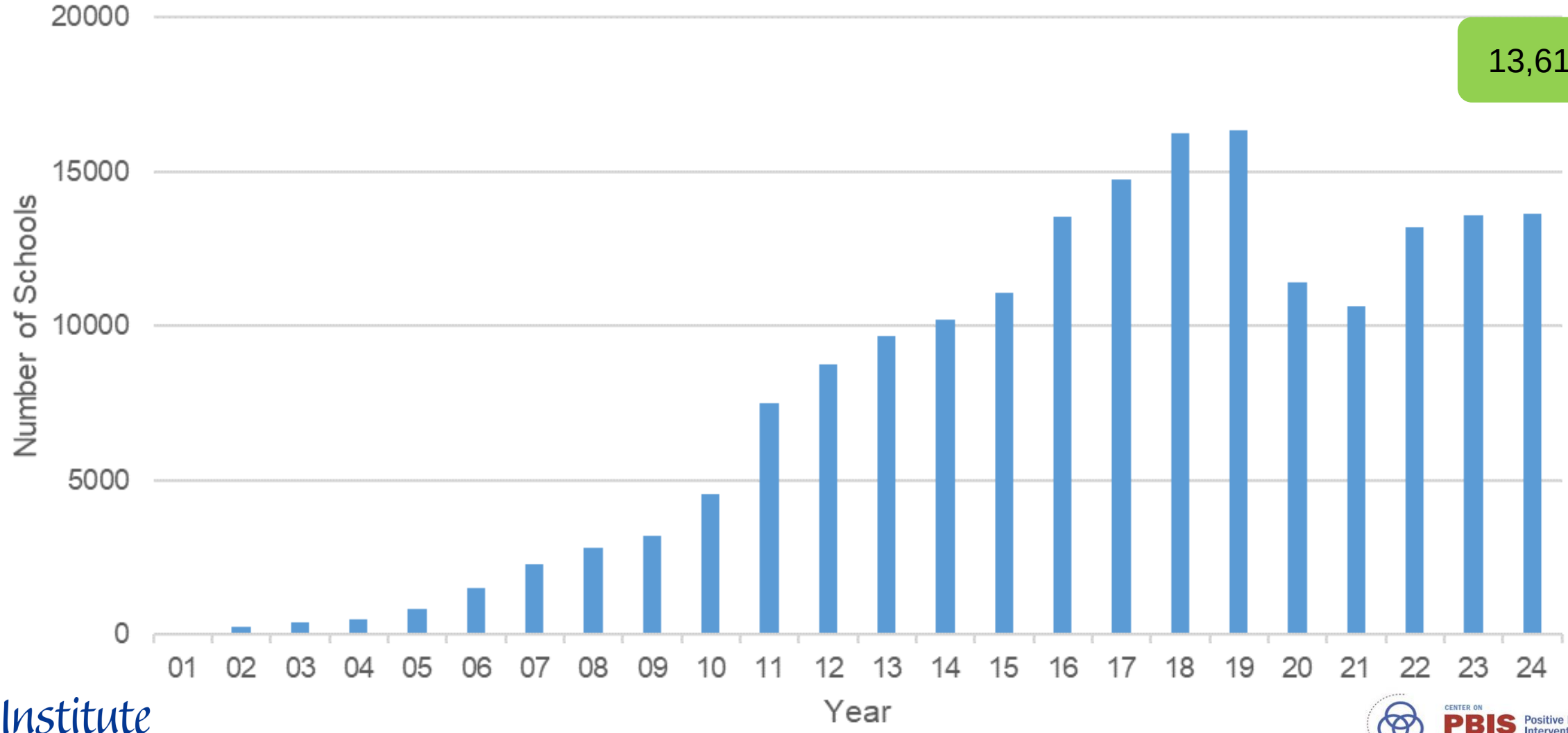
CENTER ON PBIS Positive Behavioral Interventions & Supports

U.S. Schools Reporting PBIS Fidelity

August 2024



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CENTER ON PBIS Positive Behavioral Interventions & Supports

What do we Mean by Fidelity?

