

Alta California Regional Center
Service Standard
Expectations and Requirements
Behavior Consultation for Residential Facilities

Definition:

Behavior Consultation for ACRC vendored residential facilities is based on well established Applied Behavior Analysis (ABA) techniques that are evidence based. This service is intended to reduce, eliminate and/or prevent the occurrence of severe behaviors posing a health and safety risk. Examples of such behaviors include but are not limited to: severe tantrums, aggression, self-injury and elopement. Behavior Consultation provides direct care service providers with the training and intervention strategies necessary to manage and modify difficult behaviors, while teaching functionally related replacement skills. It is also intended that the outcomes of this service will allow for clients to be served in least restrictive environments and under least restrictive conditions

Residential Services refers to the direct supervision and special services which facility staff provide to a client during the process of implementing the program design and achieving the objectives of the Individual Program Plan (IPP) for which the residential provider is responsible.

Requirements Behavior Consultation in Residential Facilities:

- Service Level 4 facilities are required to provide a set cumulative number of consulting hours during each consecutive six month period following client placement in the home. The consultant service provided by Service Level 4 facilities shall be appropriate to meet individual client service needs.
- Consultants shall be individuals or groups eligible for vendorization in accordance with Title 17 California Code of regulations, Chapter 3, Subchapter 2:
 - 1) Section 54319, Group Practices; and/or
 - 2) Section 54342, Types of Services (Title 17, §56040)
- Behavior Consultation may be provided by a group practice. This group practice must have the supervision of a Behavior Analyst and/or a Behavior Management Consultant who has, at minimum, two years experience implementing behavior intervention plan and has successfully completed one or more graduate level courses related to teaching skills and behavior management for persons with developmental disabilities. In order to operate in the capacity as a Behavior consultant for a residential facility the individual and/ or group practice must be recognized by the national Behavior Analyst Certification Board as a Board Certified Behavior Analyst, or must be a trained Bachelor's level staff who is under the direct supervision of a Board Certified Behavior Analyst or an individual who meets Title 17 qualifications for a Behavior Management Consultant.
- Behavior Analyst means an individual who meets the qualifications as defined in Title 17, §54342(11).
- Behavior Management Consultant means those individuals that meet the qualifications as defined in Title 17 §54342(13).
- Trained Bachelor's level staff must meet the requirements of a Behavior Management Assistant or an Associate Behavior Analyst as defined in Title 17 §54342(8).

- If the Behavior Consultation will be provided by a Group Practice (Title 17 §54319) which utilizes trained Bachelor's level staff (that do not meet Title 17 requirements for Service Code 612 or 620) the Behavior Analyst or Behavior Management Consultant will be responsible for conducting the assessment, drafting the assessment report, and developing the intervention plan in addition to providing direct supervision. The RSP must ensure that supervision of the bachelor's level staff that occurs in the facility shall be a minimum of 10% of the hours provided over the course of the 6 month service period. In addition to the supervision provided in the facility, the RSP must ensure that the Behavior Analyst or Behavior Management Consultant review and cosign all update reports completed by the Bachelor's level staff.
- Residential service providers shall be responsible for keeping monthly records of behavior consultation hours received for each client. If behavior consultation is provided by a Behavior Management Assistant or Associate Behavior Analyst, the provider shall keep monthly records of direct supervision hours received.
- The RSP shall ensure that the Behavior Consultant indicate in their reporting, what level of staff (BCBA, BMC or Bachelor's) is conducting the intervention.
- The RSP shall ensure that updated behavior reports for clients residing in residential facilities are provided quarterly to the assigned ACRC service coordinator and a copy is retained in the client's file at the facility. In addition, the RSP shall ensure that raw data on target behaviors (including replacement skills) are provided monthly for client's receiving 1:1 support.
- Providers will ensure that behavior consultants are available to attend planning team meeting at minimum one time per year and as needed.

Expectations for Behavior Consultation

When contracting with a Behavior consultant the RSP must ensure the following:

- The Behavior Consultant and/or consulting agency are following all local, state and federal statutes
- The Behavior Consultant and/or consulting agency are following the policies and codes of ethical conduct or relevant professional organizations
- The program is appropriately designed to provide staff with the training and intervention strategies necessary to manage and modify challenging behaviors, while teaching functionally related replacement skills, as it pertains to individual clients.
- The provider shall follow the standards noted in WIC Section 4686.2 regarding the provision of applied behavior analysis (ABA) services to include, but not limited to, the following:
 - The provider shall develop an intervention plan that shall include the service type, number of hours, and staff participation needed to achieve the consumer's goals and objectives, as set forth in the consumer's IPP or ISP. The intervention plan shall also set forth the frequency at which the consumer's progress shall be evaluated and reported.
- The intervention provides measurable improvement in identified IPP objectives. Such improvements shall be documented in updated reports that incorporate the components of the suggested report writing standards adopted by ACRC and attached to these Service Standards.

