University of Kansas

Kansas Institute for Positive Behavior Support (KIPBS)

Assessing *Challenging Behavior* in the State of Kansas within Home and Community Based Waiver Services

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Introduction

The purpose of this study was to assess the ways in which individuals describe the terms and processes used to prevent and respond to the occurrence of challenging behaviors across different Medicaid-related services in the state of Kansas. The definition of challenging behavior was described to participants in the study as: “any action on the part of another person that causes social conflict, property destruction, or injury to self or others.” Funding from a SRS grant (Systems Transformation) was used to establish a contract with Rachel Freeman and her research staff members from the University of Kansas (KU). These KU staff members conducted a mixed methodological study that explored how professionals, state staff, family members, and guardians, and consumers thought about challenging behavior and what types of interventions were used across the state of Kansas when problem behaviors were encountered. SRS leaders were interested in how challenging behavior was perceived across each of the Medicaid-funded Home and Community Based Waiver Services including: Autism, Developmental Disabilities, Frail Elderly, Seriously Emotionally Disturbed, Physical Disabilities, Technology Assisted, and Traumatic Brain Injury.

The research questions used throughout the study to guide each of the major information gathering activities included the following:

1. What are the terms and processes used to prevent and respond to challenging behavior across the different Medicaid-related services?
2. What are the major strategies that are used to address the occurrence of challenging behavior in the state of Kansas?
3. How effective are the strategies used to support individuals who engage in challenging behaviors?

4. Are there major differences in the ways in which individuals receiving Medicaid-related services are given support when they engage in challenging behavior?
5. What are the major strengths and weaknesses of behavioral support planning processes used in Kansas to improve quality of life and decrease problem behavior?
6. How could the state of Kansas improve supports for individuals who engage in challenging behavior?

This report is organized into three major sections: Methodology, Data Analysis, Interpretation, and Findings, and Discussion and Recommendations. The Methodology section provides: a) an *Overview of Study Activities* that will describe the rationale for the study and any changes in the design of the study that occurred over time, b) information about *Participants and Selection Process*, and c) the *Procedures* for each type of qualitative and quantitative measurement system used in the study.

Methodology

Evaluation consultants and social scientists have used combinations of both qualitative and quantitative data collection procedures for many years as a way of understanding complex projects and social phenomena (Patton, 1982, 1987, 2008). The term mixed methods design is used to describe a methodological approach for systematically understanding practical social problems or contexts. The specific type of mixed methods model used in this study is best described as a *concurrent triangulation method* (Creswell, 2009). In a *concurrent triangulation method,* qualitative and quantitative data are collected at the same time, and the databases are compared to determine whether the information provides cross-validation or corroboration (Greene, Caracelli, & Graham, 1989; Morgan, 1998). Each measurement system is conducted independently but provides triangulation and confirmation about key themes and findings. This

type of mixed method design was chosen for this study because the opportunities to gather information from participants would be more limited if only one type of measurement system was used.

The mixed methods approaches used in this research design included: a qualitative analysis of focus group and interview transcripts, an analysis of quantitative online survey data, and a quantitative descriptive analysis of written behavioral plans. There were a total of 552 individuals who participated in the study. However, some of the individuals who participated in one type of study activity may also have participated in one or more of the other activities. In the next section, each of the mixed methods approaches is described in an overview format with some historical information and a description of any changes that might have occurred during the implementation process.

Overview of Study Activities

Focus group sessions. Focus group sessions were organized in *three* regional areas in Kansas including Northeast, Southwest, and Southeastern Kansas. These focus group sessions were conducted as in-depth interviews with a small group of individuals using traditional strategies as described by Krueger (1998). Twenty-seven individuals participated in the focus group sessions across these three regional areas. Consumer, family member, and guardian focus group sessions were organized in a slightly different manner compared to the professional sessions after the first focus group session. The first focus group session for the consumer, family member, and guardian was scheduled on the same day and location as the event for professionals. Two break-out sessions were organized with two facilitators in each room. The morning session for consumers, guardians, and family members and for professionals covered one of two topic areas being studied, challenging behavior or PCP. After a break, a second focus

group session was then facilitated for both professionals and for consumers, parents, and guardians. Scheduling both events (focus group sessions for challenging behavior and person-centered planning) on the same day made it possible to gather information from participants efficiently at one time instead of across two separate events. During the first regional focus group session, consumers, family members, and guardians participated in a PCP focus group session first, followed by a challenging behavior focus group session in the afternoon. The afternoon session on challenging behavior went well, however, research staff felt that the session might have been uncomfortable for some members due to the nature of the information being shared in the session.

Debrief sessions among the research staff members after the focus group resulted in a decision to change all remaining consumer, family member, and guardian sessions from focus group to an individual interview format. Individual interviews were expected to provide participants with a more confidential setting to discuss challenging behavior and would allow interviewers the freedom to explore topic areas of interest more freely and in more detail**.** Therefore, during the next two regional events, consumers, family members, and guardians were contacted in advance and given the opportunity to schedule interviews in the afternoon when the second focus group session was usually scheduled. Mornings were dedicated to focus group sessions with both professionals, and with consumers, guardians, and family members. In the afternoon, professionals continued focus group sessions while consumers, family members, and guardians participated in individual interview sessions. Additional research staff members were asked to attend the scheduled events in the two remaining regional locations when necessary in order to obtain these interviews with consumers, family members, and guardians during the

times scheduled for visits requiring traveling long distances. This new approach worked well and was used for both the remaining two regional focus group events.

The professional focus group session topics were rotated with PCP as the first topic presented in the morning session followed by Challenging Behavior. In the second regional session for professionals, Challenging Behavior was scheduled in the morning followed by PCP. In the third regional event for professionals, PCP was scheduled in the morning session again. Although it did not appear to make any obvious changes in participants' responses, changing the order in which topics were presented may have an impact on how participants responded to the content. It is possible that presenting the topic of PCP to consumers, family members, and guardians in the morning on all three occasions and scheduling Challenging Behavior Interviews in the afternoons may have had an impact on how participants responded to questions related to challenging behavior.

Interviews. Interviews were conducted with SRS leaders across each of the Medicaid-funded Home and Community Based Waiver Services and with other professionals involved in providing services across the home and community-based waivers. A total of 19 interviews were conducted for this study with each interview lasting from 30 minutes to one and half hours in length. Interviews were conducted both onsite in an individual's office, in coffee shops or near the location of focus group sessions (e.g. hotel board rooms or other public areas in the hotel).

The first interviews began with SRS waiver managers. Interviews with these professionals included questions intended to assist in the design of the online survey. All individuals also were asked to comment on issues related to the study's research questions. In addition, each SRS leader was asked to recommend one to two other individuals with experience in each waiver who could assist with the design of the online survey. These individuals were

then sent invitations to participate in interviews. When research staff members felt confident that the surveys in each waiver area were tailored to meet the needs of stakeholder groups, the remaining interviews no longer included questions about the online survey. Instead, these final interviews tended to focus more on interview questions that would assist in balancing information across waivers or were meant to be follow-up interviews that gathered additional information after a focus group session had occurred in a particular region of the state.

Online surveys. A total of 492 individuals participated in the Online Surveys that were disseminated across each of the Medicaid-funded Home and Community Based Waiver Services including: Autism, Developmental Disabilities, Frail Elderly, Seriously Emotionally Disturbed, Physical Disabilities, Technology Assisted, and Traumatic Brain Injury. Most of the waiver areas had two types of surveys, however, the stakeholders across waivers varied slightly. The Frail Elderly Waiver, Physical Disability Waiver, and Traumatic Brain Injury Waiver surveys gathered information from consumers and professionals. The Autism, Seriously Emotionally Disturbed, and Technology Assisted Waiver surveys gathered information primarily from parents and guardians and professionals, and the Developmental Disability Waiver survey collected information from a) consumers, b) parents and guardians, and c) professionals. Assistance was obtained from an individual with an intellectual disability who provided consultation on the design of the online survey that was created for consumers representing the field of Intellectual Disabilities. This person was sought out through an advocacy organization and a small contract with the person was established for a limited time period in order to design the online survey.

The online survey related to challenging behavior was presented as one part of a two-part process. The two sections included: 1) questions related to PCP, wraparound, and any other

person-centered, individualized planning processes used across different populations and services (examples include Essential Lifestyle Planning, Planning Alternative Tomorrows with Hope, etc.), and 2) information about how challenging behaviors are addressed in Kansas. Again, the order of presentation of content (PCP questions first) may have had an order effect on participants' response patterns. This may be a potential limitation of the study.

The original plan was to begin the entire research study by first sending out the online survey in order to gather information from a relatively large number of participants across the state of Kansas. This information would have been gathered across each of the Medicaid-funded Home and Community Based Waiver Services including: Autism, Developmental Disabilities, Frail Elderly, Seriously Emotionally Disturbed, Physical Disabilities, Technology Assisted, and Traumatic Brain Injury. Once this information was gathered, the data would assist KU research staff member in guiding a series of focus group sessions and interviews, both onsite and via telephone with professionals, family members, and consumers.

However, as research staff members presented information about the upcoming study activities in meetings with stakeholder groups at the request of SRS Leaders, it became apparent that individuals representing different waivers held very different perspectives about how the survey should be structured. In order to be sensitive to each stakeholder group, the research staff and SRS leaders decided to begin the challenging behavior study by conducting focus group sessions and interviews with key stakeholders. The research team felt that information from focus groups and interviews would include details from participants that could be used to design online surveys for each waiver area that reflected the culture and language of each stakeholder group. Each waiver area would receive its own survey but the dissemination would occur later during the end of the study instead of at the beginning.

In addition to the focus group, interview, and online survey data, the research staff members at University of Kansas also were able to obtain access to behavior support plans through the Kansas Institute for Positive Behavior Support (KIPBS) database. These data were used to explore both pre-training behavior support plans and post training plans across waivers and across stakeholder groups.

Behavioral support plan and PCP/wraparound written reviews. Two types of written behavioral plans were already available within the KIPBS project. The goal was to review whether these plans included the key features of PCP, wraparound, Applied Behavior Analysis and/or Positive Behavior Support (PBS) using a tool called the *Person-centered Positive Behavior Support Checklist* (*PC-PBS Checklist)* (Freeman et al., 2005; Tieghi-Benet et al. 2006). These two types of plans are called Application Plans and KIPBS Person-centered Positive Behavior Support (PBS) Plans.

The first type of written behavioral plan and PCP/Wraparound Plan in the KIPBS database was submitted by professionals who work with children and adults and who sent in an application to participate in the KIPBS certification and training project. The plans of interest are those with children and adults who were receiving Medicaid-funded services at the time the reports were written. The second type of written plan available for document review within the KIPBS database is a combined report including both PCP/wraparound and the positive behavior support (PBS) plan. These written plans are facilitated by professionals participating in the training or by graduates of the KIPBS training program who are providing PBS services. In the next section, the participants and selection process are described in more detail.

Summary of analysis across measures. Each of the study activities contributed different types of information that addressed the different research questions. Interviews and focus groups

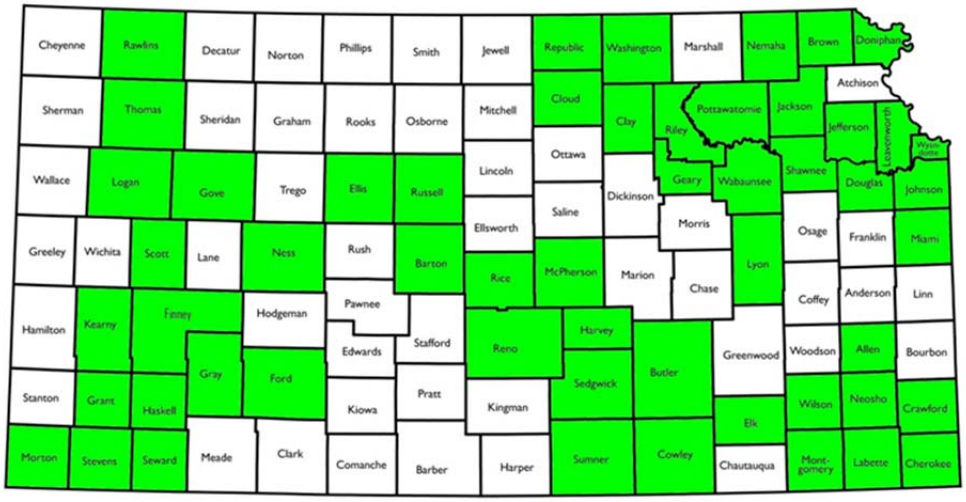
were recorded and transcribed. Codes were identified that represented major themes and the data for focus groups and interviews were analyzed together. A series of questions were organized into an online survey using a four-point Likert type scale. The quantitative data were summarized for consumers, for professionals, and for family members and guardians. The online survey also included questions that were organized using multiple-choice answers and in a short-answer format. These answers were coded and analyzed using the same code system as the focus group and interview system. Finally, fourteen (14) written behavior support plans were sampled from the Kansas Institute for Positive Behavior (KIPBS) Support database. These behavior support plans were submitted by professional interested in participating in training and were considered a "pre-training" measure. Four of the professionals who completed the course were selected from the fourteen to show pre-post scoring examples with case studies provided during training. All behavior support plans were scored using a fidelity of implementation tool and impact assessment tool that have been evaluated using an inter-rater agreement system as part of the KIPBS evaluation system. This participants and selection process in more detail.

Participants and Selection Process

The subjects participating in this study across all of the mixed methods included: 1) individuals receiving waiver services, 2) parents and guardians of individuals receiving waiver services, 3) providers who worked with individuals receiving waiver services, 4) state professionals within Social and Rehabilitation Services (SRS), and 5) other professionals and community members who were involved in working, living, providing services, and communicating with individuals receiving waiver services. As mentioned earlier, waiver services identified included: Autism, Developmental Disabilities, Frail Elderly, Seriously Emotionally Disturbed, Physical Disabilities, Technology Assisted, and Traumatic Brain Injury. The age

ranges for subjects participating in this study range from 22 years of age to over 60 years of age. Figure 1 shows the distribution of participants living in both rural and urban areas. These individuals may be representative of the general population of individuals within Kansas with respect to ethnicity, socio-economic status, gender, and other demographic characteristics.

Figure 1. Map of Participants in the Challenging Behavior Study.



In the next sections, the participant selection and recruitment process is described briefly for each of the different types of qualitative and quantitative study activities including focus groups, interviews, online survey activities, and written behavior support plans.

Focus group participants (and interviews). The SRS leaders were interested in gathering information from specific areas within the state for focus group sessions and, therefore, research staff members were told to target three locations in Kansas first as priorities for the study: Southwest, Southeast, and Northeastern regions. Participation was voluntary for all participants. This purposive sampling method involved letters of invitation that were sent out by

Regional SRS field staff to invite consumers, family members, guardians, and professionals to participate in focus group events as well as possible interviews. Consumers, family members, and guardians interested in participating were asked to mail a self-addressed acceptance letter including the signed informed consent and demographic information about the participants (type of services received, age, gender ethnicity) back to their regional SRS staff member. However, consents were sometimes received on the day of the focus group session for consumers, family members, and guardians. All professionals submitted consent forms on the day of the focus group session. Assent forms also were collected at the time of the focus group sessions from consumers. As mentioned earlier, the design of the Southwest and Northeast Group sessions were altered slightly for consumers, family members, and guardians for the topic of challenging behavior towards interview sessions. This occurred after the initial invitations had been sent out. However, consumers, family members, and guardians were already planning on being at the focus group event for the other planned session on PCP as that particular focus group session was still occurring in its regular format.

Interview participants. There were several ways in which participants were selected to participate in interviews. 1) *SRS Staff Interviews and Provider Recommendations*: State SRS leaders were invited to participate in interviews in their offices in Topeka. These individuals were selected based on their positions and roles within SRS. SRS staff members were invited to participate because they were responsible for managing Medicaid-funded Home and Community Based Waiver Services for the state including: Autism, Developmental Disabilities, Frail Elderly, Seriously Emotionally Disturbed, Physical Disabilities, Technology Assisted, and Traumatic Brain Injury. Interviews focused, in part on the design and development of the online survey and in part of the study's research questions. These state SRS professionals were then asked to

nominate two to three stakeholders (e.g. professionals working within related waiver services) who would, in turn be invited by state staff members to participate in interviews. 2) *Focus Group Invitations*: The participants who signed up for focus group sessions were also asked to participate in follow-up interviews and, as mentioned earlier, the consumers, family members, and guardians were asked to participate in interviews instead of a focus group session in the Southwest and Northeast sessions.

Online participant selection. Email invitations to participate in the online survey (and interviews) were sent to consumers, family members and guardians and a separate invitation was sent out to professionals. Each waiver service area had a separate survey that was tailored with language that was designed to meet the needs of that specific population. Invitations to complete the surveys were disseminated in slightly different ways to ensure that the invitation was distributed throughout Kansas to the populations. Vicky Metz, the main SRS administrative staff person, sent the invitation email to all regional SRS field staff requesting that they forward the invitation to the consumers, family members, and guardians with whom they work. Vicky Metz also sent the email invitation out to all organizations providing services across the different Medicaid waivers. Krista Morris and Diana Marsh, associated with mental health SRS services, were asked to distribute the invitation letter to community mental health centers and SRS professionals, and Krista Engle was asked to distribute the invitation to Frail Elderly organizations. The invitation to all professionals included a request that they share the survey with consumers, family members and guardians and with the staff members within their organizations. The invitation to professionals also requested that the online survey invitation link be posted on organizational websites when appropriate in order to ensure that as many individuals as possible will have a chance to participate in the study.

Behavior plan participants. A source of data already available to the KU researchers related to challenging behavior was included in this study. Purposeful sampling of the KIPBS database was employed as part of the mixed methods approach using data from which consent had already been obtained. Fourteen (14) written behavior support plans were purposefully sampled from a possible 18 total written behavior support plans that were submitted by professionals who turned in applications to the Kansas Institute for Positive Behavior Support (KIPBS). The 14 plans selected contained the most information and, therefore, were considered the most useful for this study. To demonstrate changes across time these written behavior support plans are considered "pre-test" measures that are referred to as Application plans during the evaluation process. Once the professional was accepted into the training and began participating in the KIPBS training program, they were asked to identify a child or adult in need of a behavior support plan. As the professional learns PBS within the KIPBS training, this case study becomes the "post-test" measure. To demonstrate the pre-post relations, data on post case study measures for four of the participants that turned in written behavior support plans during the application process were reported. This sampling method was intended to demonstrate changes using the PBS method. In the next section of the report, the procedures and analysis results are reported for each of the main measurement methods starting with Focus Group Sessions and Interviews, Online Surveys, and, finally, Written Behavior Support Plan Sampling and Analysis.

Procedures for Mixed Methods Measures

The main processes and procedures are described for each of the mixed methods approaches in this section of the report starting with focus groups and interviews, online surveys, and written KIPBS behavior plans. Procedures for focus groups and interviews are presented

together in this section of the report. In the next section, the procedures for implementing each of the methods are outlined in more detail.

Procedures for focus groups. Focus groups included five to eight participants in each session with one KU staff person acting as Moderator and one person acting as an Assistant Moderator. A KU staff person was on call to greet individuals, coordinate refreshments and handle other activities (audiotaping, note-taking, etc.). On the day of the focus group session, participants were instructed to come to the event a half hour earlier than the time reported. There were two break-out rooms, with one room reserved for professionals and one for consumers, guardians, and family members. The morning sessions started at 10:00AM and the sessions were approximately one hour in length for each designated topic. Everyone was directed to sign in at one location where a KU staff person who assisted them in signing in and finding their rooms. Individuals needing additional information received assistance in completing consent and assent forms and were offered refreshments. All participants were guided to their breakout rooms prior to the session starting.

Originally, the plan had been to vary the presentation of PCP and challenging behavior focus group sessions since this would ensure that the presentation of any one topic area first would not always influence the other. As mentioned earlier, it became clear by the first focus group session that the challenging behavior topic was best conducted by interview with consumers, families, and guardians. Scheduling interviews with individuals was naturally easier in the afternoons after lunch with individuals who had already planned on being present for the full day sessions once the first focus group session had been completed. Therefore, morning focus group sessions for consumers, family members, and guardians were held for one hour on

the topic of PCP. After this session, everyone was treated to lunch while free gifts, door prizes, and items of appreciation were given out to participants by KU staff members.

Each KU staff person participating in the session was expected to complete a debrief form after the session was completed. In some sessions, another KU staff person was present to take field notes in a dedicated fashion. These notes were entitled "Research Logs". After each focus group session, the Moderator, Assistant Moderator and other staff members reviewed the debrief form together as a team and discussed the main findings from the session. All sessions were audiotaped and back-up audiotapes were included for each focus group event. All focus group sessions were transcribed later verbatim and back-up recordings were placed on a secure server. Participants were asked to complete a demographics form (see Appendix) that was summarized once all sessions were completed. Table 1 provides a summary across all three events showing the stakeholders who attended focus groups. Although attempts were made to balance the types of waivers represented for professionals, consumers, family members, and guardians, each focus group session varied based on the invitation process, the individuals willing to attend, and their availability on the days scheduled. The analysis section will address the representation of stakeholders in more detail.

Table 1. Number of Represented Waivers in Focus Group and Interview Sessions.

Number of Participants in Focus Groups and Interviews by Waiver	**Professionals**	**Consumers, Family Members, and Guardians**
Autism	1	1
Developmental Disability	5	6
Frail Elderly	5	1
Physical Disability	6	2
Seriously Emotionally	7	1

Disturbed		
Technology Assisted	3	0
Traumatic Brain Injury	7	2

KU staff created a group guidebook that was used to support implementation efforts onsite (see Appendix). The Focus Group Guide was designed based on training from Martha Blue Banning who consulted with the KU staff members. This guidebook included a checklist of items to bring to the focus group session, list of research questions, helpful hints for Moderators, reminders of roles and responsibilities for each of the key focus group personnel, debriefing forms, and troubleshooting guidelines. Pseudonyms were assigned immediately to all participants to assure anonymity so that when coding began no real names would be used during discussions. The original examples of focus group and interview questions for professionals included:

- Do you encounter challenging behaviors in your job?
- If you do encounter challenging behaviors, how do these behaviors impact the individual receiving services?
- What do behavior intervention plans look like in your organization?
- Tell us a little about the types of trainings and supports that are available for preventing and reducing challenging behavior?
- Describe a common behavior support plan process that you have participated in recently including: how often meetings occur, what types of interventions were selected.
- Can you describe the ways in which behavior support plans you have been involved in are evaluated?
- What are some challenges related to developing and implementing behavior intervention plans?