- National Technical Assistance for PBIS latest fidelity instrument iteration, that has been in use for over ten years, is the Tiered Fidelity Inventory (TFI).
- The TFI is completed by a representative team with a trained implementer to assess fidelity of implementation factors of systems, data, and practices at each tier at least annually.
- There is much research that demonstrates that those schools that obtain fidelity on the TFI have shown improved outcomes (Why should you implement PBIS?)

Several Guiding Principles for Implementing PBS

Guiding Principle 1

Working Smarter, Not Harder

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Guiding Principle 2

- Select Interventions and Processes that are Staff Time-Efficient and Support Staff Wellness that Enhance Capacity

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Guiding Principle 3

- Select Interventions and Processes that are Resource-Efficient and Produce the Largest Outcomes that are Sustainable
- “Do the simplest thing that will result in the biggest outcomes”
  - -Rob Horner

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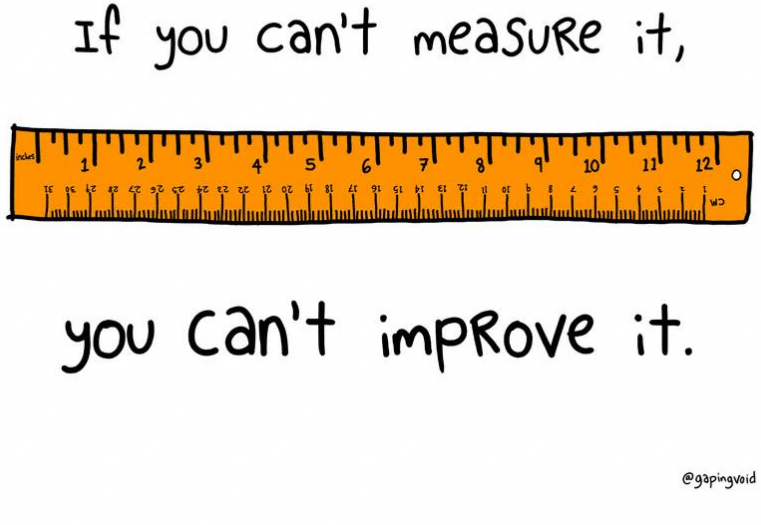
Guiding Principle 4

- Select Evidenced-Based Interventions and Processes that Maximize Individuals
  - Being meaningful engaged
  - Having prosocial skills to better advocate/communicate their preferences
  - Having improved relationships
  - Having more meaningful engagement in their community
  - Ability to have and sustain meaningful employment

Guiding Principle 5

- Develop Representative Data-Based Decision-Making Teams That Meet Regularly with Meaningful Data and Action Plan on That Data



