

None of these values stand alone or is more important than the others. Each overlaps, affects, and informs each other. 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 when a Functional Assessment (FA) and Positive Behavior Support Plan (PBSP) are required and outlines the required elements of an FA and a PBSP.

SCOPE

This policy applies to the following DDA-contracted or certified service providers for adults:

- Supported living (SL)
- Group homes (GH)
- Group training homes (GTH)
- Companion homes (CH)
- State-operated nursing facilities (SONF)
- State-operated living alternatives (SOLA)
- Crisis diversion bed and support services

DEFINITIONS

Adaptive behavior means social, emotional, and practical skills that enable people to care for themselves and others and adapt to change in ways that enable the person to function as independently as possible given their age and stage of development.

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 analysis means processing raw data into a graphic or table form.

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.

DDA Guiding Values is a document of principles for all DDA services and supports.

Duration means the length of time behavior lasts.

Frequency means how often 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.

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

Person-centered planning means whole-life planning that's 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.

Service Provider means an agency, vendor, or county contracted with DDA to provide residential, vocational, or day services in the community or state-operated program, including SOLAs and state-operated nursing facilities.

Strategy means a plan of action used to achieve a specific result.

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 identified by the service provider that needs to be modified or replaced.

Teaching and training supports instruct staff how to set up a learning environment, introduce the skill or lesson, teach the skill or lesson, and document the results of the lesson.

POLICY

FAs and PBSPs are documents developed to be consistent with [DDA Policy 5.14](#), *Positive Behavior Support Principles*. According to positive behavior support best practices, a PBSP should:

- A. Recognize the client and individuals involved in the client's life can be valuable resources;
- B. Improve the client's quality of life while respecting the client, the client's rights, and guarding the client's dignity;
- C. Accomplish change in the environment and routines supporting the client in the least restrictive and least intrusive manner possible;
- D. 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;
 4. Reinforcing adaptive behaviors and skills; and
 5. Partnering with the client and others involved in the client's life in improving the client's quality of life and reducing the need to use target behaviors.

PROCEDURES**A. Determining When an FA and a PBSP are Required**

1. If a client has behavioral support needs, the facility staff or service provider must assess and document those needs. In many cases those needs can be addressed in a general plan, such as a person-centered service plan, individual habilitation plan, or individualized plan of care.
2. In some cases, an FA is required to assess and define target behaviors and a PBSP is required to describe the behavioral supports the client requires. The table below describes when an FA and PBSP are required based on service setting.

Service Setting	An FA and PBSP is required:
Supported Living SOLA Group Training Home Group Home Companion Home	<p>A. If the client’s PCSP requires extensive behavior supports to prevent:</p> <ol style="list-style-type: none"> 1. Emotional outbursts; 2. Suicide attempts; 3. Sexual aggression; 4. Self-injury; 5. Property destruction; or 6. Assaults or injuries to others. <p>B. If a psychotropic medication is prescribed on a PRN basis to change or alter the client’s target behavior.</p> <p>C. Before using any restrictive procedures requiring a PBSP or an exception to policy under DDA Policy 5.15, <i>Restrictive Procedures: Community</i>.</p> <p>D. Before using a planned physical restraint under DDA Policy 5.17, <i>Physical Interventions</i>.</p> <p>E. If a physical restraint is used on an emergency basis three times in six months. In addition to completing the FA and PBSP, within 45 days the service provider must determine if an ETP request is required.</p>
Crisis Diversion Services	<p>If treatment needs require reduction of target behaviors, a draft FA and PBSP must be completed within 48 hours.</p> <p>Note: For a client receiving crisis diversion bed services, the client’s treatment plan must be completed within 48 hours of admission under WAC 388-101D-0530.</p>

State-Operated Nursing Facilities	<p>A. If the client’s IPOC or IHP identifies a need to prevent:</p> <ol style="list-style-type: none"> 1. Emotional outbursts; 2. Suicide attempts; 3. Sexual aggression; 4. Self-injury; 5. Property destruction; or 6. Assaults or injuries to others. <p>B. If a psychotropic medication is used as a part of a Behavior Response Protocol. Refer to DDA Policy 9.02, <i>Administration of Psychoactive Medications for Behavior Support or Treatment of Mental Illness</i>.</p> <p>C. Before using any restrictive procedure requiring a PBSP or an exception to policy under DDA Policy 5.22, <i>Restrictive Procedures: Residential Habilitation Center</i>.</p> <p>D. Before using a planned physical restraint under DDA Policy 5.17, <i>Physical Interventions</i> or DDA Policy 5.11, <i>Restraints</i>.</p> <p>E. If a physical restraint or drug is used to modify a target behavior on an emergency basis three times in six months. Within 45 days, in addition to completing the FA and PBSP, the facility must determine if an ETP request is required.</p>
--------------------------------------	---

