

BEHAVIORAL HEALTH TREATMENT POLICY

- I. **Purpose:** It is the intent of San Andreas Regional Center to provide behavior intervention services to promote the health and safety of the individual, limit the need for psychotherapeutic medication, and to maintain the individual in the least restrictive environment, in compliance with all state and federal laws, regulations, and court decisions.
- II. **Definitions:**
- ***Consumer, Individual, and person served are used interchangeably in regional center policy and the Lanterman Development Disabilities Services Act, and mean a person who has been found eligible and receives services from the regional center.***
 - *Behavior* is a means used by individuals to communicate and interact with their environment.
 - *Behavior Intervention* is a prescribed plan under which an individual is exposed to a stimulus, event, activity or response that is intended to cause the individual to change, adapt or alter the occurrence or the performance of a behavior.
 - Behavior Intervention services consist of five components:
 1. Functional assessment of identified maladaptive behaviors
 2. Data collection on identified behaviors including baselines and post intervention
 3. Development of an intervention plan to reduce the identified maladaptive behaviors by replacement with functional behaviors
 4. Implementation of the plan by the parent or primary care giver
 5. Follow-up assessment, including assessment of generalization of skills across setting and persons
 - *Parent Consultation Training* is working directly with the parent to teach skills, techniques, and interventions in an individual or group environment.
 - *Social Skills Training* is peer learning in a group setting.

- *Adaptive Skills Training* improves an individual's existing functional skills required for day-to-day activities.
- *Behavior Intervention Techniques* are evidence-based methods that rely upon current knowledge about human learning and conform to requirements for effective training and increased skill development. Behavior intervention focuses on developing functionally relevant behaviors, rather than merely eliminating or reducing undesirable ones.
- *Non-aversive Behavior Intervention Techniques* are those that do not consist of restraint or aversive conditioning such as a time out room for behavior management. Behavior intervention services should not include aversive behavior modification techniques. Use of any aversive technique must conform with Title 17 Regulations prior to approval by the planning team.

Any plans approved by San Andreas that include any aversive interventions will be monitored and reported to DDS by the 15th of February of each year.

III. Policy: It is the policy of San Andreas to obtain behavioral health treatment for individuals who exhibit behaviors that impede their social, self-care, health, or vocational development, or jeopardize their current living arrangement/program. This treatment may consist of parent consultation and training, social skills training, community integration training, adaptive skills training, or behavior intervention (e.g. Applied Behavior Analysis (aka "ABA")) that occurs in the home, in a center-based environment, or in the community. The regional center will work to ensure that the individual is receiving the appropriate services and supports from any and all generic public or private entities with an obligation to assist the individual, such as health insurance or health care providers and local education agencies.

Behavior Intervention services shall not be used for the purposes of providing respite, day care, or school support.

The planning team shall determine the need for behavior intervention services and will describe in the Individual Program Plan (IPP) the behaviors to be modified. For individuals residing in a family home setting, parent/guardian participation is required.

A Behavior Analyst or a Behavior Management Consultant shall:

1. Assess the individual
2. Develop a non-aversive plan
3. Assure the protection of the individual's rights, health, and safety
4. Train the parent or primary care giver on general theory as well as techniques
5. Monitor the implementation of the plan
6. Consult on future problematic behavior situations
7. Provide post training reports

IV. Purchase of Service Standard: Generic resources must be used or ruled out before regional center funding can be considered. Generic resources for behavior modification are the educational system, health insurance, Department of Rehabilitation, or Department of Mental Health. Individuals with Autism are required to access insurance as required by state laws and mandates.

Group Parent Training programs will be considered by the IPP team prior to referring to an intensive behavioral program, and will be purchased when appropriate.

When the regional center planning team has determined that behavioral intervention services are needed, and there are no available generic options, the planning team may agree to purchase an assessment and a behavior plan. The planning team determines the number of hours to implement a behavior plan.

V. Exception to the Policy: The executive director has full discretion to authorize service purchases which are exceptions to the board-adopted purchase of service policies. The executive director has designated different members within the organization who may authorize a director's exception. They are called the director's designees.

The first formal discussion of a request for service takes place at the planning team meeting. If the request falls within the service policy, the request is granted.

If the request for service is not consistent with the policy, the service coordinator starts the exception review process by exploring the basis for the request. A time line for the director's exception review is set by agreement between the individual/family and the service coordinator but the time line may not exceed fifteen (15) days. Within that time, another planning team meeting will be convened. In the meantime the coordinator presents the information to the manager to determine whether a director's exception may be warranted. At the scheduled planning team meeting the decision will be made. The director's designee will attend the planning team meeting if necessary.

If the exception is granted, the service coordinator amends the person-centered individual program plan, notifies the individual/family, and gives a copy of the amended plan to the individual family.

VI. **Notice of Action:** If the exception is not granted, the service coordinator promptly informs the individual/family that it has not been granted, informs the individual/family of their appeal rights, and sends a notice of action and a fair hearing form.

If a decision is made to deny, reduce, or cancel the service without the agreement of the individual or the individual's representative, a Notice of Action will be sent.

DDS Approved May 2, 2019

Board Adopted May 20, 2019