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Guiding Principles 6 & 7

Relationships matter

Work toward individual’ s self-management

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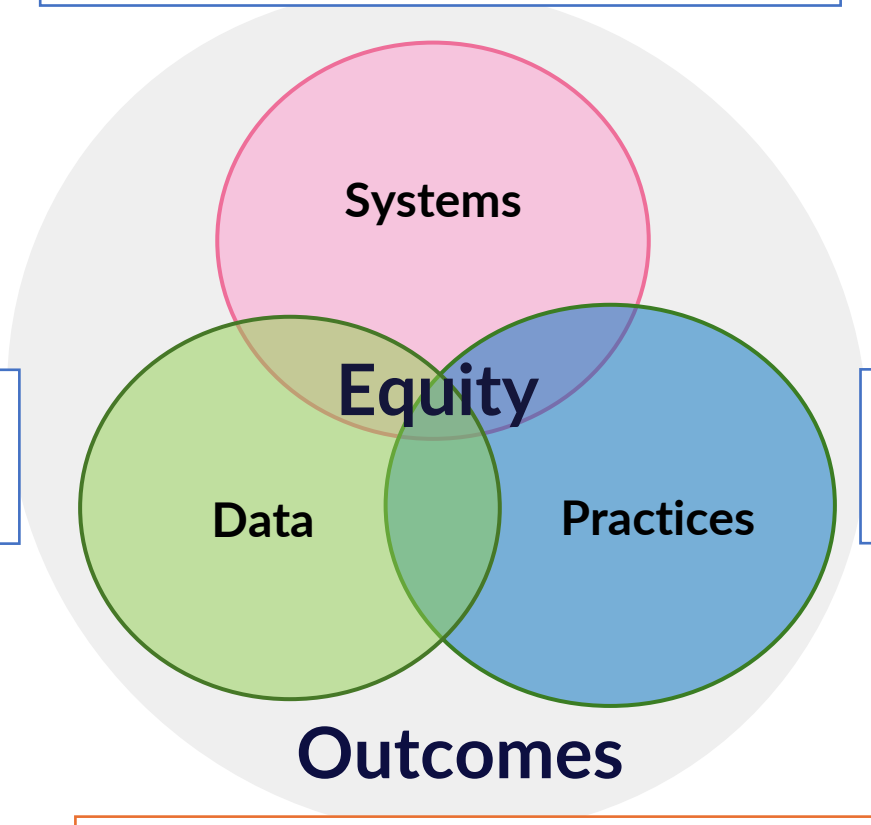
Key Elements of PBS