- How effective are behavior intervention plans that you have participated in?
- What are some ways you would improve your individual behavior intervention plan(s) or the behavior intervention process?
- Are there things the state can do to help improve behavior support planning in Kansas?

Actual focus group and interview questions for professionals are available in the Appendix.

Interviews that were conducted in the afternoon would often occur somewhere near the location of the focus group sessions (e.g. smaller break out rooms within a hotel or at a nearby coffee shop). Other interviews occurred in individual's offices at work (e.g. SRS staff members in Topeka, onsite visits to an organization). Examples of interview questions for consumers, family members, and guardians included:

- What does challenging behavior mean to you?
- What are some of the challenging behaviors you see at home or at work?
- Can you describe how the planning process to support you has changed the quality of your life?
- What kinds of things are included in your behavior support plan?
- Describe the things you like about the meetings you have and what you don't like about the meetings?
- What would you like to say to the people who support you that would help improve the way your planning meetings are held?

Actual focus group and interview questions for consumers, family members and guardians are available in the Appendix.

Additional questions were added to all interview protocols to gather advice about how to design the online surveys in a manner that would be sensitive to the language and culture of each

waiver service area. Based on the type of interview conducted (e.g. whether the KU staff person was interviewing a SRS waiver administrator or following up on questions after a focus group session), these additional questions about the online survey design might be used during any given session if the interviewer felt that the interviewee might be of assistance (see the Appendix for the actual Focus Group and Interview Questions). The length of interviews varied from one hour to two hours. Interviews were audiotaped, however, transcripts were not made. Instead, KU staff members were expected to review the audiotapes and type of extensive notes including direct quotes from the interviews. These interview notes were then coded and analyzed.

The audiotapes were filed by the pseudonyms assigned to each participant and no identifying information was used in any of the documents for this study. The only place the participants' real names appeared was on a hard copy document in the filing cabinet with the consent forms and in a USB drive as an electronic back up stored with the paper files in the locked cabinet. This allowed all participants to remain anonymous. Any quotes or information that might provide clues to an individual's location were not used directly in the analysis to protect the participant's confidentiality.

All debrief forms, research logs, transcripts, and notes from the study were stored on a secure server with a dedicated filing system for the study. Audiotapes were stored in the same location but were not used. All participants were given pseudonyms soon after the consent forms were signed. The Appendix shows the organizational format for storing all data for the study. Systems for managing and organizing the coded data will be described in more detail in the analysis section of this report.

Procedures for online survey. One main URL address was disseminated to all participants to make it easier to find and complete the online surveys. The surveys were created

using “Survey Gizmo”. The two sections mentioned earlier in the report, person-centered planning/wraparound and challenging behavior were both organized in a similar manner on the survey including questions requiring participants respond to a Likert-type scale, multiple choice, and short answer questions. The survey entry page allowed each participant to select a survey from the waiver area he/she was associated with and then to select the type of stakeholder he/she represented including professional, consumer, or family member/guardian. Information was gathered about who the user was and how the participant was notified about the online survey. Once the participant made a choice about the type of survey that would be completed (consumer, family member/guardian, or professional), a short explanation was provided related to the topic area, for PCP and Challenging Behavior. Challenging behavior was defined in the following manner:

> *“Challenging behavior affects us all differently. The ways we think about challenging behavior may be different across different types of services. Challenging behavior is something that leads to negative social feelings or consequences for someone. In more extreme cases, challenging behavior can cause damage to property or can cause injury to self or others.”*

This explanation was followed by a four point Likert-type scale that asked a number of questions using a scale indicating 1-strongly disagree, 2-disagree, 3-agree, 4-strongly agree, and N/A for “Not Applicable”. Examples of items include “*My staff know how to deal with challenging behavior*.” (for consumers) and “*The wraparound meetings I facilitate are effective.”* (for professionals in mental health settings). A number of multiple-choice items and fill-in-the-blank questions also were included in the study (for an example of the survey, please see the Appendix). The numbers of Likert-type questions, multiple choice, and fill in the blank

questions varied both by type of individual completing the survey as well as by type of waiver and whether the topic was PCP or Challenging Behavior. Individuals who did not want to complete the survey online could print off the survey and mail in a hard copy to research staff members at KU. Extra paper copies of the survey were given to SRS Regional Staff members and to the main SRS administrators with instructions to provide stamped envelopes for participants who did not have computers and/or did not feel comfortable completing the surveys online.

Research staff presented key information about the study to all SRS field staff prior to the launch of the survey and prepared the state staff members for their roles and responsibilities. Unfortunately, several months passed between this presentation and the launch of the survey because of the decision made by research staff members and SRS leaders to disseminate the survey at the end of the study after gathering more information from participants. Return rates might have been higher if the presentation to SRS field staff members had been more timely. However, more participants knew the surveys were in development due to the focus group sessions and interviews which may have offset this problem somewhat.

Procedures for written behavior plans. The KIPBS training program certifies PBS Facilitators to become eligible to bill Medicaid for Kan-Be Healthy eligible children and youth who have challenging behaviors, whose families apply for PCP and PBS support. Part of the KIPBS application process involves the submission by the applicant of PCP or a PBS plans in which the applicant was involved in some manner. The professional might have facilitated the plan or might be a team member in the planning process. Professionals are asked to provide both a PCP and PBS plan if possible but he/she can turn in one type of plan as well. This application plan is considered a pre-training measure that can be compared to scores on plans the

professionals turns in after they have participated in the training program. The KIPBS program emphasizes the importance of facilitating both types of approaches with a child or adult and his/her team when the topic of challenging behavior has come up as a concern. When professionals apply for the KIPBS training, they are asked to submit pre-training examples of both PCP and behavior support plans either as a facilitator or as a team member to show what the types of team-based problem solving they have been involved in previous years. Each year, one training cohort is added to the KIPBS program. This cohort is named (e.g. Cohort 1, 2, 3, etc.). Currently, the KIPBS training program is providing support to Cohort 9 professionals.

One type of measures used by KIPBS staff members to evaluate the written behavior plan is a fidelity of implementation tool called the *Person-centered Positive Behavior Support Checklist* (*PC-PBS Checklist)* (Freeman et al., 2005; Tieghi-Benet et al. 2006). This tool, mentioned earlier in the report, records the key features of an evidenced-based practice, in this case the applied behavior analytic principles that are considered important for behavior support plans. KIPBS staff have obtained inter-rater agreement on this fidelity of implementation tool across instructors and key evaluation staff members (Freeman et al., 2005; Freeman et al., 2009, 2010, 2011).

The *PC-PBS Checklist* is a 68-item checklist containing various critical features, elements, components, etc. that best practice in the PC-PBS field deem to be essential to a well-written PCP and PBS plan. Of the 68 items on the checklist, 28 items are associated with the PCP aspect of the PC-PBS facilitation process, while 26 items are associated with the essential features of a PBS plan. The remaining 12 checklist items provide general information about the consumer, or address expectations regarding attachments to a standard PC-PBS report. The *PC-PBS Checklist* is a three point categorical scale with a "2", indicating the features listed are

"Totally in Place", "1" indicating the features listed are "Partially in Place", or "0," indicating the features listed are "Not in Place." KIPBS staff members use a scoring criteria that defines each of the 68 items making it easy for both researchers and instructors to score the written plans. A PC-PBS plan that scores 90% or higher on the entire *PC-PBS Checklist* would need to "earn" at least 123 points out of a possible 136 points (68 items X 2 points per item = 136, the maximum score possible). A plan scoring 80% would need to earn at least 109 points on the 68-item checklist. The KIPBS training program has established a minimum "passing" criterion for written PC-PBS plans of 80% or higher on the overall checklist, and 80% on both the set of 28 PCP items (45 out of the maximum of possible 56 points) and 26 PBS items (42 out of 52 points) in the checklist.

Over a recent four-year period (including training cohort numbers three through six), application plans that were submitted by 18 professionals-in-training who successfully met all KIPBS training program requirements and became eligible to bill Medicaid scored an average of 24.54% on the 68-item *PC-PBS Checklist.* In order to become certified KIPBS Facilitators, each of these 18 professionals had to improve their scores on written plans by facilitating two cases studies, both of which would score 80% or above on the overall checklist. The purpose of this mixed methods analysis was to identify a purposeful sampling method that would allow the research staff to analyze existing application plans submitted by professionals who participated in KIPBS training. From this sample, Post-training plans would also be selected to evaluate person-centered PBS plans that were submitted during the KIPBS training. In the next section, the sampling method is described in more detail.

Fourteen (14) application plans were purposefully sampled from all application plans that were submitted by professionals-in-training who were enrolled in Cohorts 6-9 (2008-2011) of the

KIPBS training program. All the application plans were separated based on whether they were PCP or PBS plans. Within the pool of PCP and PBS plans, the application plans were again sub-divided according to Waiver program. Finally, the application plans were separated by type of organization/agency using the following categories: (a) independent contractors, (b) state hospitals, (c) state hospital-based outreach programs, (d) early childhood programs, (e) community-based mental health programs, and (f) community-based residential programs. In the end, there were eight PBS plans and six PCP plans included in this purposeful sample. No organizations were duplicated in this sample and the selection process resulted in a wide range of agency/program types, as well as considerable diversity in ages, diagnoses, geographical location and population areas in Kansas. Four of the 14 application plans were sampled from each of Cohorts 6, 7, and 8, while two plans were sampled from professional student participating in our current training cohort-Cohort 9.

The majority (12/14 or nearly 86%) of the application plans in the sample represented the Developmental Disability Waiver. The Autism Waiver and the Seriously Emotionally Disturbed (SED) Waiver were also represented in the sample. There were four professionals from the sample of 14 application plans who completed all of the requirements for successful graduation. The KU evaluation coordinator selected these four KIPBS Facilitators for the pre-post sample to demonstrate the changes in how written plans addressed behavioral support interventions before and after training in PBS processes. The data for these four KIPBS professionals who successfully completed all requirements for the KIPBS training program, included two case studies that were submitted as part of the course training. It is important to note, that the original application sampling process resulted in the selection of these four KIPBS Facilitators since there were many other graduates who could provide these types of data for evaluation purposes.

This purposive sampling process was meant to provide an example of pre-post changes in the *KIPBS PC-PBS Checklist.*

There were no plans available to review that represented consumers receiving services from the Frail Elderly Waiver, the TBI Waiver, the Physical Disability Waiver, or the Technology Assisted Waiver in the KIPBS database. This may have more to do with the fact that the billing reimbursement must be submitted through Community Developmental Disability Organizations (CDDOs). In other words, the emphasis on the billing and reimbursement system within the Developmental Disability system may make it easier for professionals to learn about the KIPBS training program. The KIPBS training program is a service that is available primarily for children and, therefore, some professionals who work primarily with adults may not have heard about the KIPBS training opportunity. A policy proposal submitted by SRS leaders that changing the PBS billing mechanism was submitted in 2010, however, this policy has not yet been reviewed. No changes in the age of the individual receiving services has been proposed although many providers have inquired about the possibility of expanding the PBS services to adults. It is important to note that professionals can participate in KIPBS training even if they do not intent to bill for services. For a full report on the pre-post evaluation data for KIPBS, please see www.kipbs.org or request a KIPBS Evaluation Newsletter http://www.kipbs.org/new_kipbs/basicInfo/newsletter/eval/KIPBS_eval_newsletter2010.pdf or Evaluation Report.

Data Analysis, Interpretation, and Findings

In the analysis section of the report, the results for each of the main mixed methodological approaches are described in detail. This section begins with a summary of the process used for recording and managing raw focus group and interview data, interpretation and

analysis of the codes, and a discussion of validity and reliability activities that either have been or in the process of being conducted. Qualitative data analysis, findings, and major interpretations are described followed by a summary of the online survey data analysis. The last part of this section provides a summary of the KIPBS pre post written plan descriptive analysis.

Recording and Managing Raw Focus Group and Interview Data

Data analysis techniques recommended by Miles and Huberman, (1989), Merriam, (2009), and Creswell, (2009) were used with assistance from Martha Blue-Banning, qualitative analysis consultant, at key points in the process. Before proceeding with coding activities, Martha Blue-Banning, qualitative analysis consultant led a series of training meetings intended to inform KU staff about key issues related to qualitative research. One of the activities involved coding a transcript from other research so that staff members could learn the process before starting with data from the real study. As Dr. Blue-Banning began consulting the team with the actual data from the study, she asked team members to record biases that each of the KU staff members were aware of having with respect to the current study. These biases are available for review upon request. The team's next step was to create themes based on the interview and transcripts and to develop a codebook for the study.

Over the next few meetings, the research team read through the same interview together as a team (as transcripts were still in progress at the time of the meeting and, therefore, focus group sessions were not yet available). Each person was asked to begin identifying potential themes and to bring the list to the next meeting for discussion. The group talked about these potential themes and began making a list of possible codes. Over the course of next several meetings, these sessions formed the basis for a draft copy of the first themes and codes. Matt Enyart, Martha Blue Banning, and Kelcey Schmitz took the lead in finalizing the codes for the

study (see Appendix for the final copy of the Codebook for Challenging Behavior). Martha Blue-Banning assisted the team in creating a plan for ongoing communication about the codes based on each transcript and interview document available.

Coding protocol. The main primary seven codes included the following definitions:

- **Primary Code 1**: Types of challenging behavior (Comments related to challenging behaviors of waiver recipients that have a negative social impact or consequence for someone. Also noted when study participant has difficulty identifying and describing behaviors.);
- **Primary Code 2**: What services, systems, or strategies are utilized by the waiver to address behaviors. (Comments related to any services, systems, or strategies related to reducing problem behavior or supporting individuals with challenging behaviors. Also noted when study participants indicate that there are no services, strategies, or systems.);
- **Primary Code 3**: Effectiveness of services, strategies, and systems to address challenging behaviors (Comments related to how effective the waiver's services, strategies, and systems are regarding reducing challenging behaviors and supporting individuals with challenging behavior.);
- **Primary Code 4**: Impact of challenging behavior on waiver recipient's quality of life (Comments related to how challenging behaviors impact the waiver recipient's quality of life);
- **Primary Code 5**: Significant risks if challenging behavior is not adequately addressed (Comments related to the nature and severity of risk to the waiver recipient if challenging behaviors are not adequately addressed.);

- **Primary Code 6**: Comparison to other waiver services/strategies related to challenging behaviors (Comments related to any comparison of other waiver's services, strategies, and systems which address challenging behaviors.); and
- **Primary Code 7**: Suggestions to improve services, strategies, and systems related to challenging behavior (Comments related to suggested improvements of waiver's services, strategies, and systems to address challenging behaviors and/or support individuals with challenging behaviors.).

For each of the primary codes, focus group sessions and interviews were coded based on the following secondary codes. These secondary codes helped to break down the transcripts into a rich wealth of information for the analysis.

Secondary Code A - Use of "regulation speak" or political jargon, including politically correct language;

Secondary Code B -Emphasis on paperwork and oversight instead of a focus on effective service delivery;

Secondary Code C - The perceived importance of input from stakeholders into planning process;

Secondary Code D -Issues related to a perceived lack of resources;

Secondary Code E - Emphasis on productivity versus effective service delivery;

Secondary Code F - Disconnect between waiver philosophy and current waiver services, strategies, and system;

Secondary Code G - Collaboration challenges related to fragmentation between waivers or other community systems;

Secondary Code H - Systemic barriers negatively impact challenging behavior services and supports;

Secondary Code I - Issues related to choices of waiver recipient;

Secondary Code J - Issues related to the skill level or training of waiver professionals and other support providers (including natural supports, parents).

Matt Enyart and Kelcey Schmitz became the key coders for the remainder of the study. Both Matt Enyart and Kelcey Schmitz worked closely with Martha Blue Banning to obtain agreement before proceeding with the coding process.

Once all focus group and interview data were coded, the data were re-organized into separate waiver area files. Each Medicaid-funded Home and Community Based Waiver Services (Autism, Developmental Disabilities, Frail Elderly, Seriously Emotionally Disturbed, Physical Disabilities, Technology Assisted, and Traumatic Brain Injury) content area had a dedicated electronic file with the seven primary codes and the secondary codes listed in the file. All quotes were placed in one file with each individual quote linked to primary and secondary coding areas. The primary researcher, Matt Enyart, organized the data by pulling up each primary and secondary code area and taking notes on the importance and intensity of themes that were occurring in each of the primary and secondary coding files. Simple bar graphs were created to organize the primary and secondary codes by simple frequency and triangulation of codes. Code checking is continuing as the data are prepared for publication purposes. The goal for publication purposes will be to sample 25% of the text with Martha Blue-Banning or Rachel Freeman as secondary coders reviewing all focus group transcripts and interviews to confirm the coding accuracy. Member checks will also be completed in preparation for publication of major

findings. Finally, an audit will be conducted by a professional with experience conducting qualitative research once the secondary coding and member checks have been finalized.

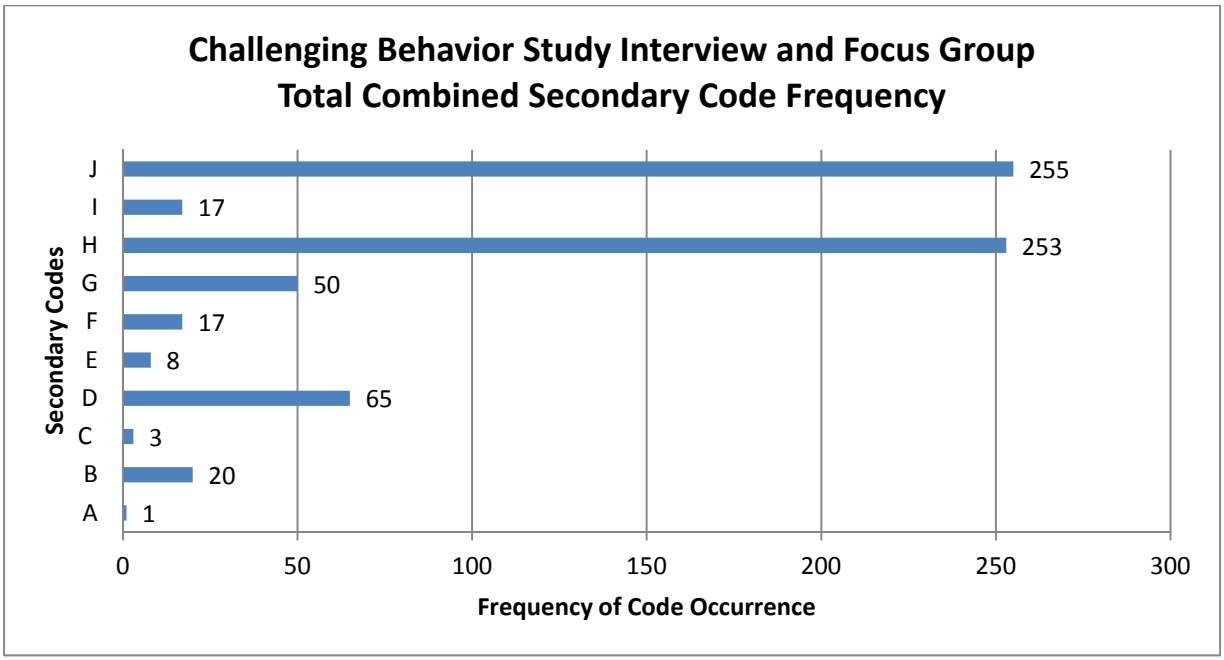
Interpretation of Codes and Analysis of Data

As mentioned earlier, the data were used to better understand how individuals perceive challenging behavior in the state of Kansas. This section of the report will discuss how participants responded generally to the research questions based on the focus group and interviews. The primary and secondary codes were analyzed by the Matt Enyart and Kelcey Schmitz who reorganized all of the data by the main codes and pulled important quotes to help exemplify major themes. These themes have been combined across the waivers, however, examples are provided for each individual waiver area to show individual differences.

The primary and secondary codes that evolved from the transcripts and notes reflect the rich and thoughtful discussions that each of the participants contributed to this study. As you can see if Figure 2, some themes were discussed more often than others. Transcripts and interview notes were coded most frequently in two secondary thematic areas. These two areas included *Code J: Issues related to the skill level or training of waiver professionals and other support providers (including natural supports, parents* (occurring 255 times across the focus groups and interviews), and *Code H: Systemic barriers negatively impact challenging behavior services and supports* (occurring 253 times across the focus groups and interviews). The Appendix contains additional information about how frequently the secondary codes occurred across each of the primary research questions. In the next section of this report, the data are reported and interpreted across each of the major research questions. One of the first steps was to identify how participants describe challenging behavior across the different waivers.

Types of challenging behavior. Although challenging behavior is perceived differently across the waivers in Kansas, there are many commonalities that appear to connect the ways in which individuals talk about problems that are encountered. The first primary code developed by research staff included: *"Types of challenging behavior (Comments related to challenging behaviors of waiver recipients that have a negative social impact or consequence for someone."* The theme that connected all of discussions across waivers was that challenging behaviors were actions that threatened either independence in the community or that might result in more restrictive living arrangements. These types of challenging behaviors tended to be of the greatest concern to most participants. Any behaviors that resulted in more restrictive placements or loss of services was something that qualified as "challenging" to most participants. Table 2 below shows the ways in which individuals across the different waivers described different types of challenging behavior commonly encountered.

Figure 2. Bar Graph Showing Frequency of Secondary Codes Related to Challenging Behavior.



It is interesting to note that in several of the focus group sessions and interviews, the concept of challenging behavior was applied to those providing services, not just to consumers. Professionals in waiver services spent time discussing concerns related to the behavior of the individuals hired to support individuals. When staff members are not doing their jobs in an effective manner, many different types of problems can occur, including challenging behaviors on the part of consumers. In one of the interviews, a professional stated that:

> *"Almost everybody I work with has behavior, including staff, that is problematic to them on a daily basis. I mean we need to not think it is [challenging behavior] just about this population. I need to call my staff in occasionally about a problem behavior…."*

This person went on to say that effective training of staff results in supports for consumers that are highly predictable and structured. In addition, consumers who are treated with a high degree of respect are less likely to engage in challenging behavior. In another interview, a family member described the challenges experienced trying to encourage collaboration with educators who were not interested in the work that was being done in the home on successful behavioral interventions. This parent did not use the word challenging behavior to describe the behavior of her colleagues in the education field. Instead, she said that there were some problems collaborating and connecting with the school personnel. Clearly, the participants in this study were able to view challenging behavior from a broader perspective, one that did not view problematic behavior as the domain of any one type of person.