Amount of Service:

- The initial assessment should be based on best practice guidelines and client needs, and shall include both direct client observation and completion of indirect assessment interviews.

- The initial assessment shall be completed within the first 30 days of the client's placement in the facility and assessment report submitted within the first 60 days.
- Including the initial assessment, consultation for residential facilities shall be provided in accordance with minimum number of hours as required by Title 17 regulations (§56004).

Consultant Hours By Service Level	
Service Level	Number of Hours For Each Consumer <i>(per 6 month service period)</i>
4A	8
4B	8
4C	8
4D	12
4E	12
4F	12
4G	16
4H	16
4I	16

- The number of hours dedicated to behavior consultation will be determined by the planning team and shall be based on the client's needs, rate of skill acquisition and complexity as well as intensity of the intervention.
- In order to achieve best client outcomes, consultation hours should maximize client specific plan development, plan modification, and training of direct care staff in plan implementation. Consultation hours should include consultant participation in at least one planning team review or development of client Individual Program Plan annually. Consultation hours shall not include any training of consultant staff. Consultant hours should be used for observation of client/staff interaction and subsequent related direct care staff training, as determined by the assessed needs of the client as agreed by planning team.
- Minimum service hours are reflective of direct service hours and do not include time spent preparing reports or conducting internal staff meetings regarding clients that occur outside of the presence of the consumer and/or direct care staff. Direct Service is solely face-to-face in the presence of staff and clients.
 - Title 17 § 54302 (a)(27) "Direct Services" means hands-on training provided by the vendor in accordance with the requirements of the consumer's Individual Program Plan and the provisions of Section 56720 (Consumer IPP Documentation) of these regulations.
 - Title 17 § 57210 (a)(3) "Direct Service Hours" means the number of hours during which direct services are provided to consumers by direct care staff to meet the objectives of the program design pursuant to Section 56712 or 56762...

Key Considerations for Facilities Contracting for Behavior Consultation Hours

The RSP must consider the following prior to entering into a contract for behavior consultation services:

- The determination of which services and supports are necessary for each consumer shall be made through the individual program plan process. (Welfare & Institutions Code, Section 4512 (b)).
- The identified need cannot be met by a generic resource.
- Rule out the need for alternate type of consultation (when behaviors are not a threat to health and safety).

- Assessments may be necessary to rule out medical or psychological causes of the behavior(s) in question before Behavior Consultation is considered. It may not be advisable to address behavior problems that are related to a medical or psychiatric condition by utilizing a behavioral approach.
- The selected Behavior Consultant is qualified to address the need(s) of the clients and is available to provide the service.
- An awareness of and sensitivity to the lifestyle and cultural background of the client and family as it relates to a behavioral approach.
- Behavior Consultation cannot serve as direct care, school or emergency/crisis services.
- Programs designed to reduce behaviors must also include the teaching of desirable and adaptive replacement behaviors.
- The client is able to adequately respond to instruction and participate in the intervention techniques.
- There is adequate support surrounding the client to ensure maintenance and generalization of the skills.
 - Direct care staff are adequately trained to implement intervention strategies.
 - Direct care staff are willing and able to comprehend and incorporate the skills being taught and fully participate in the program.
 - Direct care staff understands their responsibility to be present and participate during Behavior Consultation hours in the home or community.
- The Service Coordinator (SC) should explore the responsibility and capacity of any existing service provider(s) to offer behavior services as required by their program design or the behavior plan.
- Services should be provided in the client's primary language. In the absence of a fluent service provider, translator services are provided by making a separate purchase for a translation vendor.
- Proposed interventions must conform to all local, state and federal statutes in addition to the policies and codes of ethical conduct of relevant professional organizations.

Technical Support

All services provided by ACRC vendors must comply with approved standards of care and treatment and be within the scope of the approved program design and intended parameters of the service code. Any issues or questions arising related to these standards, or deviations from the intended use of the service shall be referred to the Community Services and Supports Department for a Quality Assurance review and technical assistance.