Supporting Staff

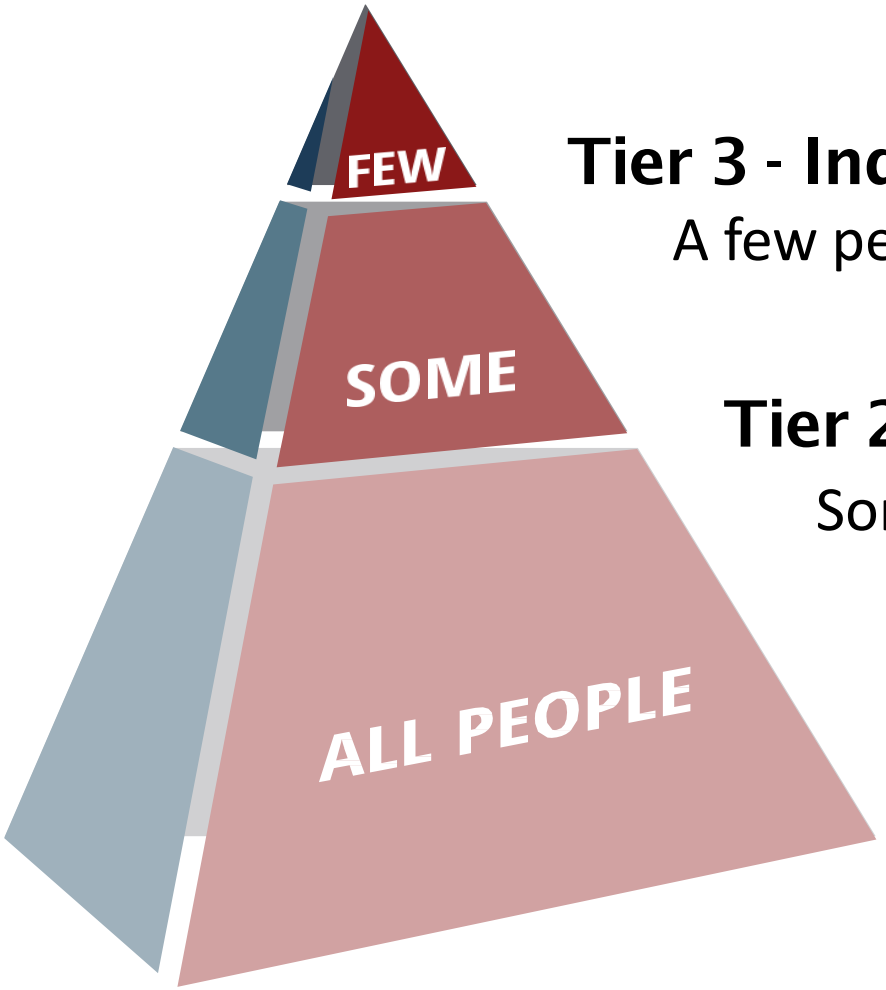


Supporting Decision Making

Supporting Individuals' Behavior

Supporting Quality of Life and Prosocial Behavior

Agency-Wide Tiered Prevention Model



Tier 3 - Individual Plan with Multiple Supports

A few people need more intensive supports…

Tier 2 – Group or Simple Problem Solving

Some people need a Little more support…

Tier 1 – Home, Work, Community

What all people benefit from…

The more effective (done to fidelity) each of these tiers are the fewer individuals who will need more services at the advanced tiers

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What does research suggest about scaling up with PBIS/PBS and producing meaningful outcomes?

Research on PBIS Outcomes When Implemented With Fidelity Include...

Improved Student Outcomes

- Academic Achievement
- Prosocial Behavior
- Attendance
- Emotional Regulation
- Reduced Bullying and Harrasment
- Reduced Alcohol and Other Drug Use
- Improved Outcomes for Students With Disabilities

Reduced Exclusionary Discipline

- Office Discipline Referrals
- Suspensions
- Restraint and Seclusion
- Racial Inequities

Evidence for each outcome available at www.pbis.org/resource/is-school-wide-positive-behavior-support-an-evidence-based-practice

Improved Staff Outcomes

- Teacher Efficacy and Well-Being
- Teacher-Student Relationships
- Student Engagement and Instructional Time
- School Culture and Organizational Health
- Climate and Safety

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When PBIS is implemented with Fidelity, SWD experience…

Improved SEB Outcomes

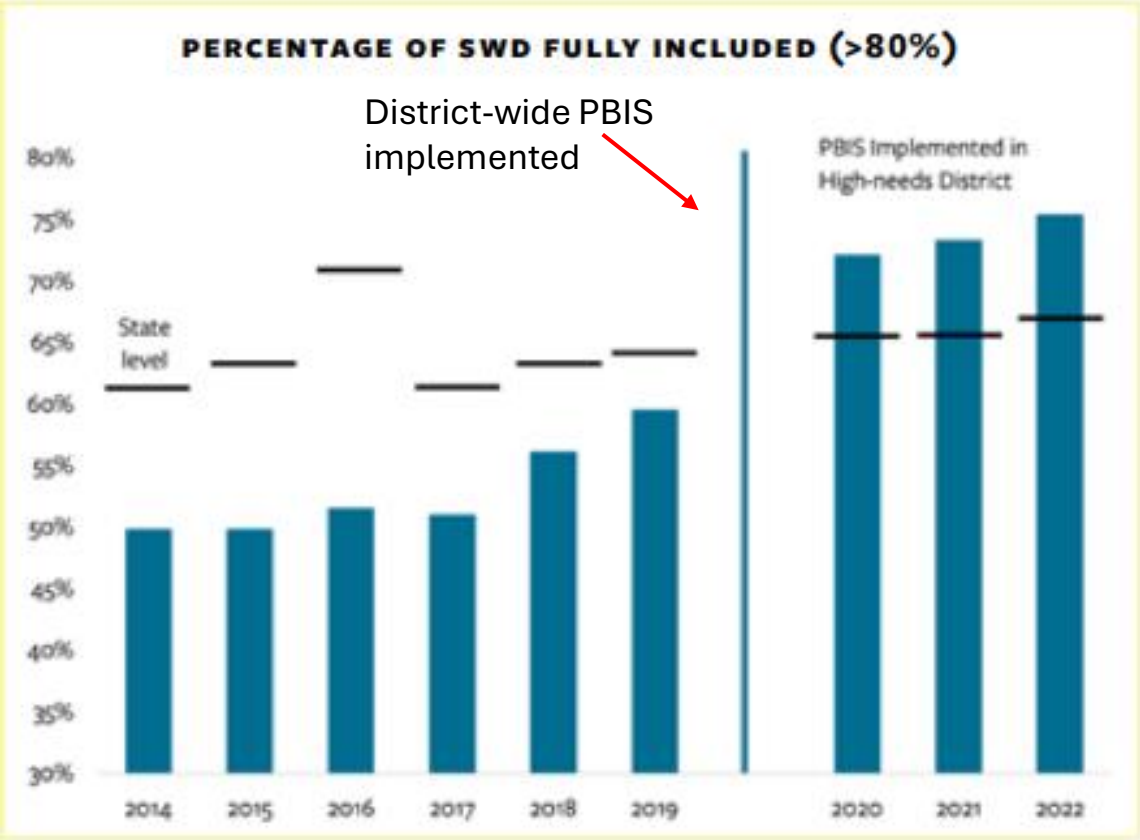
- Higher levels of prosocial behavior
- Improved emotional regulation
- Fewer internalizing and externalizing behaviors
- Decreased tardies