The relation of challenging behavior and the law enforcement community was of interest to a number of participants. These individuals discussed the importance of educating the law enforcement community about the unique characteristics of consumers with disabilities who might engage in challenging behavior in community settings. Several professionals told stories

about how they have taken the time to educate law enforcement officials to avoid reactive situations that result in harsh penalties for individuals with disabilities. When law enforcement are aware of interventions for individuals with disabilities, they are more likely to allow for individualized plans that keep individuals with disabilities out of the penal system and in the community successfully.

For instance, one participant told a story about working within a rural community to avoid restrictive placements for a young man who, with some minor additional residential supervision and day/evening supports, could be successful in a small rural community setting. However, to accomplish this required a great deal of time and effort working with law enforcement and the court system to educate them and provide the alternative options to jail for the young man. Clearly, the perception of challenging behavior is an important consideration to participants across the waivers.

Table 2. Examples of Types of Challenging Behaviors Identified Across the Waivers.

Challenging Behaviors Identified	
Autism Waiver	A broad range of behaviors were included such as aggression (hitting, kicking and scratching), difficulties communicating, refusing to eat or only eating certain types of foods. Behaviors that occurred in community settings were of concern to these participants.
Developmental Disability	A broad range of behaviors were identified including physical aggression, elopement, self-injurious behavior, property destruction, and verbal aggression.
Frail Elderly	Behaviors identified include victimization, refusal of support, refusal to take medications, self-neglect, hoarding and a variety of dementia and Alzheimer related behaviors.
Physical Disability	Behaviors identified include hoarding, substance abuse, and victimization.
Technology Assisted	Behaviors identified include pica, pulling out g-tubes, physical aggression, and defiance.
Traumatic Brain Injury	Behaviors identified include public masturbation, sexual aggression, victimization, physical aggression, substance abuse and delusional behavior. Behaviors that result in losing one's job or place in the community.
Seriously Emotionally	Specific behaviors identified included defiance, impulsivity,

Disturbed	high anxiety, and behaviors related to significant mental illnesses. It was noted that behaviors could be intense and severe in nature including suicide attempts and physical aggression.

Major strategies for challenging behavior. Each of the participants in the Medicaid-funded Home and Community Based Waiver Services waivers used different language as the participants described the strategies used to address challenging behavior. However, there also were a number of similar approaches across the waivers. Participants in the Autism Waiver, Developmental Disability (DD) Waiver, and Traumatic Brain Injury Waiver (TBI) waiver mentioned the use of applied behavior analytic techniques to address challenging behavior. The Autism Waiver, DD Waiver, TBI Waiver, and Seriously Emotionally Disturbed (SED) Waiver all used techniques that are referred to as either PCP or wraparound which have similar strategies for team-based problem solving that places the consumer and family at the center of planning process and seeks to empower consumers and family members.

The Autism Waiver plan focuses on assessing the child's communication, social and learning skills with a focus on early intervention. Functional behavioral assessment is used within this assessment process when challenging behaviors are identified and children are taught replacement behaviors that will address the same function as the challenging behavior identified in the functional behavioral assessment. Parents receive support from an Autism Specialist who facilitates a team including Intensive In-home Support Staff (IIS) who works with parents to implement highly intensive interventions at home. One parent described the importance of the proactive and preventative elements of the behavior support plan by saying: *"the sooner you intervene, of course, the more likely you are to stop the behavior."* Interventions are modified based on ongoing data-based decision making. The state definition of services available through the Autism waiver is broadly stated including applied behavioral analysis and other evidence-

based practice in Autism. This means that the plans created could vary considerably based on the background of the Autism Specialist facilitating the team-based process.

In the DD field, behavior plans are often facilitated by the case manager and implemented by service providers. These plans may be included in PCPs or may be created as separate plans. Case managers receive training in Positive Behavior Support (PBS) through the Targeted Case Manger (TCM) Online Training and through the Online College of Direct Support Training developed by the University of Minnesota Institute for Community Integration. PBS refers to a set of processes, systems, and strategies that focus on a) teaching social skills that will replace problem behavior with positive social alternatives and b) reorganizing the routines and settings that are most problematic for families, providers, and community members. Depending on the severity of the behavior, service providers may contact community resources for assistance. These resources include but are not limited to Parsons Outreach Team, Kansas Neurological Institute, or private behavior consultants. In addition, some organizations have sent staff through the KIPBS Facilitator Training Program. Some organizations have invested in behavioral consultants and have created positions within their systems to support training and provide Technical assistance related to behavioral support for all consumers, however, this is not always the case.

Behavior interventions are not considered a specific DD Waiver service and, the ways in which behavior support within organizations are addressed vary quite dramatically. Behavioral data are collected for all developmental disability waiver recipients. However, these data are typically only collected for the purpose of the annual BASIS Assessment. PBS is identified in the regulations and in the waiver manual. It was very clear from the study that knowledge and awareness of how to address challenging behavior varied greatly across the state with areas of

great innovation and other places in great need of information about how to prevent the occurrence of problem behavior.

This appeared to be the case within the TBI field as well. Participants receiving TBI services reported that challenging behavior is specifically addressed and is a billable service on the TBI Waiver. In addition to Applied Behavior Analysis, waiver recipients can access cognitive therapies and interventions when they are available via a cognitive therapist. The cognitive therapist works with the consumer and the rest of the team to build a behavior plan. Professionals and waiver recipients reported that the quality of cognitive therapy varied greatly and in certain parts of the state this service was not available.

Challenging behaviors are identified and assessed as part of the eligibility criteria for the SED Waiver. The main strategies used to address challenging behaviors are via wraparound planning and systems of care and a subsequent treatment plan. Lucille Eber (2011), a national expert in wraparound planning, describes the process in the following manner:

> *"Wraparound is a philosophy of care with a defined planning process used to build constructive relationships and support networks among students and youth with emotional or behavioral disabilities (EBD) and their families. Major features of wraparound are that it is community based, culturally relevant, individualized, strength based, and family centered. Wraparound plans are comprehensive and address multiple life domains across home, school, and community, including living environment; basic needs; safety; and social, emotional, educational, spiritual, and cultural needs."*
>
> (http://www.pbis.org/pbis_newsletter/volume_3/issue2.aspx)

The team designs a crisis plan (within the SED waiver) that provides guidelines for how team members will respond to the occurrence of significant challenging behavior. However, the

crisis plan also requires the team to focus on prevention as well. The crisis plan is included as part of the overall treatment plan. A broad range of specific behavior intervention strategies were shared by both professionals and consumers who work in and receive services from community mental health services. The selection strategies that were discussed appeared to be related to the unique characteristics, backgrounds, and trainings that each of the professionals received. Again, as with other waiver areas, there was a wide range of skills with some parts of the state showing really innovative and proactive methods for preventing challenging behavior while other areas were in need of additional training.

In the focus group sessions and interviews, the Frail Elderly, Physical Disability (PD), and Technology Assisted (TA) Waiver participants indicated that training related to challenging behavior was not included in the preservice preparation in their organizations and are not part of the services offered within these waivers. Consumers receiving services through the Frail Elderly Waiver and through PD who engage in challenging behavior are referred to community mental health or medical providers. Individuals who continue to engage in problem behaviors usually end up in a hospital or nursing home setting. There were a few exceptions reported by participants representing the Frail Elderly Waiver about services that were available in some regional locations. For instance, participants in one region reported that a consumer group met monthly to address hoarding of objects. An organization entitled *Four of the Eleven Areas on Aging* currently has a grant through the Alzheimer's Association-Bridge Program. This program employs a social worker who can address with crisis situations related to behaviors. Finally, the *Peer-to-Peer Support Program*, a University of Kansas pilot program has recruited volunteers who are 60 years of age or older. These volunteers are trained to be a peer support to a waiver

recipient who experiences feelings of discomfort due to anxiety. Each individual who participates in the *Peer-to-Peer Support Program* receives support once a week for ten weeks.

A few of the participants in the study who were providers supporting consumers receiving PD Waiver services indicated that a team problem-solving approach was used with other community providers when challenging behaviors occurred. However, challenging behavior is not a billable service, and therefore, these efforts were done on a voluntary basis across all team members. Individuals who continue to engage in problem behaviors risk losing their community placement and potentially their access to the waiver. In the Technology Assisted (TA) Waiver, a case manager may provide the parent with mental health or medical community service provider contact information. In other situations, the parents are expected to be responsible for addressing challenging behaviors. Another issue that many professionals indicated was problematic was the many hours necessary to process paper documentation and management tasks. Participants reported that these documentation tasks often make it difficult to provide effective services to consumers. A related issue was that professionals are often assigned large caseload sizes making it difficult to provide support to each consumer at a level that meets their needs. The group also discussed the challenges encountered when there are sudden changes in state expectations for how paperwork procedures are completed.

Although some of the conversation addressed barriers, it is interesting to note that the focus group sessions in the three regions in Kansas provided a glimpse of the collaborative nature that is clearly present across the local services in Kansas. During each focus group session, professionals representing the different waivers appeared interested in the ways in which challenging behaviors were addressed across the different waivers, offered ideas and suggestions to each other during the discussions, and were interested in the possibility of collaborative

problem solving that would allow consumers to be able to receive services. The professionals in one of the focus group sessions indicated that having the opportunity to talk together across the waiver services was a valuable experience and several individuals came up to the research staff during breaks in conversation to say they really appreciated the opportunity to talk to their colleagues.

For instance, one of the parents interviewed indicated that her child would be transitioning to another waiver service soon. These types of transitions show how professionals often provide transitions across waivers. In this situation, the parent described how she already knew the case manager who would provide these services and she reported that she was pleased with the transition process. The focus group session that was held in this region in Kansas also showed similar collaborative qualities across waiver areas, especially in the areas of Autism and DD services.

Effectiveness of strategies for addressing challenging behaviors. Focus group sessions and interviews suggest that individuals across Kansas are using effective, evidence-based practices and these strategies are, indeed effective for preventing and reducing the occurrence of problem behavior. One mother described the effectiveness of the Autism waiver services that, in part, addressed challenging behavior in the following manner:

> *"Although problem behaviors still occur, the number of events has decreased.…My quality of life has improved and my house is not more intact [less damaged due to property destruction], even the dog is happier [decrease in aggression towards the dog], [my son] is better at helping around the house and is more affectionate…and has made a lot of improvement socially, he will come get you when he has problems and will look you in the eye and talk to you"*

At least some of the participants in all three regions where focus groups sessions were held described were able to describe methods for addressing challenging behavior based on either Applied Behavior Analysis, PBS, PCP, or Wraparound and Systems of Care. These participants showed a level of understanding that indicated they truly understood the principles underlying these types of approaches. As in most states, however, the challenge for Kansas is to increase the consistency, fidelity, and access to information about these evidenced-based practices.

Study activities revealed that challenging behaviors in fact occurred across all Kansas Medicaid Waivers. While these behaviors varied in definition, intensity, and frequency, they all interfered with the quality of life of the waiver recipient. In some cases, participants reported that these behaviors resulted in negative outcomes such as injury, institutionalization, and victimization. Only a few of the waiver services include state-level behavior intervention training as a part of the supports offered to providers. Themes related to the need for provider and family training related to challenging behavior came up in one hundred percent of all study activities. Participants indicated that the types of individuals who were in need of this type of training included direct support professionals, case managers, wrap-around facilitators, therapists, waiver recipients, and families. Participants indicated that most professionals are ill-equipped to develop and implement effective behavior support plans.

Some of the professionals in the study reported they were required by regulations to create behavior intervention plans but did not have adequate behavior training. One individual summed up the problem by stating that *"For the most part the agencies give you the bare minimum training and turn you loose."* The types of behavior support training that some participants indicated were the most available sources in Kansas included online modules or one-day workshop training formats. Professionals reported that neither of these training methods

were effective in building the skills necessary for effectively addressing challenging behavior. A professional providing case management services within the DD Waiver indicated that the *"Parsons Outreach [Team] is excellent on coming in and assisting with behaviors"*. This person pointed out that the training and behavior support given by this state-funded group was one of the unique options available to providers.

There also appeared to be areas in the state that were easier and harder for individuals to obtain access to training to address challenging behavior. As one would expect, professionals in Northeast Kansas reported that they had access to some behavior training resources while those in Southeastern and Western Kansas reported that they typically had to travel long distances for trainings. Unfortunately, due to recent budget cuts, individuals from these organizations reported that travel and outside trainings had all but been eliminated. This training issue was of significant concern as professionals from rural areas reported that they did not believe that most professionals in their region had the training necessary to perform essential behavioral prevention strategies.

In addition to the lack of training, low pay and minimal skill level of many direct support staff was consistently brought up as important issues across the waivers. Concerns were raised that because of these factors and the subsequent impact on the quality of the staff that even with training some direct support staff would struggle to learn skills related to evidence-based intervention implementation. The cultural differences encountered in different parts of the state was brought up as something that participants felt would need to be factored into training and support systems. Staff and consumers for which English is a second language may have different perspectives about quality of life. This led to a discussion within focus group sessions and some interviews about the importance of cultural competence amongst teams. Many of these

participants felt that cultural sensitivity was an important factor for successful behavioral support planning efforts.

Reports regarding the overuse of psychotropic medication emerged as a theme related to challenging behavior. One of the professionals providing services on the DD Waiver indicated that:

> **"***…there has to be a behavior plan in place and it has to go before a behavior management committee…The medications have to have consents, and that's all through a behavior committee to make sure that everything is in place and is working towards trying to reduce the medications"*.

Even with behavior management committee systems that are meant to provide more oversight related to the use of interventions related to challenging behavior, many participants were directly aware of the need for additional training related to the overuse of psychotropic medication specifically by human rights committees, psychiatrist, case managers, direct support professionals, waiver recipients, and family members. In other cases, participants did not always seem aware of the role that medications played in the disability field. The complexity of physiological factors that influence challenging behavior was something that many professionals indicated made the intervention planning process a great deal more difficult to navigate. Dual diagnosis across mental illness, developmental disability, substance abuse or other disabilities was described by participants as having an exponential impact on the challenges faced in team-based problem solving sessions.

A number of participants discussed the damaging role that substance abuse had within communities and how it related to challenging behavior. In one focus group, the underlying theme of substance abuse and domestic violence came up across challenging behavior sessions

for professionals and consumers, family members, and guardians. Professionals providing services within waiver services and the greater community are struggling to address the broader problems associated with substance abuse in today's society. It was also reported that many mental health providers have been forced to end substance abuse awareness and treatment programs due to funding cuts.

The last issue that came up related to effectiveness dealt with evidence and data-based decision making. Participants in the study reported that, in general, behavior support plans rarely provide data or other forms of evidence to indicate effectiveness. The Autism Waiver was described by parents and professionals as being focused on data-based decision making and it is clear from these participants that the planning process includes gathering, summarizing, reporting and meeting about the data related to each child's plan. However, plans turned into the state are not required to include these evaluation data, making it difficult to evaluate the plan for quality assurance purposes. Participants reported that there are a few organizations that emphasize data-based decision making and can provide evidence that behavior plans are effective. In many cases, professionals are implementing behavioral intervention plans, advising psychiatrists, or prescribing psychotropic medications without utilizing data systematically. Some participants reported that although the waiver they are providing services within has a comprehensive system for collecting behavioral data, these data are for annual assessment purposes related to eligibility and funding. In other words, oversight seemed to be mainly focused on paper-based performance, rather than the evaluation of impact of services on the quality of individuals' lives. To improve the overall response to challenging behavior across the state of Kansas, training and support systems that focus on data-based decision making at both the individual and organizational levels are needed.

The most apparent systemic barrier related to challenging behaviors was that only the SED, Autism, and TBI Waivers provide billable supports specifically related to the creation and implementation of effective behavior support plans. In one of the interviews, a TBI professional described one of the problems with waiver services and billing saying that *"typically one of the problems inherent in waiver services is that team members can't overlap….so you are isolated with what you are doing and then the next person comes in and is isolated but there is a provision that occasionally there can be team meetings."* This person went on to describe how the behavioral support planning process has been modified to fit the billing system in that particular region. The TBI waiver was organized in way that allows teams request an overlap in billing for multiple team members at key times in order to set up a team meeting. In one case, the behavior support plan is facilitated by a lead professional and the consumer who then set up a team meeting and present the plan. This plan is also presented to family members with the consumer leading taking a lead role in the process. The TBI professional emphasized the importance of being able to set up the team-based billing saying: *"It really makes a difference between truly getting the team approach."*

While other waivers indicated that they did provide services to individuals with significant challenging behaviors, they were limited in the services they could provide since no services could be provided related to behavioral support plan development. Study participants on multiple occasions shared that often direct support staff have either not been provided a copy of the behavior support plan or have not read the plan. Another general systemic theme was the lack of communication and transfer of important information related to behavior supports between administrators, case managers and direct support staff. This is a complex topic with many individuals who may need to take on more responsibility. For instance, one professional stated

that *"I would like to see licensed services be held more accountable for following the plan. I don't know how that would be achieved. When a case manager wants to look at a book and sees behaviors and the behavior support isn't being provided it makes me wonder where I've gone wrong."* Clearly, those facilitating the process must be able to problem solve effectively in order to identify why a behavior plan is not being following and lead the consumer and his or her team towards a more effective set of solutions.

Multiple times professionals and waiver recipients reported that direct support staff may not attend behavior support planning meetings and then are subsequently unaware of a consumer's intervention strategies or how they are implemented. Organizations face the challenge of keeping all residential and employment settings adequately staffed. As one professional pointed out: *"There is a huge gap when the turnover for residential staff is so high. Turnover happens so frequently that it's hard to know if they have been trained on the BSP [Behavior Support Plan] when they've only been there 24 hours."*

A participant in the study who was responsible for leading training within a more progressive organization described how he/she embedded cultural training and value-based messages into everyday staff meetings. This innovative leader provided clues for other staff by encouraging professionals to actively become aware of the important messages in everyday meetings and routines. For instance, this person described the following activity:

> "*We have monthly meetings that include mantras that include 'Who did you look at in the meeting? If you spent the whole time looking at the case manager then you probably were not paying enough attention to the consumer. This suggests that the meeting is not consumer driven and is a good way to provide training during meetings to become more aware of*

Freeman, R., Enyart, M., Schmitz, K., Griggs, P., Rennells, K., and Kimbrough, P. Assessing Challenging Behavior in the State of Kansas within Home and Community Based Waiver Services (Final Report). Lawrence, KS: University of Kansas

one's own behavior. Then we talk about who is in charge and emphasize the importance of the consumer driven model."

One of the systemic barriers that many of the professionals across waivers reported had to do with caseloads assigned to each case manager within organizations. This conversation appeared in focus group sessions and interviews with professionals representing SED, PD, FE, DD, and TBI. Most waivers do not have regulations related to maximum caseload capacity which has resulted in caseloads that are as high as 100 for individual case managers. Providers reported that caseloads have significantly increased over the last three to four years and that this has had a negative impact on their ability to recognize and effectively support individuals who engage in problem behavior. Some participants felt that individuals are more likely to lose their community placements when they are being served in situations where there are so many others being served on the same caseload. It is very difficult to provide individuals with the kind of intensive individualized support they need when so many others also need the same type of assistance at the same time.

The occurrence of challenging behaviors can lead to the elimination of services for some consumers in some waiver services. Participants reported that waiver providers have the option to refuse services to individuals who engage in challenging behaviors. When this is the case, the consumer may be transferred from one provider to the next until ultimately end up losing waiver services all together.

Professionals providing services in the DD Waiver report that that they are required to document the occurrence of challenging behaviors as a part of an assessment process to determine the level of an individual's support needs. One unintended artifact of this documentation process is that if challenging behavior becomes less intense, an individual's

funding will decrease. When funding decreases, the supports used for interventions to prevent problem behavior must be removed because they can no longer be afforded by the organization supporting the individual. Problem behavior naturally increases again due to the removal of key interventions and the individual's score on the behavior documentation form increases once again until the consumer qualifies for funding. This is a cycle that is well known by professionals on the DD Waiver and it is a source of frustration for individuals who would like to see some type of modification that would allow for prevention-based planning that is not removed when these interventions are, in fact, effective.

Rural providers face a multitude of challenges that are unique compared to their urban counterparts. They have increased travel expenses, loss of billing production due to the travel time incurred, a reduction of qualified staff, and fewer opportunities for local training. In some parts of the state, these professionals face unique cultural challenges. Study participants across the waivers described other challenges encountered including low direct support staff pay, limited access to human resources, and the fact that some waivers do not require background checks for support staff. These factors have led to an increased risk of victimization for waiver recipients who are self-directed. Participants also described some individuals who receive waiver services, are self-directed, and who engage in challenging behavior. Any individual who is interested in directing his/her own services is referred to a self-direction tool kit. However, the risk for victimization is present for any individual engaging in self-directed services.

Summary of effective approaches for addressing challenging behavior in Kansas. The knowledge and experience of challenging behaviors, and of the different evidence-based approaches available for preventing and/or reducing the intensity of problem behavior varied significantly. In general, more participants were familiar with Applied Behavior Analysis, PBS,

Cognitive Behavioral Therapy, PCP, and Wraparound/systems of care in the Autism, DD, SED, and TBI Waivers. However, this was not always the case. There were clearly "pockets of innovation" occurring in each part of Kansas where participants had received more training and supports and were actively seeking out more information about how to proactively address challenging behavior. Participants in the Physical Disability, Technology Assisted, and Frail Elderly waivers were less likely to be aware of evidence-based practices. However, in each of the focus group settings, there was a clear sense of unity amongst professionals who support consumers. In the discussions, it appeared likely that given the opportunity, that the professionals with experience addressing challenging behavior would be interested in sharing ideas, tools, and strategies with professionals across the waivers. In one focus group session, professionals discussed the possibility of collaborating in such a manner that person-centered planning and positive behavior support strategies might be implemented in ways that could cross waiver areas and benefit consumers.

In addition, the group discussed sharing tools and processes that could be generalized. As one professional involved in the Autism waiver pointed out that *"Strategies taught in Autism training may be beneficial for other waiver systems"* In fact, the unique aspect of the Autism Waiver is the intensive in-home support provided to family members who benefit from an Autism Specialist facilitating the waiver planning process and Intensive In-home Support Staff who assist in the implementation of the interventions with family members up to 20 hours a week in the home. The intensity of supports available to children in the Autism Waiver would be difficult to replicate on a large-scale basis. However, the evidence-based content related to challenging behavior (e.g. functional behavioral assessment, identification of a replacement

behavior, early intervention, etc.) may generalize to a number of different populations and settings across the lifespan since it is based on Applied Behavior Analysis and PBS.