Evaluation of Behavior Consultation Services

Client services as deemed appropriate by the planning team and agreed upon within the IPP are evaluated on a regular and consistent basis. The need to modify existing behavior consultation may be indicated by the following:

- There is documented evidence that reasonable progress is not occurring
- Consultant does not meet regulatory requirements for providing the service
- Consultant fails to provide the amount of consultation hours (including direct supervision for group practices) as required and/or to meet client's individual needs
- Consultant does not follow best practice guidelines and/or ACRC service standards including providing required documentation (functional assessment, behavior intervention plan and update reports)
- The parent, conservator or adult client wishes to terminate the service

Indication that client may be appropriate to transition to a less restrictive or alternate setting includes:

- Objectives identified by the Consultant in the behavior intervention plan are met;
- Client's behavior is no longer a threat to health and safety
- Client's behavior has reduced to a rate and severity that can be managed in a less restrictive setting/ lower level facility and/or return to family home
- The health or medical condition of a consumer deteriorates to a level that precludes program participation
- Client no longer requires the level of care as outlined in the service provider's program design

Levels of staff as outlined in California Code of Regulations Title 17 §54342 Types of Services:

54342(11) Behavior Analyst - Behavior Analyst means an individual who assesses the function of a behavior of a consumer and designs, implements, and evaluates instructional and environmental modifications to produce socially significant improvements in the consumer's behavior through skill acquisition and the reduction of behavior. Behavior Analysts engage in functional assessments or functional analyses to identify environmental factors of which behavior is a function. A Behavior Analyst shall not practice psychology, as defined in Business and Professions Code section 2903. A regional center shall classify a vendor as a Behavior Analyst if an individual is recognized by the national Behavior Analyst Certification Board as a Board Certified Behavior Analyst.

54342(13) Behavior Management Consultant -

(A) A regional center shall classify a vendor as a behavior management consultant if the vendor designs and/or implements behavior modification intervention services and meets the following requirements:

1. Individuals vendored as a behavior management consultant prior to, or as of, December 31, 2006, that have not previously completed twelve semester units in applied behavior analysis, shall have until December 31, 2008 to complete twelve semester units in applied behavior analysis and possess a license and experience as specified in 3 through 7 below.
2. Individuals vendored as a behavior management consultant on, or after, January 1, 2007, shall, prior to being vendored, have completed twelve semester units in applied behavior analysis and possess a license and experience as specified in 3 through 7 below.
3. Possesses a valid license as a psychologist from the Medical Board of California or Psychology Examining Board; or
4. Is a Licensed Clinical Social Worker pursuant to Business and Professions Code, Sections 4996 through 4998.7; or
5. Is a Licensed Marriage and Family Therapist pursuant to Business and Professions Code, Sections 4980 through 4984.7; or
6. Is any other licensed professional whose California licensure permits the design and/or implementation of behavior modification intervention services.
7. Have two years experience designing and implementing behavior modification intervention services.

(B) Behavior management consultants shall follow the requirements of Title 17, Sections 50800 through 50823, when using planned behavior modification interventions that cause pain or trauma.

54342(8) Associate Behavior Analyst - A regional center shall classify a vendor as an Associate Behavior Analyst if the vendor assesses the function of a behavior of a consumer and designs, implements, and evaluates instructional and environmental modifications to produce socially significant improvements in the consumer's behavior through skill acquisition and the reduction of behavior, under direct supervision of a Behavior Analyst or Behavior Management Consultant. Associate Behavior Analysts engage in descriptive functional assessments to identify environmental factors of which behavior is a function. Associate Behavior Analysts shall not practice psychology, as defined in Business and Professions Code Section 2903. A regional center shall classify a vendor as an Associate Behavior Analyst if an individual is recognized by the National Behavior Analyst Certification Board as a Board Certified Associate Behavior Analyst.

54342(12) Behavior Management Assistant - . A regional center shall classify a vendor as a behavior management assistant if the vendor designs and/or implements behavior modification intervention services under the direct supervision of a behavior management consultant; or if the vendor assesses the function of a behavior of a consumer and designs, implements, and evaluates instructional and environmental modifications to produce socially significant improvements in the consumer's behavior through skill acquisition and the reduction of behavior, under direct supervision of a Behavior Analyst or Behavior Management Consultant, and meets either of the following requirements:

(A) Possesses a Bachelor of Arts or Science Degree and has either:

1. Twelve semester units in applied behavior analysis and one year of experience in designing and/or implementing behavior modification intervention services; or
2. Two years of experience in designing and/or implementing behavior modification intervention services.

(B) Is registered as either:

1. A psychological assistant of a psychologist by the Medical Board of California or Psychology Examining Board; or
2. An Associate Licensed Clinical Social Worker pursuant to Business and Professions Code, Section 4996.18.