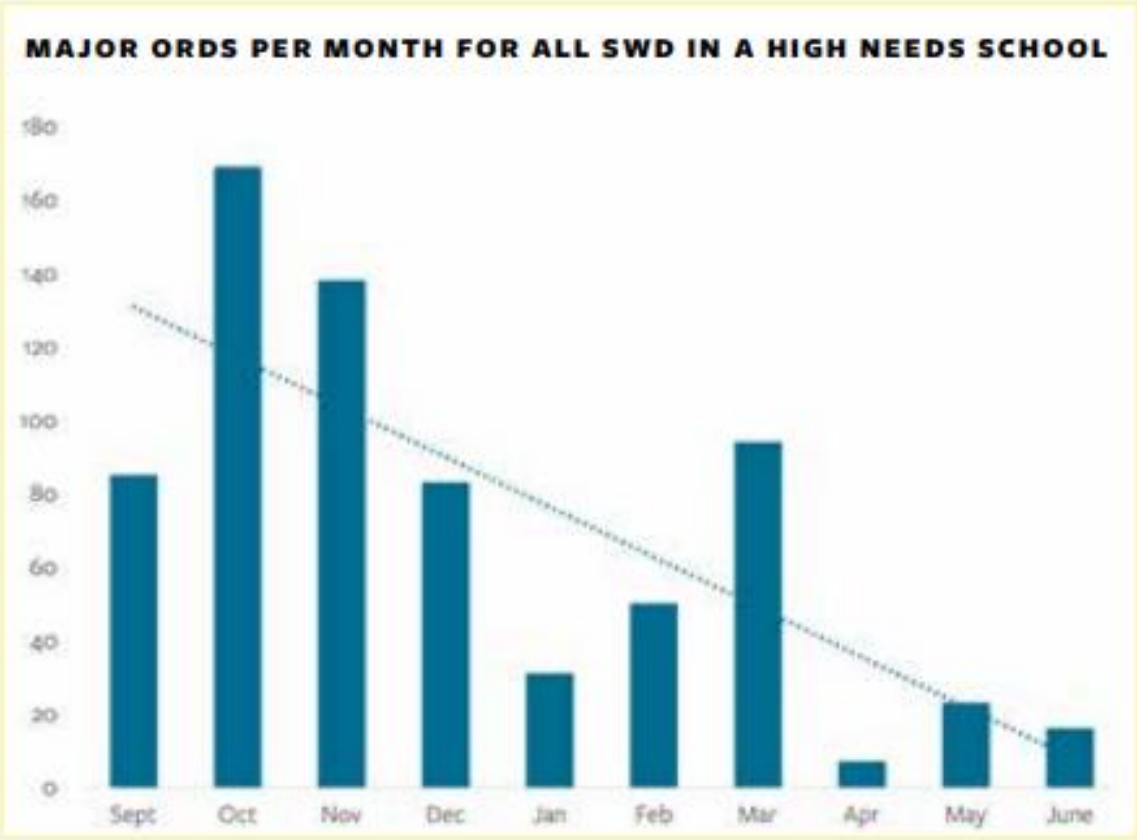
Improved disciplinary outcomes

- Fewer ODRs
- Fewer suspensions
- Decreased restraints and seclusions

Bradshaw et al., 2012; Center on PBIS, 2022; Farkas et al., 2012; Grasley-Boy et al., 2021; Lane et al., 2018