Summary of challenges for services in Kansas. Most participants in the study indicated that challenging behavior involved any actions that put an individual at risk for more restrictive placement outside of the home or community. These risks included interactions with law enforcement, incarceration in jail or prison, short or long-term placement in a mental health facility, hospitalization, divorce, domestic violence, nursing home placement, loss of housing, abuse, exploitation, serious injury to self or others, and death. Most participants in the study indicated that training was an important factor in addressing challenging behavior. Other issues reported included inconsistent behavior interventions, low paid and limited skilled direct support staff, and increased caseloads combined with limited oversight due to funding cuts from SRS. Participants report that these risks have all been increasing over the last three to four years. Resources available to address challenging behavior within organizations and homes are reported to be minimal, with most attention on the part of staff members focused mainly on ensuring compliance of documentation, a problem made difficult due to high case load among most professionals providing services to consumers.

Recommendations for improving services. A number of professionals stated that creating standards for evidence-based practices would improve the consistency and implementation efforts across the state. Failing to provide a clear set of expectations from the state sets the stage for some organizations to fail to achieve even the minimum implementation fidelity as it related to the prevention of challenging behaviors. As one person put it "*They need to make very clear what pieces do they [the state] expect when the standards are being met. A*

care plan needs to be made for agencies just like we do for people. I don't see that being done by the state."

At a systems level, some participants recommended that waiver behavior support systems needs to be objectively evaluated. For example, we heard that some practices that have been described as evidence-based by some participants, may not be considered to be based upon a strong enough history of research by other individuals within Kansas. The term "evidence-based research" can be defined in different ways, and this has made it harder for professionals to follow the state's expectations. For instance, some researchers only consider research to be evidence based if it is 1) conducted using large group design studies that 2) includes control groups, 3) uses randomly controlled selection of subjects, and 4) participants and researchers are blind to interventions while data are collected. Other researchers, believe that single-subject research when conducted across large numbers of subjects reflecting a population of interest and across enough generalization examples provides adequate evidence for research purposes. Yet another group of researchers might argue that when conducted properly, the methodological approaches used in qualitative research are also evidence-based. A state-level definition of evidence-based practice would be helpful for professionals in the state of Kansas to better understand what practices are considered by the state to be acceptable methods for the prevention and intervention when challenging behavior occurs.

The individuals participating in the study with a background in Applied Behavior Analysis and PBS recommended that challenging behavior be addressed using functional behavioral assessment practices. In addition, these professionals would argue for function-based interventions, individual and organization data tracking systems, data-based decision making, a focus on prevention and early intervention, and plans for generalization, maintenance, and

sustainable practice. These participants tended to represent individuals within the Autism Waiver, the DD Waiver, the TBI Waiver, and, in some cases, the SED Waiver. There are already a number of state-supported trainings through SRS and through the Kansas State Department of Education (KSDE) that are based on either Applied Behavior Analysis and/or PBS due to the widespread use of these practices in education and human service systems across the United States. Parsons Outreach Training, the KIPBS, Project Stay, Multi-tier System of Supports for Behavior (MTSS) are just a few examples of state-funded/supported training systems. In fact, the "pockets of innovation" observed in Kansas were being implemented by individuals with experience in Applied Behavior Analysis, PBS, PCP, and/or Wraparound and Systems of Care. Some variation of these strategies, terms and processes were reflected in areas where effective practices were reported related to challenging behavior.

What is needed at the state-level for consumers and professionals is to take advantage of these strengths that already exist in Kansas. One way to do so would be to provide Kansans with access to layers of training opportunities and technical assistance. For instance, in the state of Missouri, an interagency state-wide team is currently designing a training and technical assistance model that has four levels: 1) awareness level trainings for consumers and professionals to be introduced to the basics related to preventing problem behavior; 2) professional development modules and training opportunities for individuals to begin learning specific skills related to Applied Behavior Analysis and PBS; 3) training and technical assistance systems to mentor facilitators who can guide team-based problem solving for an individual child or adult who engages in challenging behavior; and finally, 4) expert-level trainers are being recruited across the state who can assist in guiding these activities in their own regions across the state. In other words, training should be comprehensive and multi- faceted. Training to address

challenging behavior cannot be addressed by setting up an online training or a one-day workshop.

Although resources are tight, there are a number of activities that could be put in place to support prevention-based processes. New regulations could focus on the implementation and outcomes of the behavioral plan instead of primarily on the written plan. Training materials related to Applied Behavior Analysis and PBS could be added into existing preservice and inservice trainings for professionals working across the different waivers. Collaboration with the universities in Kansas to stimulate grant-writing and other activities that would bring in funds for training activities like the examples described by the Frail Elderly waiver related to anxiety and peer support systems (*Peer-to-Peer Support Program, Association-Bridge Program*). The Self-Direction Tool Kit could be expanded to include additional Abuse, Neglect, and Exploitation as well and the prevention of challenging behavior. The SRS website might have sections added to that are dedicated to addressing challenging behavior. A centralized website with training and information could be a starting place for more comprehensive support systems for individuals who are engaged in the self-direction process. On the DD Waiver, Supportive Home Care (SHC) staff members can get paid for a certain number of training hours and this training could be dedicated to behavioral support planning. Reports from participants in the study indicate that this opportunity is not currently being utilized to the extent that it could be at this time. This would be ideal for behavior training.

An important issue brought up by a number of individuals participating in the study was related to caseload size. Many individuals recommended that the state put a limit on the caseload size any one professional can have at a given point in time. Case managers reported that they were more confident that they could do their job properly when caseload size was manageable.

Currently, some waivers have regulations that allow providers to refuse services to waiver recipients who engage in challenging behaviors. Participants in the study voiced their concerns about the well-being of individuals who engage in challenging behavior. These individuals, most people believe, are the ones most likely to experience negative outcomes in life. Individuals who engage in challenging behavior are more likely to be "lost" in the system, end up transferred across different waivers, different providers, and/or different restrictive settings, become victimized in some manner while receiving services, or lose waiver services entirely. Individuals who engage in challenging behavior are more likely to end up in jail or in institutional settings. Participants voiced the need for better tracking systems and improved prevention systems to maintain the safety and wellness for all consumers, but especially when individuals engage in challenging behavior.

On the SED Waiver professionals, reported that they feel they have limited expertise and capacity to serve individuals with intellectual disabilities. However, because of the extensive DD Waiver waiting list these professionals are seeing more and more children with mental health diagnosis and intellectual disabilities. SED Waiver professionals expressed the need for more training to better meet the needs of children with intellectual and other disabilities who qualify for the SED Waiver. A story shared by professionals in the study was related to children who were being treated for mental illness. Once on the SED Waiver, children who were diagnosed with a severe mental illness were able to get the medication they needed. However, when the child's mental illness improved, he/she no longer met criteria for Medicaid, and those funds were withdrawn. The family could not afford to continue the medication without support from the waiver, therefore, the child's treatment was terminated and the mental illness returned. Treatment resumed when the child was placed on the SED Waiver. Although not common, this

cycle has been observed in a small number of cases when families cannot afford medication without support. Participants suggested that the state consider some way to address this situation, especially since the number of cases appear to be small in number.

Professionals from more rural areas discussed a number of challenges that make effective team-based behavioral support more challenging. Rural professionals receive less training, have limited human/financial resources, and do not receive additional funds related to loss of productivity and expenses due to more extensive travel. Waiver recipients in rural areas may have to wait longer to identify individuals who can provide services. For instance, one parent indicated that her son was one of the first children identified to receive one of the waiver services but he but did not actually receive services for the first year and a half because there wasn't anyone in the region who could provide support. SRS leaders and other individuals providing state training actively recruited in the rural area and eventually found very effective professionals who could provide services for the child. This particular waiver was just beginning, however, the challenges this parent experienced is likely to be fairly typical in rural areas. In the next section, the online survey data are analyzed including data from participants across both rural and urban settings in Kansas.

Online Survey Data Analysis

A total of 492 individuals completed the online survey. These participants represented professionals, consumers, parents, and guardians from across the state. Figure 1 shown earlier in the report provides a geographic description representing where participants in the study live. Table 3 includes more information about stakeholder group and waiver services represented. Individuals were asked to indicate the *primary waiver* in which they received or provided services (individuals may be involved in more than one waiver but were asked to choose only

one area to represent for this survey). As you can see in Table 3, the highest response rate came from the DD Waiver area (N=318). The second highest response rate came from the Autism Waiver (N=54), followed by the Frail Elderly Waiver (N=41), and Physical Disability Waivers (N=38). The lowest response rate occurred in the SED Waiver area (N=9). It is not clear whether this difference in response rate had to do with the dissemination approach or some other variable.

Table 3. Number of Individuals Represented Across Waivers in the Online Surveys (N=492

Number of Individuals Participating in the Online Survey	**Professionals**	**Consumers, Family Members, and/or Guardians**
Autism	39	15 (Parents)
Developmental Disability	217	51 (Consumers) 50 (Parents)
Frail Elderly	36	5 (Consumers)
Physical Disability	22	16 (Consumers)
Seriously Emotionally Disturbed	4	5
Technology Assisted	12	0 (Parents)
Traumatic Brain Injury	20	0 (Consumers)

There was a relatively high number of surveys completed for this study. This relatively high number of survey responses may be due to a variety of reasons, some known and others unknown. More individuals may have known about the survey because of the focus group and interviews that were taking place in the different regions across Kansas. Invitations were sent out both through SRS Administration, the Disability Rights Center, Families Together, Self Advocates Coalition of Kansas and through CDDOs in Kansas. KIPBS staff members spent time

talking to professionals, consumers, and family members across the waivers prior to disseminating the survey which may have increased the knowledge and awareness of the survey.

The data for each waiver area was summarized separately since each online survey was tailored slightly to meet the needs of each waiver culture and language. The summaries for each waiver can be found in the Appendix of this report. Although separate analyses across the waivers may make it more difficult to interpret the data, there were a number of themes that were evident across each of the waivers. These themes appear to be consistent with the overall messages that have appeared across the other mixed methods sections of this report.

Individuals responding to the survey responses across waiver areas reported an awareness of the importance of Applied Behavior Analysis and PBS and this tended to show up across many of the waivers (75% of professionals from Physical Disability (PD) say PBS is the methodology they use; 96% of professionals in the Developmental Disability (DD) Waiver area indicate PBS is used, and 75% of professions from the Traumatic Brain Injury (TBI) Waiver indicated PBS is used as to address challenging behavior). Ninety percent of parents whose children receive services through Autism Waiver services had heard of PBS and 75% of the individuals indicated that behavioral planning had improved quality of life for their children. One hundred percent of the professionals providing Autism Waiver services who completed the survey stated that they used PBS.

Roughly half of these Autism professionals responded by saying "disagreed" on the survey when they read the following: "*The law enforcement agency in my town knows how to support a person with traumatic brain injuries who engages in challenging behavior*." Professionals in the DD Waiver disagreed with the statement that law enforcement in their local towns knew how to address challenging behavior with 11.6% (N=16) indicating strongly

disagree, 47.8% (N=66) disagreeing and 10.1% (N=14) noting Not Applicable ("N/A"). In the TBI field, 23.1% strongly disagreed with the statement that law enforcement in their local towns knew how to work with individuals with TBI who engage in challenging behavior with 23.1% (N=3) indicating strongly disagree, 46.2% stating that they disagree, and 15.4% noting "N/A".

The perception that training is needed in the area of challenging behavior is not as high as indicated in focus group sessions and interviews. In fact, many of the professionals in the DD, TBI, and Autism Waivers indicated that training to address challenging behavior was taking place. Professionals in the DD Waiver generally agreed with the statement that they received training in both responding to and preventing challenging behavior with most respondents indicating either agree (43.9%, N=61) or strongly agree (23.7%, N=33) and only 9.4% indicating "N/A"(N=13). Fifty one percent of those individuals indicated that they received trainings through multiple workshop formats while 26% reported receiving mentoring from someone with experience and 22% stated that they participated in a certification and training system using a particular method for addressing challenging behavior. In the DD Waiver, PBS was most frequently cited as the type of training used within organizations in Kansas. These patterns were similar for TBI professionals as well who appeared to have more experience in PBS training to address challenging behavior. Professionals from the TA Waiver were most likely to respond to questions related to challenging behavior by indicating "N/A" or by indicating that they agree to most of the questions. Most of these professionals also indicated that they either did not encounter problem behaviors (42.9%, N=3) or only observed minor problem behaviors (42.9%, N=3).

Parents whose children receive services in the DD waiver report that they agree that professionals are knowledgeable about how to address challenging behaviors (parents agreed

42.3% of the time, strongly agreed 30.8% of the time, disagreed only 11.5%, and indicated "N/A 15.4% of the time). Consumers indicated that professionals were knowledgeable about how to address challenging behavior most of the time as well (consumers agreed 56.3% of the time, and strongly agreed 43.8% of the time). Consumers reported that quality of life mostly improved due to the behavior support plan across all domains. Agreements ranged from the lowest of 53.1% on Finance to the highest agreements of 78.1% (N=25) for Personal Health.

However, consumers disagreed with the statement that the behavioral support plan made his/her life better. The domain with the most disagreements was Finance with 12.5% (four individuals indicated that they disagreed). No disagreements occurred for the Personal Health domain. Parents and guardians of children with DD scored the survey in a similar manner in the section related to quality of life compared to consumers. However, parents and guardian disagreement were slightly higher with the highest disagreements including Finance and Natural Supports (15.4%, N=4) and a score of zero on the Personal Safety domain. Parents of children with Autism tended to have higher scores agreeing with improved quality of life changes across all domains and fewer disagreements indicating that their child's lives may not have changed due to the behavioral support plans implemented for challenging behavior. The range for parents of children with Autism agreements was 40% (N=4) to 80% (N=8). To see a full review of the data across all waivers, please consult the Appendix.

The interpretation of the online survey should be viewed with caution as an initial pilot. The data gathered can only be viewed separately by waiver and not in aggregate due to the manner in which the surveys were designed. When it first became clear during the first Systems Transformation meetings that stakeholders were requesting a careful assessment of language to ensure accurate data collection, KU staff members and SRS Leaders decided to use this first

qualitative study to explore a unified survey might be established in the future. The next step for SRS Leaders will be to analyze the different online surveys and create the next version of the online survey that can be used as an aggregate measure and as one source of data for all waivers. The individual results for each waiver is included in the Appendix and a blank copy of the surveys are available upon request.

KIPBS Pre-Test Application and Post Test Case Study Analysis

The KU Evaluation Coordinator used a simple Case Study Demographic Checklist (see Appendix when reviewing each of the application and case study behavior plans. Table 4 provides a summary of the characteristics of the 14 application plans turned in by professionals interested in participating in the KIPBS training program. A review of the data included in the demographics table above reveals that about two-thirds of the application plans were written to support male consumers, In addition, two-thirds of the written plans focused on consumers who were age 31 or older. All ages were represented in the pool of 14 case studies including very young children (14.3%), school-aged children and youth (14.3%) and young adults (7.1%).

Nearly 80% of the consumers who received written behavioral plans that were submitted as part of the KIPBS application process included a diagnosis of developmental disabilities. Other diagnoses included Autism, Attention Deficit Hyperactivity Disorder (ADHD), bipolar disorder, and depressive personality disorder diagnoses (7.1% for each of these diagnoses). There was no diagnostic information provided in two cases (14.3%). Nine additional diagnoses were listed in the pool of plans, indicative that consumers often had two or more diagnoses listed in their PCP plans.

Table 4. Demographic Characteristics of Application Plans (N=14).

Categories	Sub-Categories	Percent	Comments
Gender	Male	64.3%	
	Female	35.7%	
Age	0-3 years	0%	
	4-5 years	14.3%	Infants/Toddlers to Preschoolers (0-5): 14.3%
	6-13 years	7.1%	
	14-18	7.1%	
	19-21	0%	School-aged children & youth (6-21): 14.3%
	22-30	7.1%	Young adults (22-30): 7.1%
	31-40	0%	
	41-60	14.3%	
	61 and over	0%	
	Adults (23+) but age not specified	50%	Adults (31+): 64.3%
			NOTE: Consumers typically had more than one diagnosis listed in their plan
Diagnoses	Autism	7.1%	
	Attention Deficit Hyperactivity Disorder (ADHD)	7.1%	
	Bipolar Disorder	7.1%	
	Depressive Disorder	7.1%	
	Developmental Disability	78.6%	
	Pervasive Developmental Disorder (PDD)	0%	
	No information listed	14.3%	
	Additional diagnoses		Anxiety Disorder: 1
			Asthma: 1
			Borderline Personality Disorder: 3
			Diabetes: 1
			Intermittent Explosive Disorder: 1
			Oppositional Defiance Disorder: 1
			Post-Traumatic Stress Disorder (PTSD): 1
			Seizure Disorder: 2
			Spinal Cord Injury: 1

Waivers Represented	Developmental Disability	85.7%	
	Autism	7.1%	
	Severely & Emotionally Disturbed	7.1%	
	All other waivers	0.0%	FE, TBI, PD & TA Waivers
State Location	Northeast	64.3%	
	North Central	0%	
	Northwest	0%	
	Southeast	7.1%	
	South Central	21.4%	
	Southwest	7.1%	
Population Area	Rural	35.7%	
	Urban	35.7%	
	Suburban	14.3%	
	Not indicated in plan	14.3%	

Twelve of the 14 application plans were written for consumers who received services under the DD Waiver, while one other individual was being served through the Autism Waiver and another consumer received services through the SED Waiver. Although nearly two-thirds of the consumers lived in Northeast Kansas, there were application plans written for consumers living in Southeast, South Central, and Southwest Kansas. There were no plans in our sample for consumers from either Northwest or North Central Kansas. All three major kinds of population areas were represented by consumers whose plans were sampled: rural (35.7%), urban (35.7%), and suburban (14.3%). The population area could not be determined for two application plans (14.3%). In the next section, the average percent scores on the *PC-PBS Checklist* are reported for the 14 application plans (see the Appendix for a complete copy of this tool). The data are broken down by the 28 items that address PCP and/or the 26 items that specifically address PBS depending on which report was submitted (a PCP or a PBS plan). Tables 5 and 6 show the scores each professional received for either PCP, PBS or both. The ID number in the first column

indicates in an anonymous manner which professional is being evaluated, followed by type of organization where the person provides services, the type of regional location in which the person lives, the waiver service area, and the average percent score on the part of the *PC-PBS Checklist* that relates to either PCP or PBS.

Table 5. PCP Items on the PC-PBS Checklist.

ID #	Type of Organization	Geographical Location/ Population Area	Waiver	Score on 28 PCP Items
601	Independent Contractor	Southwest/Rural	DD	25.00%
602	Community-Based Residential Program	Northeast/Suburban	DD	60.71%
702	Community-based Mental Health Center	South Central/Suburban	Autism	39.39%
703	Community-Based Residential Program	Northeast/Rural	DD	48.21%
801	Independent Contractor	Northeast/Urban	DD	51.79%
804	Independent Contractor	Northeast/Urban	DD	57.14%
N=6		Range in Scores: 25.0-60.71%		Mean: **47.02%**

In Table 5, three of the six sampled plans score in a relatively tight cluster on the PCP application plans in Table 5, from 51.79% to 60.71%, while two other plans score 48.21% and 39.39%. One plan seems to be an outlier with an average percent score of only 25% on the PCP-related items. The mean overall score for all six application plans is 47.02%; however, excluding the single, low scoring plan (#601—25%) the mean score for the other five plans would be 51.43%, which is also very close to the median score of the five-plan distribution (51.79%). Areas of strength are described for these written application plans are listed in the next section of this report.

Areas of relative strength. Six (6) PCP application plans (from Table 5) received the ***highest*** possible ratings for five items on the *PC-PBS Checklist.* These five items scored a "2", or "In Place," on two thirds or more of the six PCP application plans. These items include the following:

Item 6 on the *PC-PBS Checklist*: The consumer's preferred method of communication is described (100% of plans received highest possible rating);

Item 8 on the *PC-PBS Checklist*: Current health and physiology issues are described (83.3% of plans received highest possible rating);

Item 9 on the *PC-PBS Checklist*: Mobility (motor and transportation) issues are described (66.7% of plans received highest possible rating);

Item 12 on the *PC-PBS Checklist*: Planning and assessment participants are listed (66.7% of plans received highest possible rating);

Item 29 on the *PC-PBS Checklist*: Activities needed to assist the consumer to achieve goals are listed. (66.7% of plans received highest possible rating);

The PCP application plans show a number of positive strengths related to various aspects of PCP. All six plans clearly and strongly *described the consumer's preferred method of communication*, as well as issues that arise related to the impact or interaction of communication challenges and problem behaviors. The pool of PCP plans was also consistently rated on *descriptions of the consumer's current health issues*, *mobility and transportation issues*, *planning and assessment participants*, and *activities stated in the plan that were needed to assist the consumer achieve his/her goals*. A number of weaknesses are also described for the PCP plans in Table 5.

Areas of relative weakness. The six application plans received the ***lowest*** possible ratings for a number of items on the *PC-PBS Checklist.* These eight (8) items out of the total 28 PCP subscale received a "0" or "Not in Place" two thirds of the time (66.7%) or more for the six application plans. These eight items include:

Item 13 on the *PC-PBS Checklist*: Surveys, interviews and other tools used to collect preferred lifestyle information are described. (66.7% of plans were rated "0".);

Item 16 on the *PC-PBS Checklist*: With whom the consumer wants to live is clearly stated. (66.7% of plans were rated "0");

Item 30 on the *PC-PBS Checklist*: Caretaker training needed to assist the consumer to achieve goals is described. (100% of plans were rated "0");

Item 33 on the *PC-PBS Checklist*: Plan outlines how achievement of goals or skills will be assessed. (100% of plans were rated "0");

Item 34 on the *PC-PBS Checklist*: Plan outlines how changes in the consumer's Preferred Future Lifestyle will be evaluated. (83.3% of plans were rated "0".);

Item 52 on the *PC-PBS Checklist*: Evaluation of achievement of goals or skills includes (at least one): (a) number of goals or skills achieved (b) other measures of achievement of goals or skills. (83.3% of plans were rated "0");

Item 53 on the *PC-PBS Checklist*: Evaluation of changes in the consumer's Preferred Future Lifestyle includes a statement regarding the status of each of the following: (a) type of preferred living setting (b) with whom the consumer wants to love (c) with whom the consumer wants to socialize (d) what work or other valued activity the consumer wants to do (e) what social, leisure, religious or other activities the consumer wants to participate in. **(**83.3% of plans were rated "0");

Item 54 on the *PC-PBS Checklist*: If there is evidence of changes in Preferred Future Lifestyle, achievement of goals, or that a service provided is unresponsive, there is a plan for revisions to reflect these changes. (100% of plans were rated "0").