B. FA and PBSP Timelines

1. For a new client entering community residential service who has been determined as requiring an FA and a PBSP:
 - a. An initial functional assessment and PBSP must be in place and staff must be trained how to keep the client and others safe before the client enters service.
 - b. The new service provider may use the existing plan from a previous provider as a draft PBSP. Before the new client enters service, the service provider must review the plan, modify the plan for their agency, and train staff on the draft plan.
2. If DDA requests a service provider accept a new client into service on an expedited timeline and the client requires but does not have an FA and a PBSP, the service provider must:
 - a. No more than seven days after the client enters service, provide direction

-
- to staff on how to keep the client and others safe when the target behavior involves threats or acts of physical violence, property destruction, abuse, or self-harm;;
- b. Review existing data, if any, and conduct interviews in order to draft the FA;
 - c. Begin data collection no more than seven days after the client enters service;
 - d. Complete the FA as needed no more than 45 calendar days after the client enters service; and
 - e. Complete the PBSP and train staff to implement it no more than 60 calendar days after the client enters service.
3. If a service provider identifies a new target behavior for a client, the provider must:
- a. No more than seven days after the new target behavior is identified, provide direction to staff on how to keep the client and others safe when the target behavior involves threats or acts of physical violence, property destruction, abuse, or self-harm;
 - b. Begin data collection and the FA development or revision process no more than seven days after identifying the new target behavior;
 - c. Update or complete the FA no more than 45 calendar days after identifying the new target behavior; and
 - d. Train staff to implement the updated or completed PBSP no more than 60 calendar days after identifying the new target behavior.
4. If a physical restraint or restrictive procedure requiring a PBSP or an Exception to Policy is used on an emergency basis three times in six months, the service provider must:
- a. Provide written direction and training to staff within seven days on how to keep the client and others safe if the target behavior involves threats or acts of physical violence, property destruction, abuse, or self-harm;
 - b. Begin data collection and the FA process no more than seven days after identifying the new target behavior;
 - c. Update or complete the final FA no more than 45 calendar days after identifying the new target behavior; and

- d. Complete and train staff to implement the final PBSP no more than 60 calendar days after identifying the target behavior.

C. Functional Assessment

1. An FA is 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:
 - 1) When and where target behaviors occur most frequently; and
 - 2) 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 addresses:
 - 1) The client's likes and dislikes;
 - 2) The client's living arrangement;
 - 3) The client's work environment;
 - 4) The client's strengths, functional limitations, and supports needed;
 - 5) Strategies and techniques that are known to be effective when the client is at baseline;
 - 6) Relevant medical conditions and their impact on the client's behavioral profile;

-
- 7) The client's current psychiatric conditions and their impact on the client's functioning; and
 - 8) 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 may include:
- 1) Factors or events that increase the likelihood target behaviors will be used;
 - 2) When and where target behaviors occur most frequently;
- d. Complete an assessment and analysis of each target behavior including:
- 1) Defining the target behavior in observable terms;
 - 2) The target behavior's rate (frequency), length of time (duration), and impact (intensity);
 - 3) Events in the environment that reinforce the target behavior after it is used; and
 - 4) Assessment of the client's desired outcome achieved by using the target behavior; and
 - 5) Analysis of the possible functions the target behavior serves;
- e. Write 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:
- 1) Defines the target behavior in observable terms;
 - 2) Describes things or events that setup and trigger the use of the target behavior;
 - 3) Outlines what happens in the environment after the target behavior is used that reinforce use of the target behavior; and
 - 4) 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. Describe strategies and supports to be used to prevent the use of target behaviors;
 - d. Outline strategies for responding to target behaviors when they escalate in intensity, duration, or impact;
 - e. Define a specific replacement behavior matching the target behavior's function;
 - f. Provide instructions and strategies to teach and support replacement behaviors; and
 - g. Define benchmarks to evaluate the effectiveness of the PBSP based on:
 - 1) The reduction of target behaviors;
 - 2) The increased use of replacement behaviors; and
 - 3) A data collection system outlining:
 - a) What will be counted;
 - b) When it will be counted;
 - c) Who will count or collect data; and
 - d) Where the data will be documented.
2. The [Developer Manual](#) contains guidelines for writing effective FAs and PBSPs.
3. DDA psychologists and psychology associates will use the [DDA FA and PBSP Template](#) when authoring plans to be used in SOLA, CCSS, or any of the state-operated nursing facilities. A DDA psychologist's and psychology associate's FAs and PBSPs must contain all required sections and content and meet all policy requirements.
4. Contracted service providers may use the [DDA FA and PBSP Template](#). Alternatively, they may use their own format as long as the documents contain the required sections and content and otherwise meet all policy requirements.