Recent research with students with disabilities





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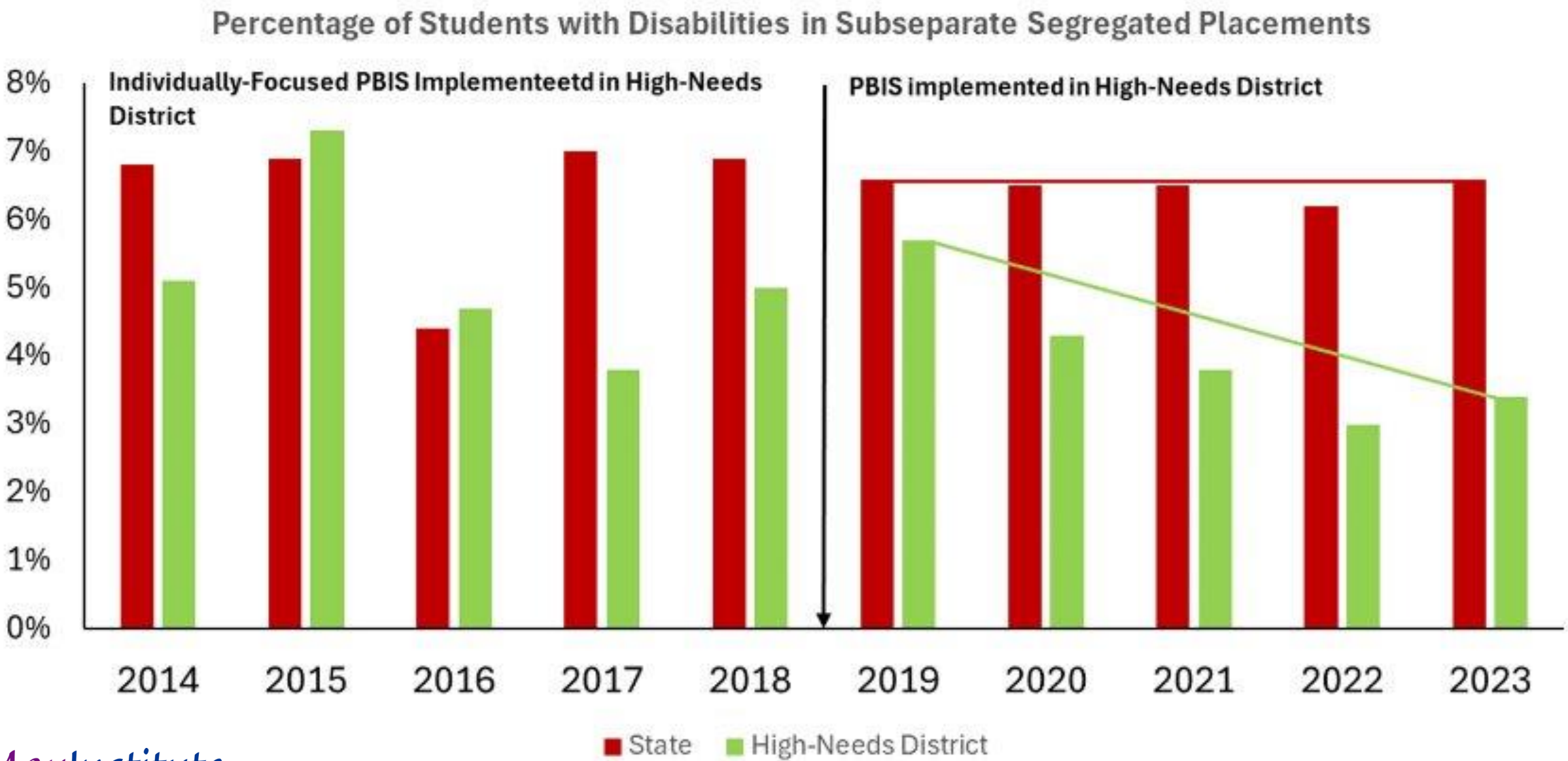