In summary, only five (5) PCP items were scored as being "In Place" while another set of eight PCP items were scored very low ("Not in Place") in one-half or more of the PCP application plans. The remaining 15 PCP items (just over 53%) scored somewhere in between these two extremes. The clear pattern that emerges from this review is that person-centered application plans *did not include evaluation measures.* This is consistent with information gathered from focus group and interview sessions where participants stated that PCP evaluation was an area of challenge for many organizations. These participants stated that more training is needed focused on goal development and measurement for many different stakeholder groups.

In general, based on these six PCP plans, agencies seem to be able to gather information about some aspects of the consumers' life and his/her preferred lifestyle (valued work, school, social, leisure or religious activities, for example) but did not report other areas of the consumer's life; (e.g., who the consumer wants to live with, what his/her dreams are). All six plans scored lower on *describing preferred lifestyle interventions that would help the consumer achieve his/her dream*. This also means that written plans did not describe the training that caregivers might need to help the consumer achieve his/her goals. In addition, the plans did not provide clear descriptions of how the PCP team would determine whether or not the consumer's lifestyle goals were being accomplished. Goal status and follow-up tended to be unclear in the plans with no information included about what the PCP team would do if goals were not met or services were unresponsive.

It is important to note, however, that in some cases, teams may be providing some of this information during team meetings even thought they may not document the information in the written PCP plan. To evaluate team-based problem solving, it is important to review meeting minutes and other forms of documentation, and to interview the consumer and team members prior to completing any evaluation process.

Table 6. PBS Items on the PC-PBS Checklist.

	Type of Organization	**Geographical Location/ Population Area**	**Waiver**	**Score on 26 PBS Items**
603	Community-Based Residential Program	Northeast/Urban	DD	23.08%
604	Community-Based Residential Program	Southeast/Rural	DD	26.92%
701	State Hospital-based Outreach Program	Northeast/Suburban	DD	53.85%
704	Early Childhood Program	Northeast/Urban	DD	48.08%
802	Community-Based Residential Program	Northeast/Suburban	DD	23.08%
803	State Hospital	South Central/Rural	DD	9.62%
901	Community-based Mental Health Program	South Central/Rural	SED	38.46%
902	Community-Based Residential Program	Northeast/Urban	DD	15.38%
N=8		Range in Scores: 9.62-53.80%		Mean: **29.81%**

A review of the information Table 6 indicates that three of the eight sampled plans scored in a range from 26.92% to 23.08%, while two other plans scored 48.08% and 53.85%. One written plan received a score of 9.62%, and two other PBS plans scoring 15.38% and 38.46%. The mean overall score for all eight PBS application plans is 29.81%; however, excluding the single, low scoring plan (#902 who scored 9.62%), the mean score for the other seven plans would be 32.69 %).

Areas of relative strength. Based on *PC-PBS Checklist* scores for the 26 PBS items in the checklist, only one item received a high score ("In Place") on five out of eight (62.5%) or

more of the PBS application plans. This item is number four on the *KIPBS PC-PBS Checklist* and is defined in the following manner.

> **Item 40 on the *PC-PBS Checklist*:** Environmental interventions address at least 3 of the following: (a) opportunities for choice (b) instructional/interaction approaches (c) school or day program curriculum (d) schedule predictability (e) prompts for appropriate behavior. (62.5% of plans were rated "2").

Areas of relative weakness. A number of items tended to receive a score of zero, or "Not in Place", on the PBS items in the *PC-PBS Checklist*. The items most likely to receive low scores include the following.

- **Item 22 on the *PC-PBS Checklist*:** Data from 3-5 student-conducted observations are described. (75% of plans were rated "0");
- **Item 24 on the *PC-PBS Checklist*:** Baseline data are clearly graphed (including labels, axis values, titles, and legend). (75% of plans were rated "0");
- **Item 27 on the *PC-PBS Checklist*:** Data to support each hypothesis statement about the function of problem behavior are presented. (62.5% of plans were rated "0");
- **Item 36 on the *PC-PBS Checklist*:** Possible function of problem is addressed. (62.5% of plans were rated "0");
- **Item 38 on the *PC-PBS Checklist*:** Replacement behaviors are operationally defined. (100% of plans were rated "0".);
- **Item 41 on the *PC-PBS Checklist*:** Minimizing positive and/or negative reinforcement for problem behavior is included. (75% of plans were rated "0");
- **Item 43 on the *PC-PBS Checklist*:** Safety/emergency procedures for what to do if/when a crisis occurs are addressed. (75% of plans were rated "0");

- **Item 44 on the *PC-PBS Checklist*:** Training needs are addressed.(100% of plans were rated "0");
- **Item 47 on the *PC-PBS Checklist*:** Training needs are identified and/or a system of [training] support is established. (100% of plans were rated "0");
- **Item 55 on the *PC-PBS Checklist*:** Baseline and intervention data for each target behavior are graphed. (87.5% of plans were rated "0");
- **Item 56 on the *PC-PBS Checklist*:** Graphs are clear (including labels, axis values, titles and legend). (87.5% of plans were rated "0");
- **Item 57: Indirect or direct measures of replacement behavior are provided.** (100% of plans were rated "0");
- **Item 58: A statement regarding the effectiveness of interventions is made.** (100% of plans were rated "0"); and
- **Item 59: Data provided support statement(s) regarding the effectiveness of interventions.** (87.5% of plans were rated "0").

In one-half or more of the eight (8) PBS application plans, only one PBS item out of the entire pool of 26 PBS items on the *PC-PBS Checklist* received a score of "In Place" while 14 PBS items (about 54%) scored very low ("0"). The remaining 11 PBS items (just over 42%) scored somewhere in between these two extremes. It is clear from the information about these PBS item scores that *collecting and graphing data* (Items 22, 24, 55, 56), and *using data to make decisions about the effectiveness of either specific components of the plan* (Items 27, 57) and about the *overall effectiveness of the PBS interventions* (Items 58, 59) is an area in need of training for many providers. In general, measurement and data-based decision making is an area for training and technical assistance that may be helpful for other professionals as well. The

information gathered in this descriptive analysis is quite compatible with the information gathered from focus group sessions and interviews where participants indicated that more training is needed in the area of data-based decision making.

The final issue that really must be addressed involves the concept of the function or purpose for engaging in problem behavior, central tenet of both Applied Behavior Analysis and PBS. If providers are unable to successfully identify the function maintaining a consumer's problem behavior(s), then it will be difficult for a team to design and implement a multi-component, function-based intervention and support plan to decrease or eliminate problem behaviors. It appears that sixty-two percent of the PBS application plans may have selected and implemented behavioral interventions that were unrelated to the probable function(s) of the consumer's challenging behavior(s) (Item 36). Failing to directly address the function maintaining a consumer's problem behavior will decrease the effectiveness of the behavioral support plan. While some interventions can decrease problem behavior without directly addressing the function maintaining problem behavior, this type of intervention will not be highly effective. Most human service and education organizations and schools have adopted a function-based approach for behavioral support planning because it is the most efficient and effective approach for preventing problem behavior.

In the next section, four professionals who submitted application plans sent on to complete the KIPBS training. These professionals submitted two additional case studies with examples of both PCP and PBS plans. The results of these post-test scores are discussed.

Pre-scores (application plan) versus post-scores (two case study plans) for four providers. Four of the 14 sampled application plans were submitted by KIPBS professionals-in-training who successfully completed all requirements for the KIPBS training program, including

submitting two case studies. These four professionals became certified KIPBS Facilitators and are eligible to bill Medicaid for PC-PBS services. Included in the table below are the application plan scores for these four certified KIPBS Facilitators, compared to their later case study scores while they were participating in the training program. If a professional submitted a PCP application plan, then his/her case study scores reflect how the two case plans scored on the same set of PCP items; likewise, if a PBS application plan was submitted and scored, only the PBS items from the *PC-PBS Checklist* were scored for the professional's two case studies.

As you can see in Table 7, the four professionals' average percent scores on the PC-PBS Checklist for Case Studies One and Two are much higher compared to the Application Plan. The range (on case study PCP plans) varies from a low score on PCP items of 85.71% to a high score of 96.43%. The range (on case study PBS plans) vary with the lowest average percent score on PBS items of 86.54% and the highest 93.31%. It is important to note that, in some cases, professionals who go through the KIPBS training and already have PBS skills may not be in the habit of including all of the important features necessary to receive a high score on a written behavioral support plan. These individuals tend to appreciate the ways in which the PC-PBS plan provides evidence for the written behavioral support plan.

As stated earlier related to the PCP process, when evaluating the PCP or PBS process, it is important consider all of the ways in which information is used by teams. Meeting minutes, training materials, and other forms of documentation, interviews the consumer, family members, and other team members may provide important insights that were not available in a written behavioral support plan. However, the written PCP and PBS plan can provide important insights into the ways in which services are being provided. In the last section of this report, the findings

across the mixed methods studies are combined and summarized in the Discussion and Recommendations section.

Table 7. KIPBS Professionals' Scores on Application, Case Study One, and Case Study Two Written Reports.

ID #	Application Plan Type	Score on Application Plan	Score on Case Study #1	Score on Case Study #2
601	PCP	25.00%	PCP items: 92.86%	PCP items: 85.71%
602	PCP	60.71%	PCP items: 96.43%	PCP items: 92.86%
		Mean: **42.85%**	Mean: **94.64%**	Mean: **89.28%**
701	PBS	53.85%	PBS items: 86.54%	PBS items: 92.31%
704	PBS	48.08%	PBS items: 92.31%	PBS items: 90.38%
		Mean: **50.96%**	Mean: **89.42%**	Mean: **91.34%**

Given the major findings across the mixed methods study, the research staff members have summarized the following recommendations. These recommendations include both the comments and thoughts of the participants in the study as well as the opinions of the researchers who have analyzed the data.

Define evidence-based practices for challenging behavior. The term "evidence-based research" can be defined in different ways. A state-level definition would assist Kansans as they seek to promote effective implementation of interventions that prevent and/or reduce challenging behavior.

Create standards for behavioral support practices to improve the consistency and implementation efforts across the state. A clear set of expectations from the state sets the stage for organizations to work towards a higher level of fidelity as it relates to the prevention of challenging behavior.

Create a layered training system for interagency behavioral support systems across the lifespan. The state might consider a model similar the Missouri system that include four levels: 1) awareness level trainings for consumers and professionals to be introduced to the basics related to preventing problem behavior; 2) professional development modules and training opportunities for individuals to begin learning specific skills related to Applied Behavior Analysis and Positive Behavior Support; 3) training and technical assistance systems to mentor facilitators who can guide team-based problem solving for an individual child or adult who

engages in challenging behavior; and finally, 4) expert-level trainers are being recruited across the state who can assist in guiding these activities in their own regions across the state.

Consider embedding training related to behavior in existing systems. There are a number of areas in which behavioral support training and technical assistance might be embedded. The state could consider the current preservice and inservice systems and create an action plan for increasing the types of training opportunities across waivers related to challenging behavior. If limited funds are available, training should be allocated for case managers first, and then expanded to a broader group of stakeholders.

Consider limiting caseload sizes for case managers. Limiting the number of cases that any one individual can support has implications for funding but also helps to ensure that consumers receive effective services. The state is encouraged to discuss this complicated issue with providers and to consider alternatives to the current approach in place in Kansas across some waivers (some waivers already have these limits in place).

Consider systems that create negative feedback loops. Two stories were shared, one in the Developmental Disability waiver and one in the SED waiver describing how the waivers improved outcomes for individuals only to remove the funding that was responsible for the positive outcomes. This, in turn, leads to increases in challenging behavior and re-referrals to the waiver due to challenging behavior.

Community-based training. Create a plan to systematically teach communities how to support individuals who are receiving waiver services. Examples of areas of focus include mentoring and supports for elderly individuals who need assistance shopping and engaging in everyday community activities and how to assist individuals who are engaged in self-direction. Law enforcement officials would benefit from additional training and supports related to

different types of disabilities and, in particular, how to address challenging behavior when it occurs in the community.

Consider strategies that support training in rural areas. The participants in the study discussed a number of challenges that professionals in rural areas experience that make effective team-based behavioral support more challenging. Professionals receive less training, have limited human/financial resources, and do not receive additional funds related to loss of productivity and expenses related to extensive travel.

On behalf myself and my staff at the Kansas Institute for Positive Behavior Support, I would like to thank the leaders at SRS for allowing us the opportunity to learn more about the perspectives, opinions, and wisdom from the people of Kansas.

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University of Kansas

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Challenging Behavior Appendix

1. Demographics Checklist Form for Professionals
2. Demographics Checklist Form for Consumers
3. The Focus Group Guidebook
4. Focus Group Questions for Professionals
5. Interview Questions for Professionals
6. Focus Group Questions for Consumers, Family Members/ Guardians
7. Interview Questions for Consumers, Family Members/ Guardians
8. The Organizational Format for Storing All Data for the Study
9. Codebook for Challenging Behavior Themes
10. Frequency of Secondary Codes Across Each of the Primary Research Questions for Person Centered Planning
11. Sample Survey (1)
12. Sample Survey (2)
13. Summarized Data Across Waivers
    a. Autism Waiver (Parents)
    b. Autism Waiver (Professionals)
    c. Developmental Disabilities Waiver (Consumers)
    d. Developmental Disabilities Waiver (Parents)
    e. Developmental Disabilities Waiver (Professionals)
    f. Frail Elderly Waiver (Consumers)
    g. Frail Elderly Waiver (Professionals)
    h. Physical Disability Waiver (Consumers)
    i. Physical Disability Waiver (Professionals)
    j. Seriously and Emotional Disturbed Waiver (Parents)
    k. Seriously and Emotionally Disturbed Waiver (Professionals)
    l. Technology Assisted Waiver (Professionals)
    m. Traumatic Brain Injury Waiver (Professional)
14. Case Study Demographic Checklist
15. *KIPBS PC-PBS Checklist*

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Demographic Checklist

(Professionals)

Please circle the item that best explains who you are and the types of services that you provide. Please type a short answer in the sections that do not include multiple choice items.

Please indicate your gender.

Male

Female

Please indicate your ethnicity.

1) Is the person attending the focus group Hispanic or Latino?

(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)

__ YES, Hispanic or Latino __ NO, NOT Hispanic or Latino

2) In addition, if possible, choose one or more of the following racial categories to describe you:

__ American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

__ Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand, and Vietnam.

__ Black or African American: A person having origins in any of the black racial groups of Africa.

__ Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

__ White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Please indicate years of experience working with individuals with disabilities:

0-3

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4-5

6-13

14-18

19-22

23-40

Over 40 years

Please indicate where you work in Kansas.

Northeast

North Central

Northwest

Southeast

South Central

Southwest

I live in Missouri

Please indicate the area best describing where you work.

Rural

Urban

Suburban

Please indicate the types of waiver services you provide.

Frail and Elderly

Developmental Disability

Autism

Physical Disability

Severe and Emotionally Disturbed

Traumatic Brain Injury

Technical Assistance

None

Please indicate the best description for your job or role.

Administrator

Program Supervisor

Case Manager

Therapist

Independent Living Counselor

Direct Service Provider

Other (please specify)_____

Which best describes the type of service(s) you provide?

Independent Living

Day Programs

Community Employment

Targeted Case Management

Group or Individual Therapy

Behavior Supports

Personal Assistant/In Home Supports

Rehabilitation

Advocacy Services

Other: _____

Please describe how many employees work in your organization.

1-5

5-10

11-20

21-35

36-50

51-99

Over 100

Demographic Focus Group Checklist

(Consumer, Family Member, Guardian)

Please circle the item that best explains who you are and the types of services that you are receiving by selecting the items below that best answers each question. If you are attending this event with your child, please fill out two checklists, one for you and one for your child or ward.

Identify one or more waiver services that are being received by the person participating in the focus group session.

a) Developmental Disability
b) Autism
c) Physical Disability
d) Severe and Emotionally Disturbed
e) Traumatic Brain Injury
f) Technical Assistance
g) Frail and Elderly
h) None

Please indicate the sentence that best describes the person who will be attending the focus group session:

a) Individual who qualifies for a waiver service *but is waiting for services*
b) Individual who qualifies for a waiver service*and is receiving services*
c) Family member of an individual who qualifies for a waiver service *but is waiting for services*
d) Family member of an individual who qualifies for a waiver service *and is receiving services*
e) An individual or family member of an individual whomay need services but has not yet been determined eligible for a waiver service.
f) None of the Above

Please indicate the gender of the person attending the focus group session.

a) Male
b) Female

Please indicate the age of the person attending the focus group session.

a) 0-3
b) 4-5
c) 6-13
d) 14-18
e) 19-22
f) 23-40
g) 41-60
h) 61 and older

Please indicate the household income of the person attending the focus group session.

a) Less than $16,000
b) $16,001-$25,000
c) $25,001-$35,000
d) $35,001-$45,000
e) $45,001-$60,000
f) $60,001-$85,000

g) $85,001-$100,000
h) Over $100,000

Which best describes your home situation?

a) single, live by myself
b) single with children
c) live with room mates
d) live only with spouse
e) live with spouse and children
f) live with spouse, children, and extended family members

How many individuals live with the person attending the focus group (at least 50% of the time).

a) 1
b) 2
c) 3
d) 4
e) 5
f) 6 or more

Please indicate the highest education degree of the person attending the focus group session.

a) Some schooling but no GED/High School Diploma
b) High School Diploma/GED
c) Some college but no degree
d) Associates Degree
e) Bachelors Degree
f) Masters Degree
g) Doctorate Degree

Please indicate the ethnicity of the person attending the focus group session.

1) Is the person attending the focus group Hispanic or Latino?

(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)

__ YES, Hispanic or Latino __ NO, NOT Hispanic or Latino

2) *In addition, if possible, choose one or more of the following racial categories to describe the person attending the focus group session:*

__ American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

__ Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine

Islands, Thailand, and Vietnam.

__ Black or African American: A person having origins in any of the black racial groups of Africa.

__ Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

__ White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Which best describes where the person attending the focus group session lives?

a) Rural
b) Urban
c) Suburban

Which best describes where the focus group person lives in Kansas?

a) Northeast
b) North Central
c) Northwest
d) Southeast
e) South Central
f) Southwest

THE FOCUS GROUP GUIDE

Location:

Day before

- ☐ Call/e-mail participants
- ☐ Check food/beverage order
- ☐ Check tape recorder
- ☐ Gather materials

Materials Checklist

Two of the following:

- ☐ ____Flip chart Poster paper
- ☐ ____Markers
- ☐ ____Pens/pencils
- ☐ ____Name tags/cards/name tents
- ☐ ____Copies of the Questions/agenda
- ☐ ____List of names, addresses and telephone numbers of participants
- ☐ ____Address, telephone number and name of contact person at location
- ☐ ____Duct Tape
- ☐ ____Recording equipment
- ☐ ____extension cords
- ☐ ____copies of consents
- ☐ ____Laptop
- ☐ ____Projector
- ☐ ____Consents
- ☐ ____Sign in sheet
- ☐ ____Batteries
- ☐ ____Discussion Guide
- ☐ ____Agenda
- ☐ ____Digital Clock
- ☐ ____Timers

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Moderator/Asst Moderator Role Checklist

Moderator Roles:	**Assistant Moderator Roles:**
☐ Ice Breaker Activities ☐ Establish Ground Rules ☐ Be familiar with discussion guide sequence ☐ Focus group agenda	☐ Sign in and consents ☐ timekeeper ☐ Room and device set up ☐ Name cards ☐ Draw out table and label participants ☐ Check recording devices ☐ Make sure people can hear ☐ Send a note to moderator ☐ Watch for quotes and major themes ☐ Handles logistics ☐ Takes careful notes ☐ Monitors recording equipment ☐ Observing and note taking ☐ Is familiar with the discussion guide ☐ Is as unobtrusive as possible ☐ Makes note of participant's verbal and non verbal reactions ☐ Does not participate in the discussion. ☐ Provides general description of the group dynamics

Ice Breaker Activities

(It is important to be a researcher…instead of a friend)

Intro:

Hi I'm _____ and I'll be the Moderator for this focus group. This is ____ and she will be the co-moderator. We are part of a team conducting research. We'll be asking you some questions today. There are no wrong answers. The state of Kansas is doing an evaluation and we are helping by conducting these focus groups. You are all free to interact with each other to discuss the questions but we'll want to make sure to give everyone a chance to share information. From time to time I may check in with the co-moderator to make sure everything is getting covered.

- Spring (Summer, Fall, Winter) is always a busy time of year. What kinds of things are keeping you busy these days? (Sets up anything that has time demand or may require scheduling.)
- Have you seen any good movies or TV shows this year? (Build out to portrayal of social situations, dating, families, family values). Games or sports if age-, gender-, interest- appropriate.
- Unusual weather and tips for keeping cool, warm. Seasonal foods (veggies, fruits).
- So, how long have you been living in/working at _____ (community, work site).

Helpful Hints for Moderators

Greet each respondent. Use his or her name.

State your name.

Thank them for their participation.

Tell them briefly about yourself. Tell them what you do.

Tell them about the general topic of conversation.

Tell them the state wants to hear their views.

Tell them their answers are confidential and that their names will remain anonymous.

Tell them there are no right or wrong answers.

Tell them how long the interview will take.

Tell them about incentives.

Remind them they are being recorded.

If you are going to offer drinks or food, tell them.

Ask them if they have any questions.

If you are moderating a focus group, ask the respondents to introduce themselves.

Ask them to allow equal talk time for everybody in a focus group.

Start with easy, factual questions.

Probing early can be beneficial, sending a signal of the amount of detail that is needed

Ask participants to 'think back".