E. Plan Review and Revision

1. The service provider must monitor the data collected and use that data to make the decision to make changes to the FA and PBSP or continue their use without changes. The service provider must review the PBSP every twelve months, or when data indicates a review is necessary.
2. By September 30, 2019, the service provider must develop a policy for monitoring data that addresses:
 - a. Who will analyze the data;
 - b. How often the data will be analyzed;
 - c. How the data will be represented;
 - d. When to elevate data analysis for a higher level of review within the service provider organization;
 - e. When to request assistance from DDA.
3. If the data analysis indicates replacement behaviors are not increasing or target behaviors are not decreasing after a reasonable period, but no longer than six months, the FA and PBSP must be reviewed and revisions implemented as needed.
4. Effective data collection:
 - a. Tracks data for all target and replacement behaviors defined in the FA:

Note: This does not require tracking of de-escalation techniques or the absence of the behavior.
 - b. Measures the defined target and replacement behaviors;
 - c. Collects data frequently enough to demonstrate trends;
 - d. Detects changes indicating the plan's effectiveness in decreasing target behaviors and increasing replacement behaviors; and
 - e. May include:
 - 1) Record reviews;
 - 2) Interviews;
 - 3) Direct observation;
 - 4) Scatter Plot forms;
 - 5) Frequency Counts;

- 6) Interval Data Counts (whole, part, or partial interval); and
 - 7) Antecedent-Behavior-Consequence (A-B-C) data collection.
5. Effective data analysis processes raw data into:
- a. Tables or charts to indicate:
 - 1) Trends;
 - 2) Growth;
 - 3) Relative change; or
 - 4) Relative visual correlation of target and replacement behaviors.
 - b. Summary statistics to estimate:
 - 1) Baseline rates (frequency), length of time (duration), or intensities of behavior;
 - 2) How behavior fluctuates; or
 - 3) Project trends.
6. All PBSPs using restrictive procedures must collect data on 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.
7. Unless a client receives services in a state-operated nursing facility, the service provider or plan writer must send completed copies of FAs and PBSPs to the client's case resource manager for review and inclusion in the client's record.
- a. If the case resource manager has questions or concerns about a client's FA or PBSP, they should discuss these with the service provider.
 - b. No approval by the case resource manager is required.

F. Distribution of FAs and PBSPs

1. A copy of the client's current PBSP must be available in electronic or hardcopy form in the client's home for employees to access.
2. The residential provider or state-operated nursing facility must send a copy of the client's PBSP to the employment or day program provider if the client receives these services. The employment or day program provider must implement the PBSP as written if appropriate for the employment or day program setting and communicate with the residential provider or state-operated nursing facility regarding any modifications employment or day program provider intends to use in the employment or day program setting.
3. If the employment or day program develops an FA and a PBSP for a client, the employment or day program provider must inform the residential provider or state-operated nursing facility. The employment or day program provider must send the final FA and PBSP to the DDA case resource manager and the client's residential provider or state-operated nursing facility.

IMPLEMENTATION

- A. An FA or a PBSP created or updated before July 1, 2019 must meet requirements of DDA Policy 5.14 as issued on July 1, 2017.
- B. An FA or a PBSP created for a client who begins receiving services after September 30, 2019, must meet the requirements of this policy as issued on July 1, 2019.
- C. After June 30, 2020, all FAs and PBSPs must meet requirements of this policy as issued on July 1, 2019.
- D. A service provider must develop internal policy addressing requirements in Procedure Section (E) by September 30, 2019.

EXCEPTIONS

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

SUPERSESSION

DDA Policy 5.14, *Philosophy of Positive Behavior Support*
Issued July 1, 2019

Approved: _____ /s/: Deborah Roberts
Deputy Assistant Secretary
Developmental Disabilities Administration

Date: January 1, 2020