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Impact Briefs With Full Implementation of PBIS with Fidelity

- Demonstrated that districts/schools can:
- **Save significant amounts of funds** by reducing segregated out-of-district placements and redirecting these funds to support in-district evidence-based social/emotional/behaviors and academic interventions.
- Improve
  - ✓ **inclusionary services** for SWD and reduce ODRs for these students.
  - ✓ **mental health and wellness** in aggregate across a district as measured by evidenced-based mental health screeners, particularly internalizing measures
  - ✓ **disproportional discipline** for students who are marginalized
  - ✓ **the effectiveness of Tier 3 interventions** reducing the time (weeks) devoted to handling exclusionary discipline.

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https://www.mayinstitute.org/services-for-schools/pbis-briefs.html

When PBS implemented in IDD agencies with fidelity, positive outcomes include…

Increase in…

- Individuals' quality of life
- Staff satisfaction, retention, and training
- Sense of belonging for individuals served and staff

Reduction of…

- Behavior support plans
- Restrictive practices
- Incidents

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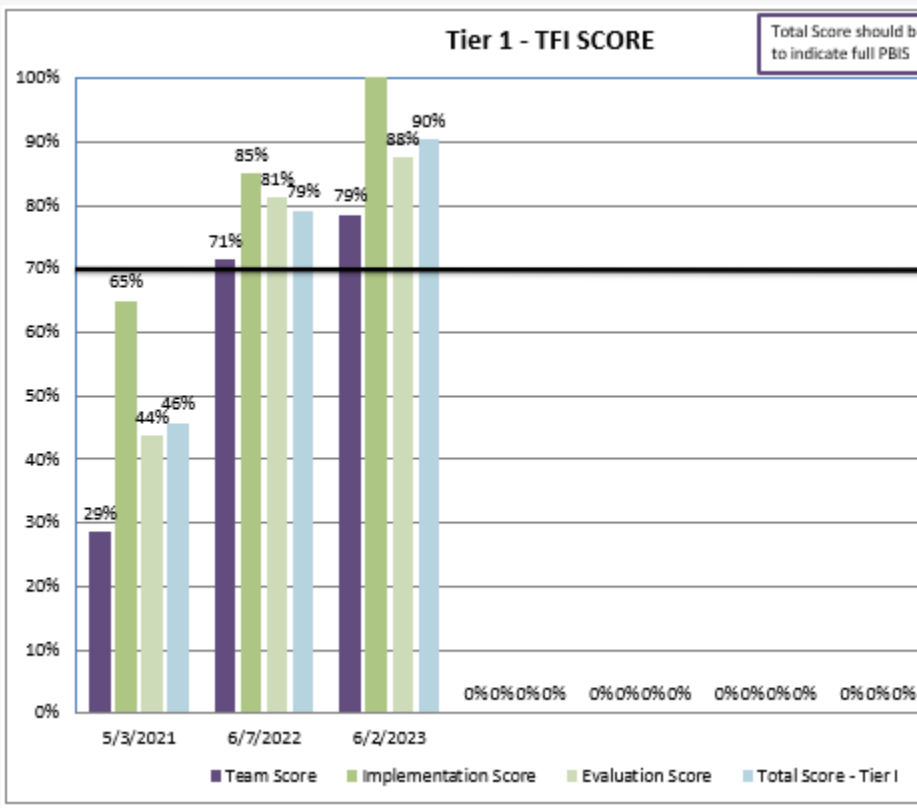
MA IDD Tiered Fidelity Inventory (TFI)

Using the TFI tool please fill in your responses (0, 1, 2)
to each question under the corresponding quarter.