Be cautious about giving examples

5 second pause

Ground Rules

- Use Humor
- Post Ground rules

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1. Only one person talks at a time.
2. Confidentiality is assured. “What is shared in the room stays in the room.”
3. It is important for us to hear everyone’s ideas and opinions.
4. There are no right or wrong answers to questions – just ideas, experiences and opinions, which are all valuable.
5. It is important for us to hear all sides of an issue – both the positive and the negative
6. It is important for everyone’s ideas to be equally represented and respected
7. Turn off cell phone and pagers
8. We are on first name basis
9. You don’t need to agree with others, but you must listen respectfully as others share their views

Rapport Building

- Foster a relaxed, positive atmosphere
- Be friendly—smile
- Make eye contact with participants (if culturally appropriate)
- Speak in a pleasant tone of voice
- Use relaxed body language Incorporate humor where appropriate
- Be patient and do not rush participants to respond
- Set ground rules at the beginning of the focus group
- Do not allow any participants to berate others in the group
- Do not coerce or cajole participants into responding to a question or responding in a certain way

(Mack et al, 2005)

Unexpected situations

- Let’s all just take a deep breath
- Let’s take a short break

General Reminders

- Address questions to individuals who are reluctant to talk
- Give nonverbal cues (look in another direction or stop taking notes when an
- individual talks for an extended period)
- Intervene, politely summarize the point, then refocus the discussion
- Be careful to avoid head nodding.
- Avoid comments that signal approval, such as "Excellent," "Great," "Wonderful".
- Dig below top-of-the-mind answers. Find out why and how.
- Ask. Listen. Ask. Follow-up, probe, and prompt.

- Remain neutral. Minimize bias. Don't judge answers. Don't give your opinion.
- Avoid giving personal opinions.
- Use name when asking people to clarify
- Seat shy and quiet participants directly across from the moderator
- Don't shuffle papers near audio
    - for specific info so the transcriptionists can learn the name attached to the voice
- Ask person to state name when they make a comment

Probes

- *Help me Understand*
- *Please tell me more about that*
- *Could you explain what you mean by*
- *Can you tell me something else about*
- *Could you please tell me more about…*
- *I'm not quite sure I understood …Could you tell me about that some more?*
- *I'm not certain what you mean by… Could you give me some examples?*
- *Could you tell me more about your thinking on that?*
- *Describe what that's like*
- *Somebody sum this all up*
- *Give an example*
- *I'm wondering what you would do if*
- *How important is that concern*
- *So, the message you want me to get from this story is…*
- *Say more*
- *Would you explain further?*
- *Can you give me an example?*
- *Would you say more? Is there anything else?*
- *Describe what you mean*
- *I don't understand*
- *Keep talking*
- *Don't stop*
- *Just say Anything that comes to mind*
- *You mentioned….Could you tell me more about that? What stands out in your*
- *mind about that?*
- *This is what I thought I heard…Did I understand you correctly?*
- *So what I hear you saying is…"*
- *Can you give me an example of…*
- *What makes you feel that way?*
- *What are some of your reasons for liking it?*
- *You just told me about…. I'd also like to know about….*

Redirecting dominant participants

- Tell them you want to hear from others

- Stay neutral and show respect
- Preserve your cool
- Don't sound frustrated

"I'm very interested in hearing how other people are feeling about this issue" or "It's very interesting to get a variety of perspectives, and I would like to hear from other people as well."

- Give nonverbal cues (look in another direction or stop taking notes when an individual talks for an extended period)
- Intervene, politely summarize the point, then refocus the discussion
- Acknowledge participant's contribution and say "I really appreciate your comments." Then make direct eye contact with other people and ask something like, "I'm very interested in hearing how other people are feeling about this issue" or "It's very interesting to get a variety of perspectives, and I would like to hear from other people as well."

Closing

"We are almost done. Thank you for your time so far. I have just two more questions."

"Is there anything you would like to talk about?"

"What are the most important points you talked about?"

Debrief

- Verify that the tape recorder worked
- Debrief
  - What was the nature of participation in the group?
  - Emergent ideas of themes
  - Unexpected findings
  - Significant quotations
  - Overall mood and changes in mood during the focus group
  - Comparison of present focus group to previous focus groups
  - Appropriateness of the interview guide and possible need for revision.
- Complete any notes written during the focus group making sure that notes which don't make sense are clarified…ensure that pages are numbered

Focus Group Note Taking Form

Date and Time:	
Location:	
Number & Description of Participants	
Moderator's Name	
Asst. Moderator/Recorder's Name:	

Responses to Questions

Question 1:

Brief Summary/Key Points	**Notable Quotes**
Comments/Observations	

Question 2:

Brief Summary/Key Points	Notable Quotes
Comments/Observations	

Question 3:

Brief Summary/Key Points	Notable Quotes
Comments/Observations	

Question 4:

Brief Summary/Key Points	Notable Quotes
Comments/Observations	

Question 5:

Brief Summary/Key Points	Notable Quotes
Comments/Observations	

DEBRIEF FROM

Site:	**Type of interview:**
Interviewers:	**With whom:**
Today's date:	**Interview date:**

1. **Briefly describe/reflect on the people and/or agency involved.**

2. **What were the main themes or issues that struck you in this contact?**

3. **How did these differ from what we expected? How did these differ from what occurred in earlier focus groups?**

4. **Summarize the information that you got (or failed to get) on target research questions:**

5. **Anything else that struck you as salient, interesting, or important in this contact?**

6. **What new questions or issues will you want to ask in the next contact?**

Focus Group Discussion Guide – Challenging Behavior/Professionals

❖ *Opening*

➢ *Introductions and Ice Breaker*

- **Hi I'm _____ and I'll be the Moderator for this focus group. This is ____ and she will be the co-moderator. We are part of a team conducting research. (tell a little about yourself) First of all we want to thank you for your participation!**
  We'll be asking you some questions today. There are no right or wrong answers. The state of Kansas is doing an evaluation and we are helping by conducting these focus groups. Your answers are confidential and your names will remain anonymous. You are all free to interact with each other to discuss the questions but we'll want to make sure to give everyone a chance to share information. From time to time I may check in with the co-moderator to make sure everything is getting covered.

- Go over Ground Rules & confidentiality - ask for any other suggestions **Because we are taping and taking notes, I may remind you occasionally to speak up and to talk <u>one</u> at a time so that we can hear you clearly. Each time I ask a question, there is no need for everyone around the table to respond. However, it is important that a wide range of ideas is expressed. If you would like to add to an idea, or if you have an opinion that contrasts with those that have been aired, that is the time to add to the conversation. You don't have to go in a circle. There is no such thing as "your turn" – it is always your turn. Are there any questions?**

- Participant introductions
  Let's start by asking each of you to introduce yourself. Please tell us your name and a little bit about what you are looking most forward to with the warmer weather.

Say this: **Challenging behavior affects us all differently. Challenging behavior is something that has a negative social impact or consequence for someone. In more extreme cases, challenging behavior can cause damage to property or can cause injury to self or others.**

❖ *Focus group questions*

Research Question-Investigate the ways in which individuals prevent and respond to the occurrence of challenging behaviors across different Medicaid-related services

1. <u>Introduction</u> **Tell us about two problem behaviors you have encountered? What was the purpose of these behaviors?**

2. <u>Transition</u> **Think back to your experience with challenging behaviors and behavior supports and describe your experiences.**

3. <u>Key</u> **What types of behavior interventions have you implemented? Were they successful? Why or why not? What type of behavior interventions training have you received?**

4. <u>Key</u> **How do challenging behaviors impact the quality of life of the individual receiving services? How is your organization impacted by serving individuals with challenging behaviors? For example does this impact staff turnover?**

5. Key **What barriers make it difficult to provide effective behavior supports?**

6. Key **Describe what you believe would be the ideal effective behavior support system for the population you serve?**

7. Ending **Kansas is trying to determine what behavior supports are needed in Kansas across the Waiver systems. What advice would you give regarding the waiver(s) services you provide?**

Interview Questions for Professionals

Challenging Behavior

1. How do you define challenging behavior?
    1. Tell us about the challenging behaviors you see being addressed in the waivers you work in.
    2. What daily routines or activities of daily living do you typically see your consumers exhibiting challenging behaviors?
2. In what ways does challenging behavior impact Quality of Life?
3. If formal plans are written to address challenging behavior what do those look like? What would you say are the defining features of these plans?
    1. Who participates in planning for supports for the individuals?
    2. What are some common strategies your system uses to address challenging behaviors?
4. What are the challenges you see, related to developing and implementing behavior intervention plans? How would you address these challenges? What would you need to address them?
    1. Is there anything about the development and implementation of these supports or strategies that need to change?
    2. (if training isn't mentioned) Tell me about what does training look like for staff who work with individuals with challenging behavior?
5. What is your perception of the effectiveness of the planning process in addressing the problem behaviors?
6. What terminology is unique to your waiver regarding challenging behavior?
7. I've heard you use these words…are there others that are unique to your waiver?
8. Take a look at the survey questions and tell me how you might re-word them to apply to the population you serve?

Focus Group Discussion Guide – Challenging Behavior/Consumers

- ***Opening***
  - ***Introductions and Ice Breaker***
    - **Hi I'm _____ and I'll be the Moderator for this focus group. This is ____ and she will be the co-moderator. We are part of a team conducting research. (tell a little about yourself) First of all we want to thank you for your participation!**
      We'll be asking you some questions today. There are no right or wrong answers. The state of Kansas is doing an evaluation and we are helping by conducting these focus groups. Your answers are confidential and your names will remain anonymous. You are all free to interact with each other to discuss the questions but we'll want to make sure to give everyone a chance to share information. From time to time I may check in with the co-moderator to make sure everything is getting covered.

    - Go over Ground Rules & confidentiality - ask for any other suggestions **Because we are taping and taking notes, I may remind you occasionally to speak up and to talk <u>one</u> at a time so that we can hear you clearly. Each time I ask a question, there is no need for everyone around the table to respond. However, it is important that a wide range of ideas is expressed. If you would like to add to an idea, or if you have an opinion that contrasts with those that have been aired, that is the time to add to the conversation. You don't have to go in a circle. There is no such thing as "your turn" – it is always your turn. Are there any questions?**

    - Participant introductions
      Let's start by asking each of you to introduce yourself. Tell us your name, what waiver(s) you have experience with, and your professional title/role.

- ***Focus group questions***

Research Question-Investigate the ways in which individuals prevent and respond to the occurrence of challenging behaviors across different Medicaid-related services
8. <u>Introduction</u> **Tell us about two problem behaviors you have encountered? What was the purpose of these behaviors?** 9. <u>Transition</u> **Think back to your experience with challenging behaviors and behavior supports and describe your experiences.** 10. <u>Key</u> **What types of behavior interventions have you implemented or had experience with? Were they successful? Why or why not? What type of behavior interventions training has staff/family/individual received?** 11. <u>Key</u> **How do challenging behaviors impact the quality of life of the individual receiving services? How is your family/natural supports impacted by challenging behaviors? For example do they impact relationships with others?**

12. Key **What barriers make it difficult to provide/receive/access effective behavior supports?**

13. Key **Describe what you believe would be the ideal effective behavior support system for the waiver recipient?**

14. Ending **Kansas is trying to determine what behavior supports are needed in Kansas across the Waiver systems. What advice would you give regarding the waiver(s) services you receive?**

Interview Questions for Consumers, Parents, Guardians

Individual Interviewed: _____ Waiver: _____ Date/Time _____

1. *Consent/Demographic Completed*
2. *Voluntary & Confidential (Alias will be used)*
3. *Interview Recorded*
4. *May need to ask follow up questions*

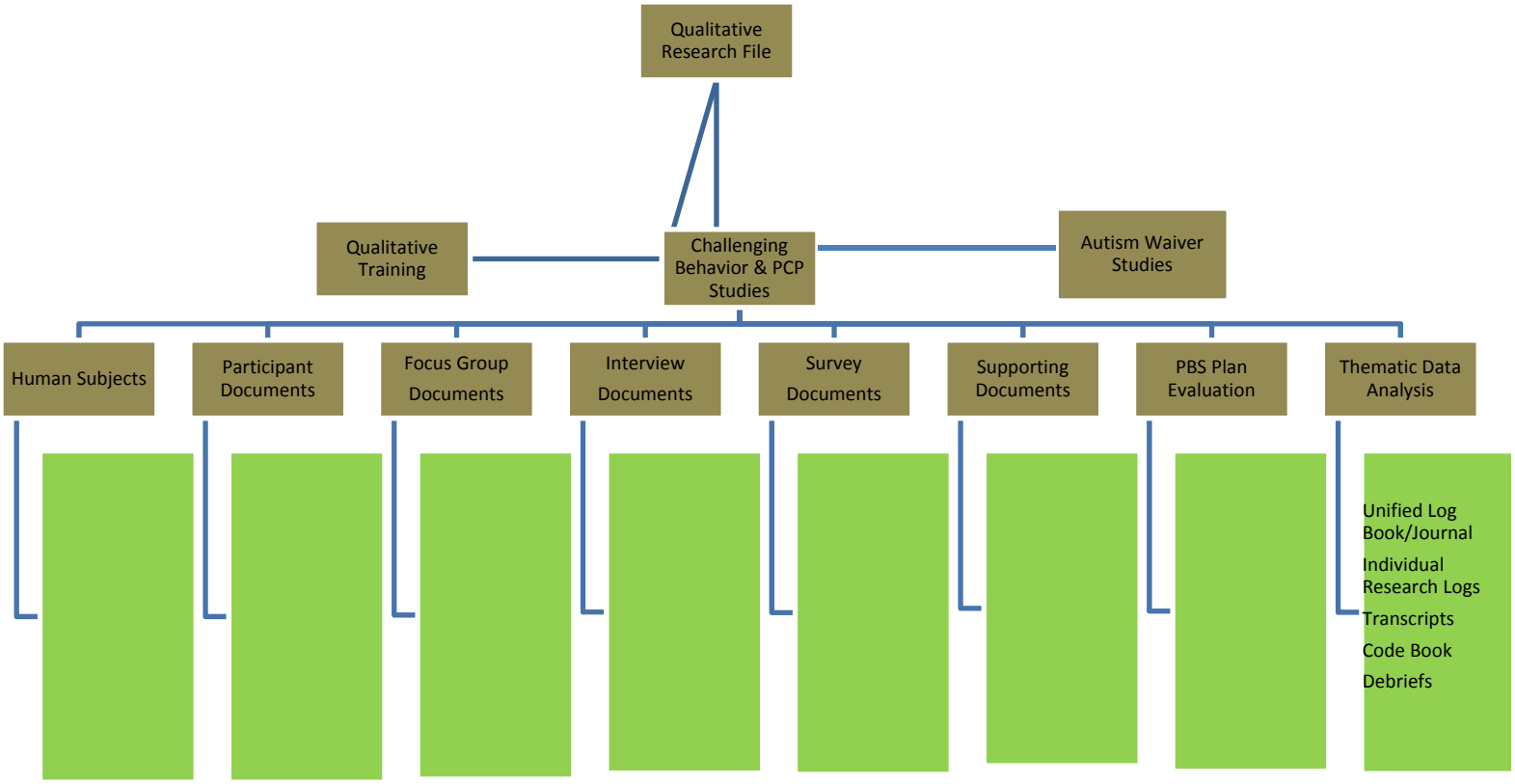
Challenging Behavior

(Review Human Subjects Definition of Challenging Behavior: *Challenging behavior affects us all differently. Challenging behavior is something that has a negative social impact or consequence for someone. In more extreme cases, challenging behavior can cause damage to property or can cause injury to self or others.*)

1. Based on this definition, what types of challenging behavior do you believe individuals might have that receive the same waiver service as you? Please share some of these experiences if you are comfortable doing so.
2. Where and when do these behaviors typically occur? Are there certain activities, staff, or locations that increase the chances that behaviors will occur?
3. In what ways does challenging behavior impact Quality of Life (define QOL if necessary)? If willing, please describe some examples of how behaviors impact quality of life.
4. How does your waiver service help with challenging behaviors? Are formal plans are written to address challenging behavior? If yes, please describe these plans and discuss important parts of the plan.
    a. Who participates in the planning for challenging behavior supports?
    b. Who is responsible for completing and implementing the plan?
    c. How do you know if the plan is working? Is data collected on the challenging behaviors?

Freeman, R., Enyart, M., Schmitz, K., Griggs, P., Rennells, K., and Kimbrough, P. Assessing Challenging Behavior in the State of Kansas within Home and Community Based Waiver Services (Final Report). Lawrence, KS: University of Kansas

5. Do you believe the current system to address challenging behaviors is working? Why or why not? What would you change to improve it?
6. If you have a formal plan to address challenging behavior, do you believe all of your staff have read and understand the plan?
7. What training have you received related to challenging behaviors? What training have your staff received? Do you believe the current training provided is adequate?
8. Do you have anything else to add regarding challenging behaviors?



Document saving system:

Document_Master/Edit_authordate

Example: focusgrpquestions_edit_me11411

Challenging Behavior Codebook (CB)

Codebook Version 9 (Updated 4/29/11)

(FE)

01-Types of challenging behavior *(Comments related to challenging behaviors of waiver recipients that have a negative social impact or consequence for someone. Also note when study participant has difficulty identifying and describing behaviors.)*

A- Regulation speak or political jargon, including politically correct language.

B- Emphasis on paperwork and oversight versus effective service delivery

C- Importance of input from stakeholders into planning process

D- Issues related to lack of resources

E- Emphasis on productivity versus effective service delivery.

F- Disconnect between waiver philosophy and current waiver services, strategies, and system

G- Collaboration challenges related to fragmentation between waivers or other community systems

H-Systemic barriers negatively impact challenging behavior services and supports

I-Issues related to choices of waiver recipient

J-Issues related to the skill level or training of waiver professionals and other support providers (including natural supports, parents)

02-What services, systems, or strategies are utilized by the waiver to address behaviors. (Comments related to any services, systems, or strategies when are related to reducing problem behavior or supporting individuals with challenging behaviors. Also note when study participants indicate that there are no services, strategies, or systems.)

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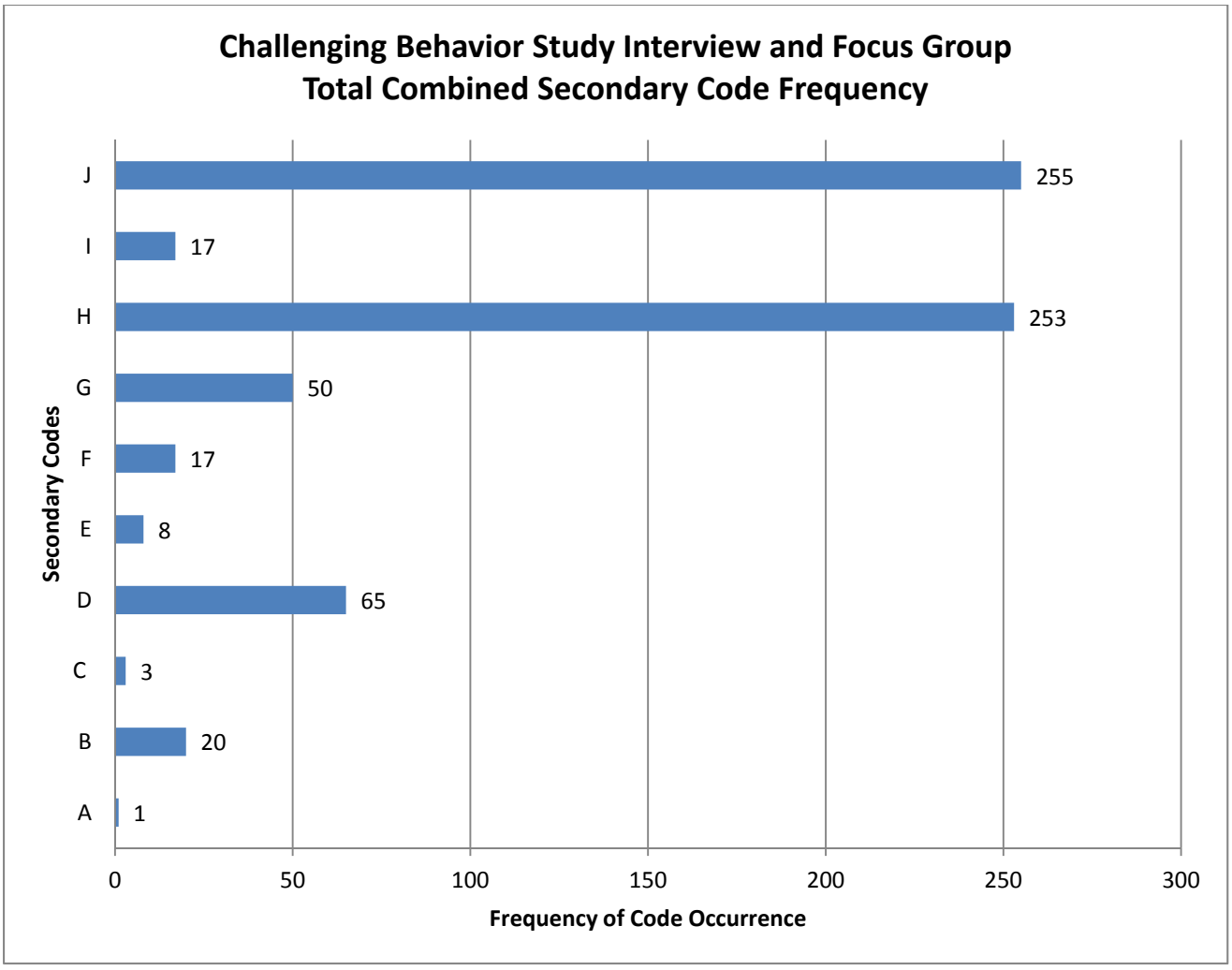

