Regulatory Redesign and Collaborative Engagement with Stakeholders

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A Few Words About The Massachusetts Department of Developmental Services (DDS)

- DDS was part of the Department of Mental Health until 1987
- From 1987 until June 30, 2009 we were the Department of Mental Retardation
- We became DDS in 2009
- DDS supports more than 38,000 individuals
- DDS is the largest employer and has the third largest budget in MA state government
Mass DDS supports 99% of the population in community settings with less than 500 people remaining in our Intermediate Care Facilities

No children served in state institutions since 1970

Service population includes individuals with Intellectual Disability, Autism Spectrum Disorders, Prader Willi Syndrome, Acquired Brain injury, Smith-Magenis syndrome, and children with closely related developmental conditions
Mass DMR Behavior Management Regulations were promulgated in 1988 (with changes in 2011 and 2013) and based on a hierarchy of aversives. Based on Title XIX, all behavior management interventions were characterized by a level system: Level 1, 2 & 3.
Idea for change was large scale

Over the past four years DDS has been in the process of moving from our Behavior Modification Regulations and replacing them with Positive Behavior Support Regulations that focus on improving:

- Quality of life
- Behavior support practices
Behaviorism – current regulations

Applied Behavior Analysis – Tools and Technology

Positive Behavior Supports – includes Social Validity and Value based

System wide Positive Behavioral Supports – for All
How Did We Build Readiness for Change?

- Certified Restraint Curricula Programs
- Incorporated PBS as the de-escalation strategy in all certified restraint curricula
- Restraints available but not as intervention
- Holds are typically restraints
- Issued Policy Statement about Positive Behavior Supports to DDS community
- Assured community providers effort was not part of licensure or certification requirements
How Did We Build Readiness For Change?

- Commissioner and Assistant Commissioner provided clear leadership and commitment
- Seeding the environment by talking about this for a long time before starting actual work
- Buy in from key provider leaders
- Embracing as many different parts of the organization as possible
- Spelling out non-negotiables
- Specifying what the state as regulator and purchaser will require
- Helpful that Education Department moving to PBS
Goals of PBS Initiative

- Establish a framework that helps Agencies:
  - Enhance quality of life, e.g. happiness, health, engagement, choice & safety
  - Deliver supports and anticipate individuals’ needs & address via skill building
  - Address challenging behaviors via assessment, prevention, coping skills, teaching & fewer controlling interventions
  - Regulatory change as end product
Implement System-wide PBS through the entire service delivery system with an emphasis on:

- A three tiered model
- Systems, practices, data
- Focus on fidelity and sustainability of evidence based practices
- Requirement for Functional Behavior Assessment
- Standardization of key elements of PBS support plan
Commissioner created PBS Statewide Advisory Group in January, 2012

Statewide Advisory Group Membership
- DDS personnel from Central Office and Field Operations
- Vendors – e.g. an Executive Director, a VP & Clinicians
- Self-Advocate
- Family members
- DD Council Executive Director
- School PBS consultant
Steps to Statewide PBS Implementation

- Structured with 3 sub-committees
- Developed PBS definition
- Developed guidelines
- Built materials and tools
- Developed pilots
- Materials shared with pilot organizations
- Revised materials after feedback from pilot organizations
- Materials shared with private providers and state operated staff
- Built training capacity
- All prior to drafting of regulations
Positive Behavioral Supports (PBS)

Positive Behavioral Supports is a systematic, person centered approach to understanding the reasons for behavior and applying evidence based practices for prevention, proactive intervention, teaching and responding to behavior, with the goal of achieving meaningful social outcomes, increasing learning and enhancing the quality of life across the lifespan.

Developed multiple trainings around definition, parsing the words to enhance understanding
PBS Guidelines Developed

- PBS Leadership Team
- PBS Universal Supports
- PBS Targeted Supports
- Intensive PBS Supports
- Functional Behavior Assessment
- Intensive Support Plan Template
- Tools to Assist Providers (QUIC, Universal Action Template, PBS Action Plan)
Leadership critical – frequent communication
Set the stage for organization systems change
  Defined PBS
  Contrasted the difference between current practices with PBS
  Explained the three tier model
  Described a move to a function based approach
  Data based decision making
  Qualified clinicians
Key Themes and Components Related to Regulations

- Alignment with Community Rule, Person Centered Planning
- Rights and Universal Tier for all
- Quality Improvement and Enhancement
- Simplification and Ease of Readability of Regulations
- Clarity of definitions
- New Guidance Materials Will Reflect Regulatory Changes post adoption
Regulatory Process

- Iterative process
- Drafted regulations for Public Hearing 2016
- Received many comments
- Sponsored additional stakeholder meetings with new proposed language based on concerns expressed
- Briefed policy leaders
- Submitted for Secretariat approval
Training and Technical Assistance
Embedding PBS in DDS Culture

- DDS new employee/provider orientation includes PBS
- DDS approved crisis prevention, response curricula contains PBS elements (e.g. de-escalation, focus on preventing need for restraint)
- A “Train the Trainers” course is offered for universal tier
- Extensive online course materials available via www.ddslearning.com including key peer reviewed published papers and bibliography
- PBIS.org as a resource
- Positive Behavior Consultants available to provide free Technical Assistance
- Capacity Building by providing opportunity for additional providers to become Positive Behavior Consultants
Encourage providers to create PBS Action Plan
Encourage use of Consultation offered; it’s free
Encourage use of Guidance Forms, not required, but elements key
Key core component document created
Position agency for when regulations are promulgated
Presentations and Trainings to Providers frequently
Current regulations still in effect, some agencies implementing, others in formative stage
We’re four years into a multi-year project

It’s expected that agencies will ADOPT PBS and will then ADAPT it to the culture over time

DDS is instituting a “System-Wide Approach” vs. focusing on intensive PBS interventions only
Lessons Learned

- System transformation takes time
- Communication to stakeholders critical
- Commitment from the Commissioner
- Emphasis on quality of life
- Think and plan comprehensively from legal, regulatory, leadership, trainings continuously
- Simplify regulations to remain timely and flexible
- Avoid interdisciplinary infighting about qualified clinicians
- Distinguish between tools, technique and prohibitions
Questions?

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