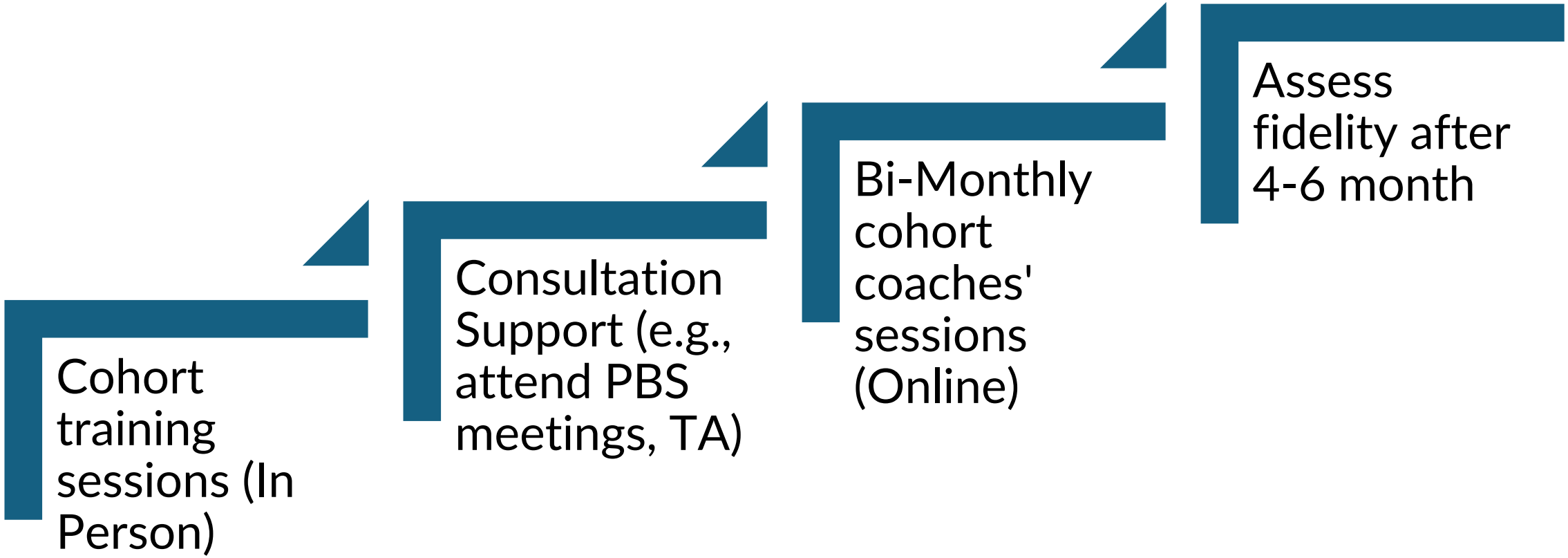
	Year	5/3/2021	6/7/2022
	Systems		
1.1	Team Composition	1	2
1.2	Cultural Representation	0	2
1.3	Effective Operating Procedures	1	1
1.4	PBS Team Vision	1	2
1.5	Staff Support	1	2
1.6	Policy Alignment	0	1
	Team Score	29%	71%
	Practices		
1.7	Behavioral Expectations/Values	1	2
1.8	Teaching Expectations/ Values and Replacement Skills	1	1



Tier I

Subscale	Item	Current Score	Action(s)	Person(s) Responsible	Timeline
	1.1 Team Composition				
	1.2 Cultural Representation				
	1.3 Effective Operating Procedures				

DDS Support for PBS Cohort Initiative



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We are here to support you

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Center for Developmental Disabilities Evaluation and Research (CDDER)

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