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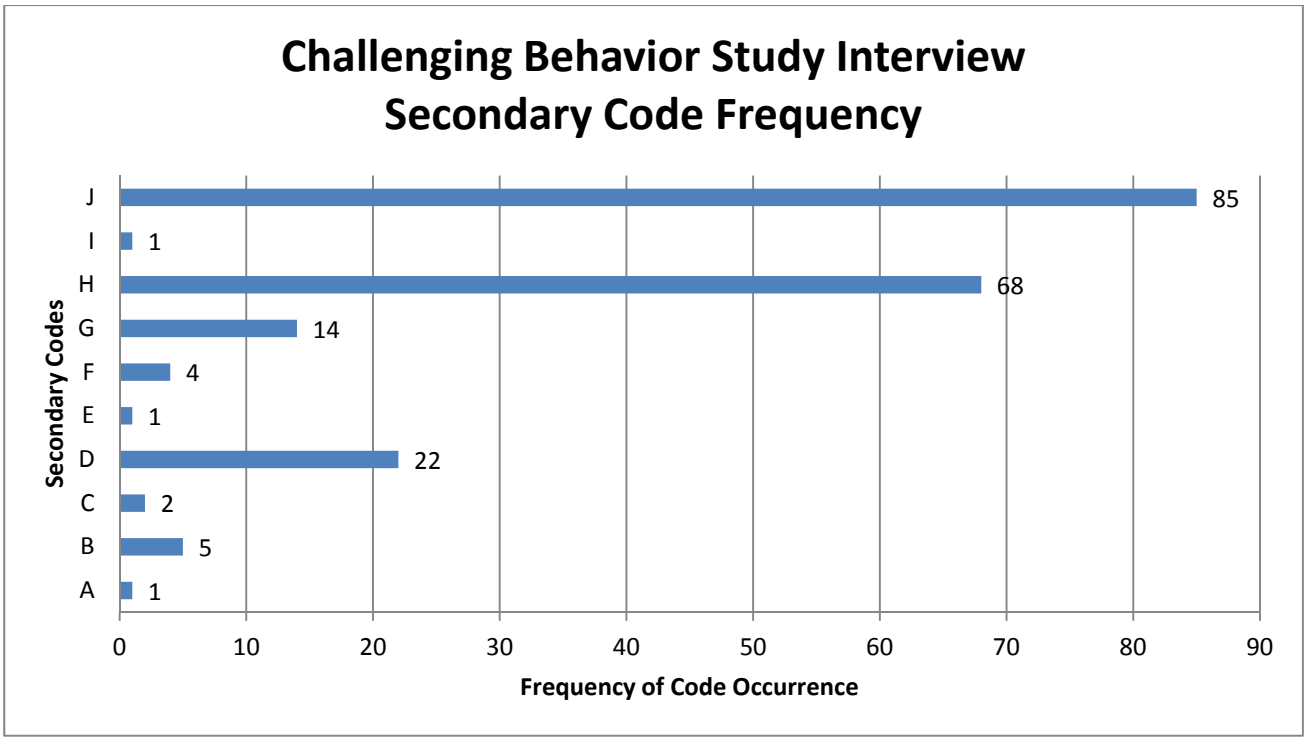

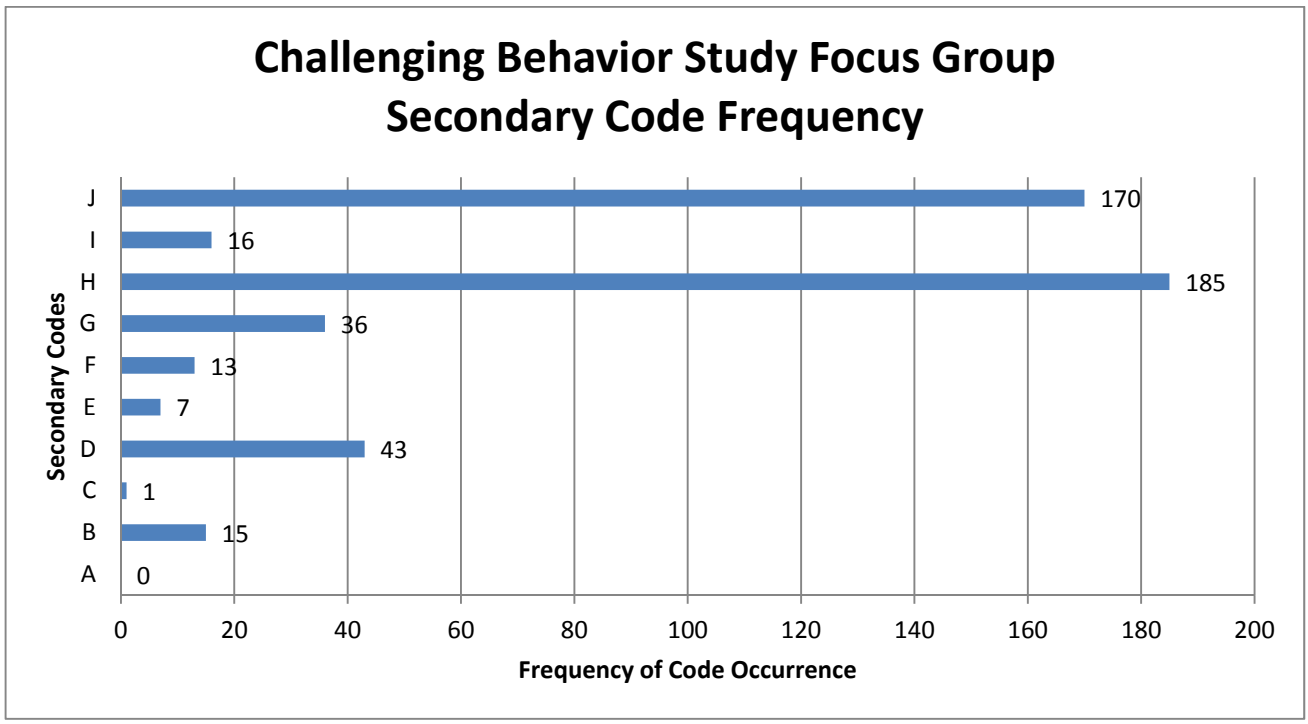

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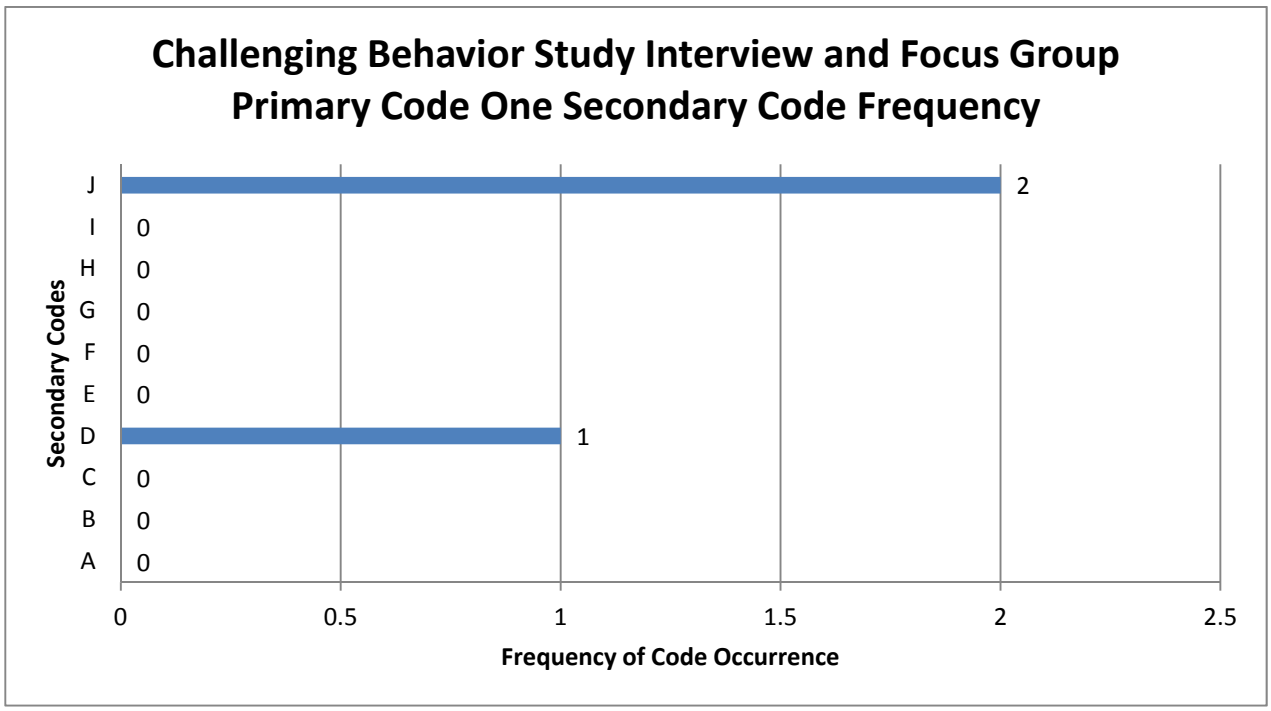

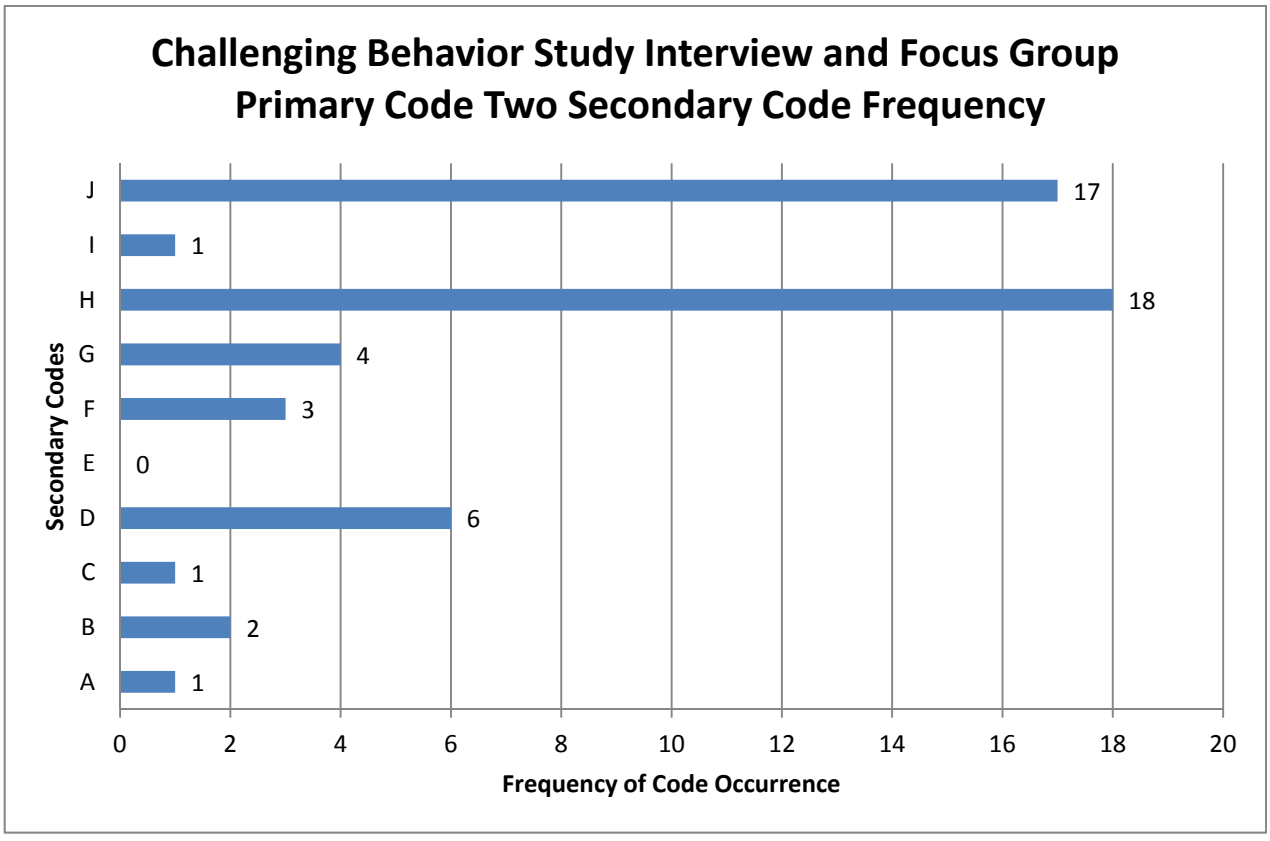

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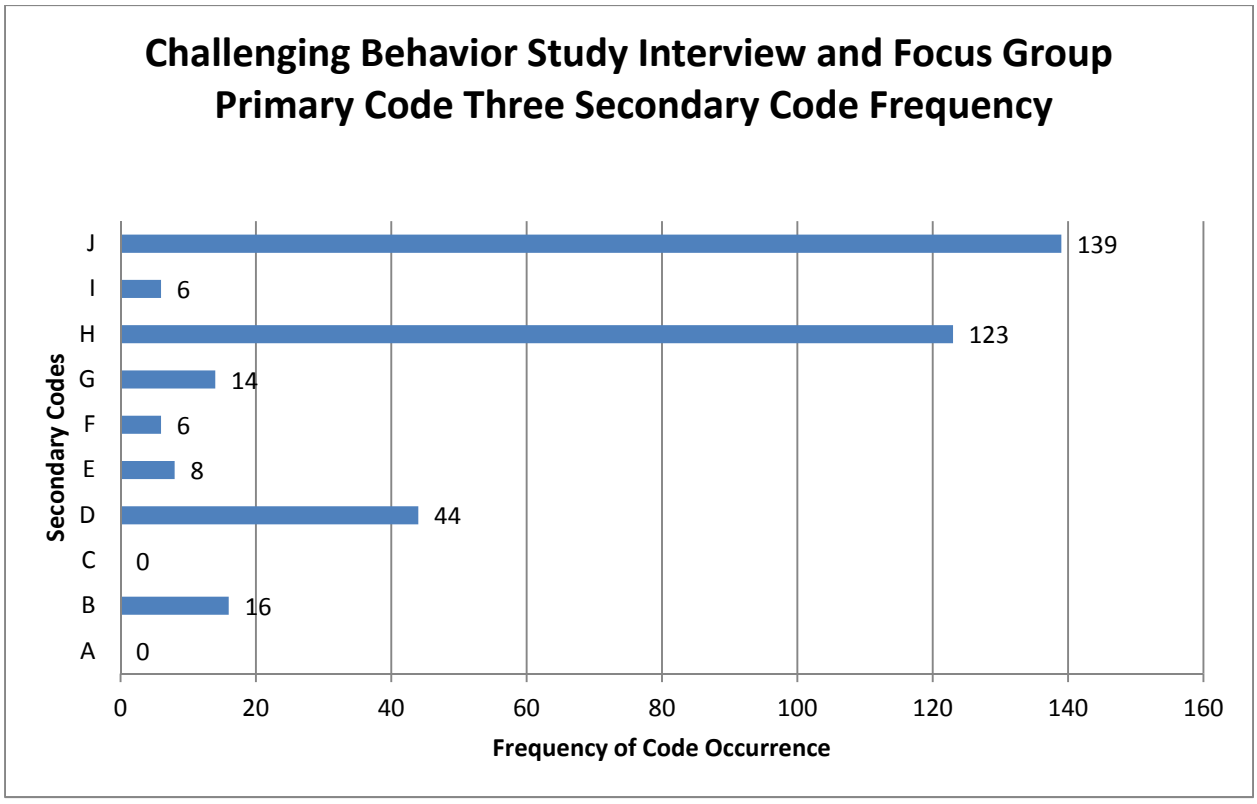

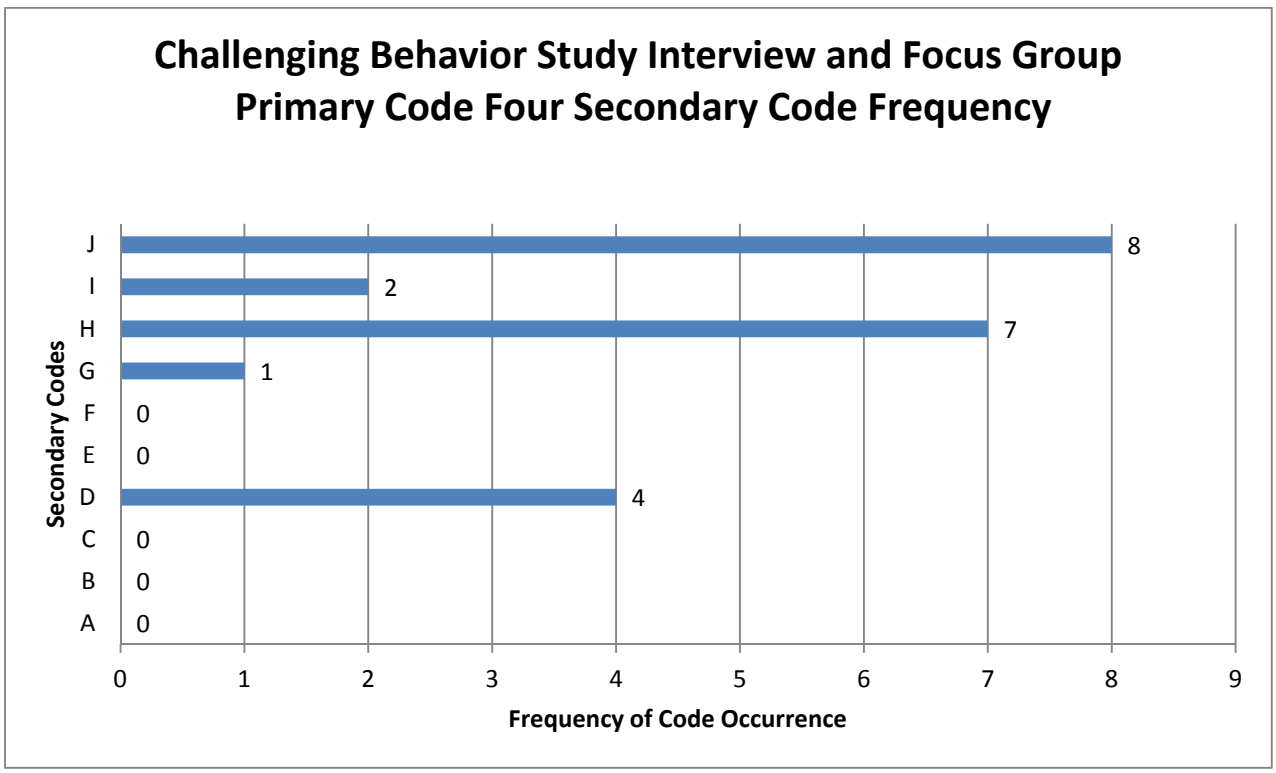

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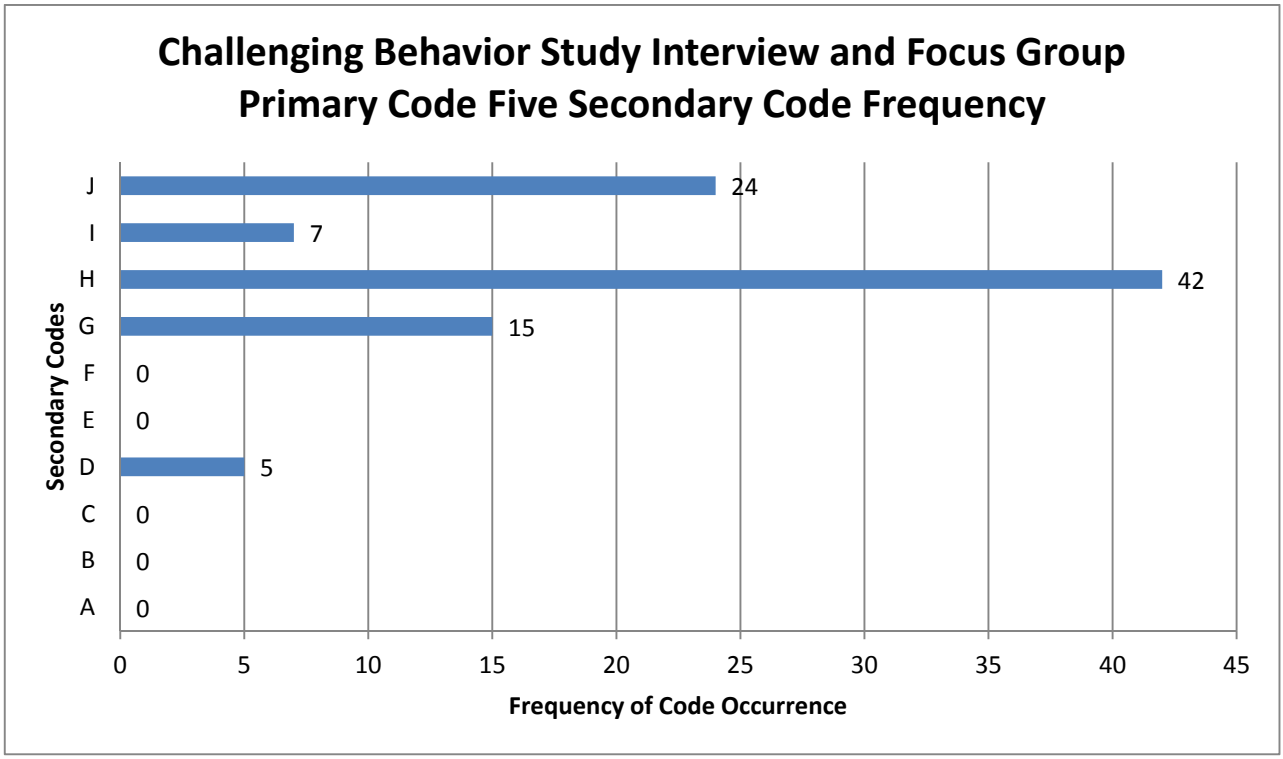