FUNCTIONAL ASSESSMENT & BEHAVIOR INTERVENTION PLAN OUTLINE

Date:
Client Name:
Age/DOB:
Service Coordinator:
Consultant/Author:
Facility Name: *(For Licensed Facilities only)*

Background Information

- 1) Pertinent medical and diagnostic information
- 2) Other information effecting service delivery and other services received

Functional Assessment Information

- 1) Briefly describe assessment procedure including name of any assessment tools utilized and a brief description of each
- 2) Summary of baseline data collection (individuals interviewed, pertinent historical information, type of data collection and dates of baseline data collection phase)

Operational Definition(s) of Target Behavior(s)- *Behavior is named and described in specific, observable and measureable language*

Baseline Rates of Behavior(s)- *Rate/Frequency of behavior prior to intervention plan implementation*

Environmental Antecedents & Setting Events- *What occurs both immediately before the behavior occurs and what other factors reliably occasion behavior such as lack of sleep etc. (separate by function and possibly topography when appropriate)*

Behavioral Antecedents- *Behavior client demonstrates prior to behavior excess. Example: "Johnny yells prior to hitting" (separate by function and possibly topography when appropriate)*

Past Consequences *(separate by function and possibly topography when appropriate)*

Hypothesized Function(s) of Behavior(s)- *Why does the behavior occur/ what does the client appear to be trying to get from engaging in the behavior?*

Functionally Equivalent Alternative Responses or Replacement Skill(s)- *Replacement skill that is a more appropriate way of meeting the client's need/want*

Related Skills to Teach- *Skills that will aide in the client's success over time such as waiting, coping etc. (separate by function and possibly topography when appropriate)*

Preventions listed/described- *What will be changed to prevent future occurrences of the target behavior (separate by function and possibly topography when appropriate)*

Description of Differential Reinforcement Procedure(s) *(separate by function and possibly topography when appropriate)*

- 1) Behavior(s) to be reinforced
- 2) Reinforcement procedure & schedule
- 3) Schedule or frequency of teaching alternative response(s)

Plan to Thin Reinforcement- *How will the client move to a level/amount of reinforcement that would be obtained in the natural environment?*

- 1) Current reinforcement schedule

- 2) Date implemented
- 3) Date reinforcement schedule discontinued
- 4) Proposed next reinforcement schedule(s)
- 5) Criterion to move to next schedule

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EXAMPLE

Procedures/Consequences for Target Behavior(s)- *How will staff/parent respond to the client when the behavior occurs? (separate by function and possibly topography when appropriate)*

Data Collection Method- *What type of data will be collected ongoing to assess for progress? (for challenging behavior as well as replacement skills)*

Graph of Data Over Time-*Visual representation of the change in behavior over time (for challenging behavior as well as replacement skills)*

Client Goals & Objectives

- 1) Reduction goal for each target behavior
- 2) Acquisition goal for each replacement and related skill to teach
- 3) Current rates for both replacement skills as well as target behaviors
- 4) Plans for generalization & maintenance

Barriers to Progress

Transition Plan

- 1) Criteria to be met in order to transition to less restrictive service (e.g., discontinuing or reducing supplemental staffing support, level 4I to 3, behavior management to community based day program) and/or exit the program

Brief Summary and Recommendations

Consultant/Author Signature

Formatting/General

- Narrative is written behaviorally and objectively
- Summary of data included (% of goals met, % not met etc.)
- Narrative content supports and logically leads up to the approaches/methods recommended
- Signatures from report author & supervisor (if applicable)

Optional Narrative

- Descriptions of resources and special materials used
- Description of teaching/training plans utilized
- Other qualitative or anecdotal stories

Other Considerations

- Demonstration of progress made over time in order to show program effectiveness
- Report acts as a guide for planning team meeting discussion
- Progress is reported in measureable terms (e.g., ____ of ____ opportunities)
- Intervention must conform to all local, state and federal statutes
- Intervention must conform to the policies and codes of ethical conduct of relevant professional organizations, including a review and approval of any Behavior Modification Procedure that may cause pain or trauma or result in the restriction of any client's rights.
- The behavior consultant/analyst (a) designs programs that are based on behavior analytic principles, including assessments of effects of other intervention methods, (b) involves the client or the client-surrogate in the planning of such programs, (c) obtains the consent of the client, and (d) respects the right of the client to terminate services at any time.

Note: Please include contact information (email and/or phone number) of the author of report

References

- Behavior Analysis Certification Board. (June, 2010). Guidelines for Responsible Conduct for Behavior Analysts. In www.bacb.com. Retrieved May 3, 2011, from <http://www.bacb.com/Downloadfiles/BACBguidelines/1007GuidelinesFw.doc>.
- Cooper, J., Heron, T. & Heward, W. (2007). *Applied Behavior Analysis (2nd ed.)*. New Jersey: Prentice Hall.
- Neitzel, J. & Bogin, J. (2008). *Steps for implementation: Functional behavior assessment*. Chapel Hill, NC: The National Professional Development Center on Autism Spectrum Disorders, Frank Porter Graham Child Development Institute, The University of North Carolina. Retrieved May 3, 2011, from http://autismpdc.fpg.unc.edu/sites/autismpdc.fpg.unc.edu/files/FBA_Steps_0.pdf
- O'Neill, Horner, Albin, Sprague, Storey & Newton (1997). *Functional Assessment and Program Development for Problem Behavior A Practical Handbook*. California: Brooks/Cole Publishing Company.