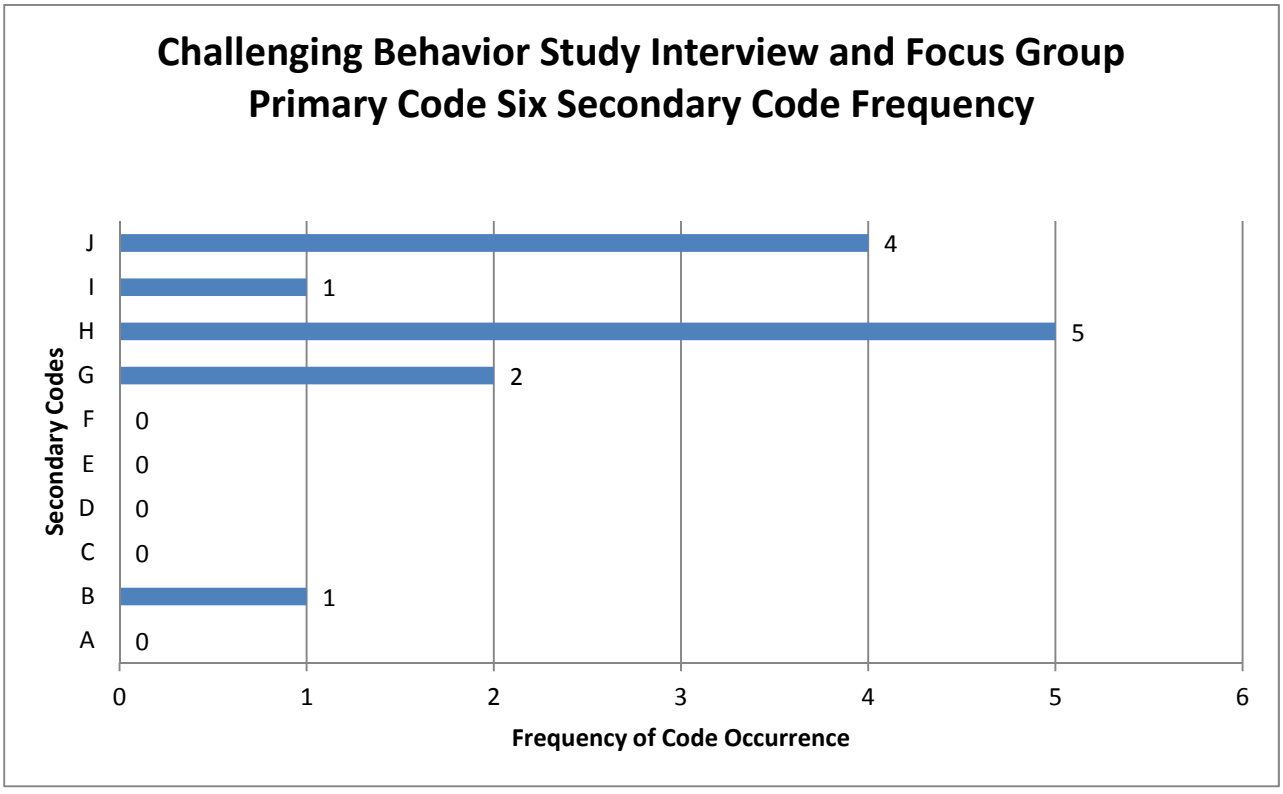

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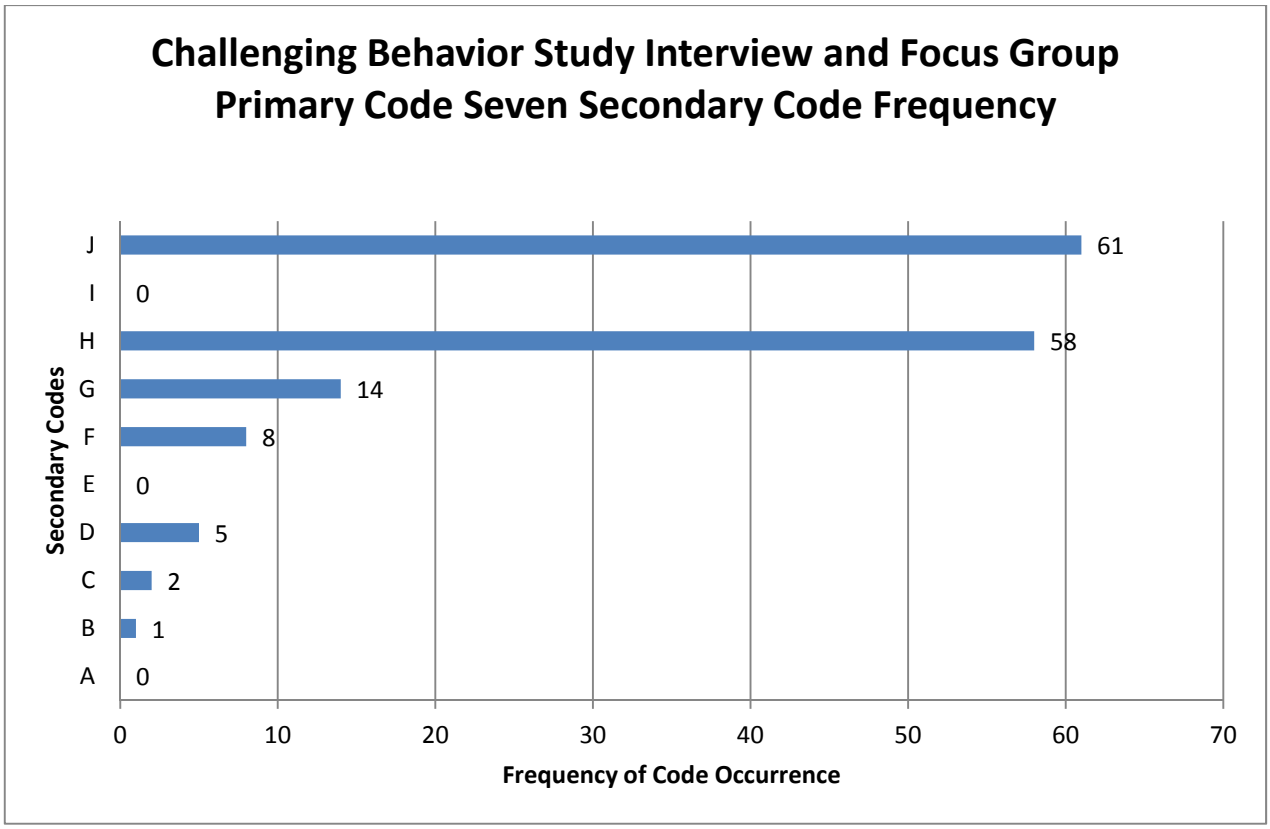
Challenging Behavior Study Interview and Focus Group
Primary Code Seven Secondary Code Frequency
Secondary Codes
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10
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30
40
50
60
70
Frequency of Code Occurrence

Sample Survey (1)

SRS HCBS Frail Elderly Waiver Professional Challenging Behavior Survey

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Welcome Page

Assessing Person-centered Planning and Challenging Behavior in the State of Kansas within Home and Community Based Waiver Services

If you would like to write down your responses on a copy of this survey and mail it in instead of completing it online, please send your responses to:

Vicky Metz

Social and Rehabilitation Services

Docking State Office Building

9th Floor, 915 SW Harrison

Topeka, KS 66612

1.) Please indicate one or more categories that best represents your status:

[ ] I am a professional who provides services to children or adults receiving Kansas Home and Community Based Waiver Services

[ ] I am a professional who provides training and support to professionals who provide Kansas Home and Community Based Waiver Services

[ ] I am a state professional who is involved in Kansas Home and Community Based Waiver Services

[ ] Other (Please describe who you are in a few words)

2.) Select one or more items that best indicates how you were notified about this survey.

[ ] State SRS Professional

[ ] Link on Website

[ ] Regional SRS Staff Member

[ ] Professional Providing Services

[ ] Other (Please Describe Briefly How You Found This Survey)

Challenging Behavior Survey

Challenging behavior affects us all differently. The ways we think about challenging behavior may be different across different types of services. Challenging behavior is something that leads to negative social feelings or consequences for someone. In more extreme cases, challenging behavior can cause damage to property or can cause injury to self or others.

Please comment the extent to which you agree with the statements listed below. Circle the level of agreement you feel with each of the items. If you do not feel that you have enough information to indicate your level of agreement, please select N/A which means "Not Applicable."

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A
My organization uses positive behavior support.	( )	( )	( )	( )	( )
My organization uses applied behavior analysis.	( )	( )	( )	( )	( )
Challenging behavior is addressed effectively by professionals in my organization.	( )	( )	( )	( )	( )
I received sufficient instruction in pre-service training to address challenging behaviors that occur while I am at work.	( )	( )	( )	( )	( )
My organization has done a good job teaching me how to prevent problem behavior from occurring.	( )	( )	( )	( )	( )
The law enforcement agency in my town knows how to support a person with autism who engages in challenging	( )	( )	( )	( )	( )

behavior.					
The organization I work in provides ongoing in-service training to teach professionals how to respond to challenging behavior.	( )	( )	( )	( )	( )
The organization I work in provides ongoing in-service training to teach professionals how to prevent challenging behavior.	( )	( )	( )	( )	( )
The behavior support planning processes I am involved in are effective.	( )	( )	( )	( )	( )
The written behavior support plans created within my organization are effective at decreasing problem behavior.	( )	( )	( )	( )	( )
I am comfortable conducting a functional behavioral assessment (process for assessing the reason why problem behavior occurs).	( )	( )	( )	( )	( )
The interventions that are implemented in my organization directly address the function (reason why) problem behaviors occur.	( )	( )	( )	( )	( )
Direct observation data are collected when an individual engages in challenging behavior as part of the problem-solving process.	( )	( )	( )	( )	( )
Direct observation data are collected for the positive social behaviors intended to	( )	( )	( )	( )	( )

replace problem behavior.					
Staff/family members are comfortable graphing behavior data and reviewing the data regularly.	( )	( )	( )	( )	( )

Multiple Choice Questions.
Please select the item that best describes the completion of each sentence.

Tell us about the severity of challenging behaviors that occur with the population you serve.

( ) No problem behaviors

( ) Minor problem behaviors (off task, interrupting, name calling, etc)

( ) Moderate problem behaviors (inappropriate language, elopement, property destruction, spitting, tantrums lasting less than 5 minutes)

( ) Major problem behaviors (aggression, violence, self injury)

I have been involved in behavior support planning as a facilitator or team member:

( ) Less than a year

( ) 1-2 years

( ) 3-5 years

( ) More than 10 years

I have received training to facilitate behavior support planning in the following manner:

[ ] Never received formal training

[ ] One day workshop format

[ ] Multiple workshop sessions over several years

[ ] Directly mentored while facilitating a planning session

[ ] Participated in a certification training using a particular planning method

I have received crisis management training from:

( ) Certified Mandt Trainers

( ) Certified Crisis Prevention International (CPI) Trainers

( ) My organization has created its own crisis management training

( ) Other (please describe)

How much administrative time do you spend responding (delivering consequences, facilitating team meetings, providing feedback to staff, etc.) to challenging behaviors?

( ) 0-10% of my day

( ) 10-25% of my day

( ) 25-50% of my day

( ) 50% or more of my day

( ) N/A I am not an administrator

The behavior support training I received is best described as:

[ ] Applied behavior analysis

[ ] Positive behavior support

[ ] Gentle Teaching

[ ] My organization has its own method for behavior support planning

[ ] All behavior support is addressed within the person-centered planning process

Which bests describes the methodology used for dealing with challenging behaviors at your organization?

[ ] Pharmacological (Antipsychotic, anticonvulsant, anti-anxiety medications, etc.)

[ ] Reactive Discipline (Consequence based, time out, suspension, response cost)

[ ] Positive Behavior Support (functional behavior assessment and behavior support development with person-centered approach that includes primarily preventative and proactive strategies and teaching replacement behaviors)

[ ] Interdisciplinary approach of reviewing behavior plan/intervention strategies for the top 1-5% of your target population that have problem behaviors in addition to positive behavior support

[ ] Other (please describe)

26.) What is the average length of a written behavior support plan:

( ) 1-5 pages

( ) 6-15 pages

( ) 16-25 pages

( ) More than 26 pages in length

27.) What is the average behavior support planning meeting?

( ) 30 minutes

( ) 1 hour

( ) 2-3 hours

( ) 4 or more hours

28.) Do you want to share anything else about challenging behavior in Kansas? If so, please write your comments here:

Thank You!

Thank you for taking our survey. Your response is very important to us.

Sample Survey (2)

SRS HCBS Developmental Disability Waiver Consumer Challenging Behavior Survey

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Assessing Person-centered Planning and Challenging Behavior in the State of Kansas within Home and Community Based Waiver Services

If you would like to write down your responses on a copy of this survey and mail it in instead of completing it online, please send your responses to:

Vicky Metz

Social and Rehabilitation Services

Docking State Office Building

9th Floor, 915 SW Harrison

Topeka, KS 66612

Select one or more items that best indicates how you were notified about this survey.

[ ] State SRS Professional

[ ] Link on Website

[ ] Regional SRS Staff Member

[ ] Professional Providing Services

[ ] Other (Please Describe Briefly How You Found This Survey)

Challenging Behavior Survey

Challenging behavior affects us all differently. The ways we think about challenging behavior may be different across different types of services. Challenging behavior is something that leads to negative social feelings or consequences for someone. In more extreme cases, challenging behavior can cause damage to property or can cause injury to self or others.

Please circle how you feel about each statement below. If the statement does not have anything to do with your plan then circle N/A for "not applicable."

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A
My staff know how to deal with challenging behavior.	( )	( )	( )	( )	( )
I have heard of positive behavior support.	( )	( )	( )	( )	( )
I have heard of applied behavior analysis.	( )	( )	( )	( )	( )
My staff help stop challenging behavior from happening behavior they start.	( )	( )	( )	( )	( )
Police in my town know how to help people with disabilities when they have challenging behavior.	( )	( )	( )	( )	( )
My behavior support plan works.	( )	( )	( )	( )	( )
My behavior support plan is used by my staff.	( )	( )	( )	( )	( )
My staff know why my challenging behaviors happen.	( )	( )	( )	( )	( )
My behavior support plan changes things at my home, at my work and in the community so I have less behaviors.	( )	( )	( )	( )	( )
My behavior support	( )	( )	( )	( )	( )

plan helps me tell people what I need.					
My staff keep track of how many challenging behaviors I have and talk about it at my behavior support planning meetings.	( )	( )	( )	( )	( )

My behavior support plan has helped make my life better in the following areas:

	Strongly Disagree	**Disagree**	**Agree**	**Strongly Agree**	**N/A**
Personal Relationships (making new friends and maintaining important relationships with people)	( )	( )	( )	( )	( )
Personal Health (emotional and physical well-being, opportunities to exercise and eat well, etc.)	( )	( )	( )	( )	( )
Home (living in the type of residential setting of one's choice, living in a safe and comfortable environment, being able to choose where one wants to live, etc.)	( )	( )	( )	( )	( )
Finance (being in control of one's own finances, having enough money to live a happy and productive life, etc.)	( )	( )	( )	( )	( )
Purpose (one's life has meaning and there are opportunities to contribute to society, and feel respected by the community etc.)	( )	( )	( )	( )	( )
Personal Choice (being able to make important and meaningful choices in one's life, making important choices about one's current and future	( )	( )	( )	( )	( )

activities)					
Personal Dignity (feeling that people respect you and treat you as if you are an important person who contributes to society)	( )	( )	( )	( )	( )
Personal Safety (living and going to school in a safe environment, feeling that the people around you will not physically or verbally harm the service recipient).	( )	( )	( )	( )	( )
Natural Support Systems (being around people who are not paid to be with the service recipients, participating in community events with individuals who are part of that community)	( )	( )	( )	( )	( )

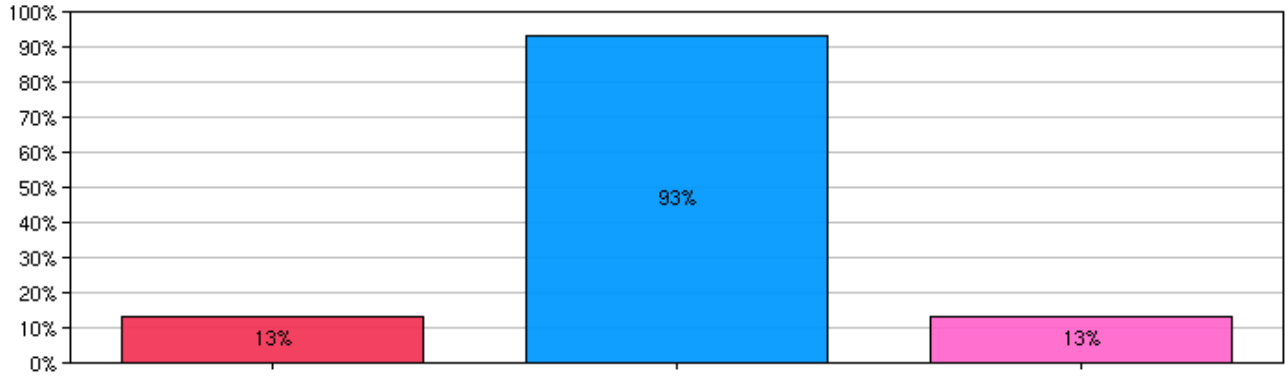
Do you want to share anything else about challenging behavior in Kansas? If so, please write your comments here:

Thank You!

Thank you for taking our survey. Your response is very important to us.

SRS HCBS Autism Waiver Parent Challenging Behavior Survey

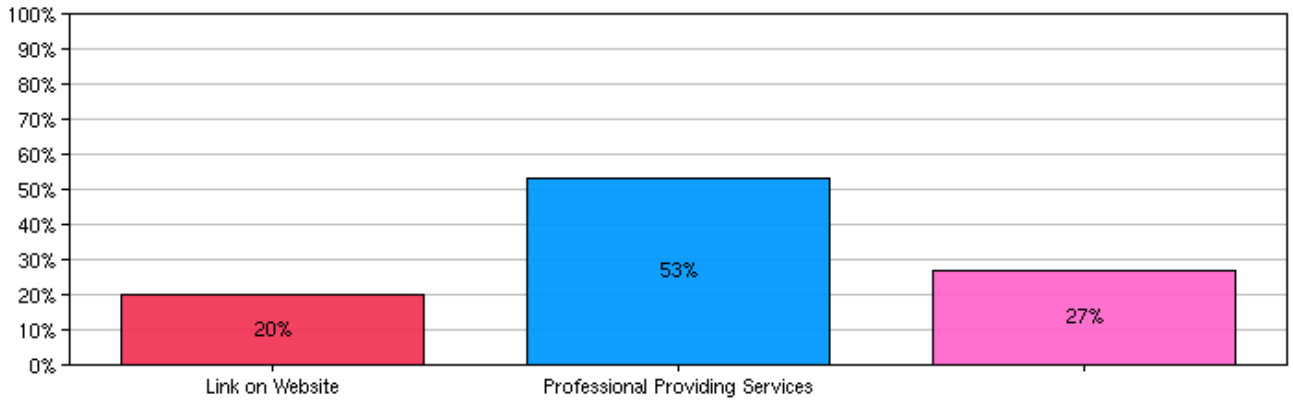
Please indicate one or more categories that best represents your status:



Value	Count	Percent %
I receive Home and Community Based Waiver Services in Kansas	2	13.3%
I am a parent or guardian of an individual receiving Home and Community Based Waiver Services in Kansas	14	93.3%
Other (Please describe who you are in a few words)	2	13.3%

Statistics	
Total Responses	15

Select one or more items that best indicates how you were notified about this survey.



Value	Count	Percent %
Link on Website	3	20%
Professional Providing Services	8	53.3%
Other (Please Describe Briefly How You Found This Survey)	4	26.7%

Statistics	
Total Responses	15

Please comment the extent to which you agree with the statements listed below. Circle the level of agreement you feel with each of the items. If you do not feel that you have enough information to indicate your level of agreement, please select N/A which means "Not Applicable." Use the rating scale below to select the number that best fits how you feel about each item:

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A	Total
I believe that the professionals who work with my child know how to deal with challenging behaviors.	**9.1%** 1	**18.2%** 2	**45.5%** 5	**18.2%** 2	**9.1%** 1	**100%** **11**
I have heard of the term positive behavior support.	**0.0%** 0	**10.0%** 1	**60.0%** 6	**30.0%** 3	**0.0%** 0	**100%** **10**
I have heard of the term applied behavior analysis.	**0.0%** 0	**20.0%** 2	**50.0%** 5	**30.0%** 3	**0.0%** 0	**100%** **10**
The professionals working with my child are able to do things that prevent problem behavior from occurring in the first place.	**0.0%** 0	**40.0%** 4	**40.0%** 4	**20.0%** 2	**0.0%** 0	**100%** **10**
The law enforcement agency in my town knows how to support children with autism who engage in challenging behavior.	**10.0%** 1	**30.0%** 3	**20.0%** 2	**0.0%** 0	**40.0%** 4	**100%** **10**
The behavior support planning process I am involved in is effective.	**0.0%** 0	**20.0%** 2	**30.0%** 3	**20.0%** 2	**30.0%** 3	**100%** **10**
The behavior support plan that was designed for my child is used on a regular basis.	**0.0%** 0	**20.0%** 2	**30.0%** 3	**20.0%** 2	**30.0%** 3	**100%** **10**
My child's team addresses problem behavior by assessing the reason why problem behavior occurs.	**0.0%** 0	**10.0%** 1	**50.0%** 5	**20.0%** 2	**20.0%** 2	**100%** **10**
The interventions selected in the behavior support plan for my child are meant to change the environment so that problem	**0.0%**	**11.1%**	**55.6%**	**11.1%**	**22.2%**	**100%**

behavior will not be triggered.	0	1	5	1	2	**9**
The interventions selected in the behavior support plan for my child are meant to focus on improving communication between two or more people.	**0.0%**	**10.0%**	**50.0%**	**20.0%**	**20.0%**	**100%**
	0	1	5	2	2	**10**
I help make decisions using data about my child's skills and quality of life during behavior support planning meetings.	**0.0%**	**20.0%**	**40.0%**	**20.0%**	**20.0%**	**100%**
	0	2	4	2	2	**10**

The following areas of quality of life have improved due to the behavior support plan created for my child:

	Strongly Disagree	**Disagree**	**Agree**	**Strongly Agree**	**N/A**	**Total**
Personal Relationships (making new friends and maintaining important relationships with people)	**0.0%**	**10.0%**	**60.0%**	**20.0%**	**10.0%**	**100%**
	0	1	6	2	1	**10**
Personal Health (emotional and physical well-being, opportunities to exercise and eat well, etc.)	**0.0%**	**0.0%**	**70.0%**	**10.0%**	**20.0%**	**100%**
	0	0	7	1	2	**10**
Home (living in the type of residential setting of one's choice, living in a safe and comfortable environment, being able to choose where one wants to live, etc.)	**0.0%**	**0.0%**	**80.0%**	**0.0%**	**20.0%**	**100%**
	0	0	8	0	2	**10**
Finance (being in control of one's own finances, having enough money to live a happy and productive life, etc.)	**0.0%**	**10.0%**	**40.0%**	**0.0%**	**50.0%**	**100%**
	0	1	4	0	5	**10**
Purpose (one's life has meaning and there are opportunities to contribute to society, and feel respected by the community etc.)	**0.0%**	**20.0%**	**40.0%**	**30.0%**	**10.0%**	**100%**
	0	2	4	3	1	**10**
Personal Choice (being able to make important and meaningful choices in one's life, making important choices about one's current and future activities)	**0.0%**	**10.0%**	**40.0%**	**30.0%**	**20.0%**	**100%**
	0	1	4	3	2	**10**
Personal Dignity (feeling that people respect you and treat you as if you are an important person who contributes to society)	**0.0%**	**10.0%**	**50.0%**	**30.0%**	**10.0%**	**100%**

	0	1	5	3	1	**10**
Personal Safety (living and going to school in a safe environment, feeling that the people around you will not physically or verbally harm the service recipient).	**10.0%**	**0.0%**	**50.0%**	**30.0%**	**10.0%**	**100%**
	1	0	5	3	1	**10**
Natural Support Systems (being around people who are not paid to be with the service recipients, participating in community events with individuals who are part of that community)	**0.0%**	**10.0%**	**50.0%**	**30.0%**	**10.0%**	**100%**
	0	1	5	3	1	**10**

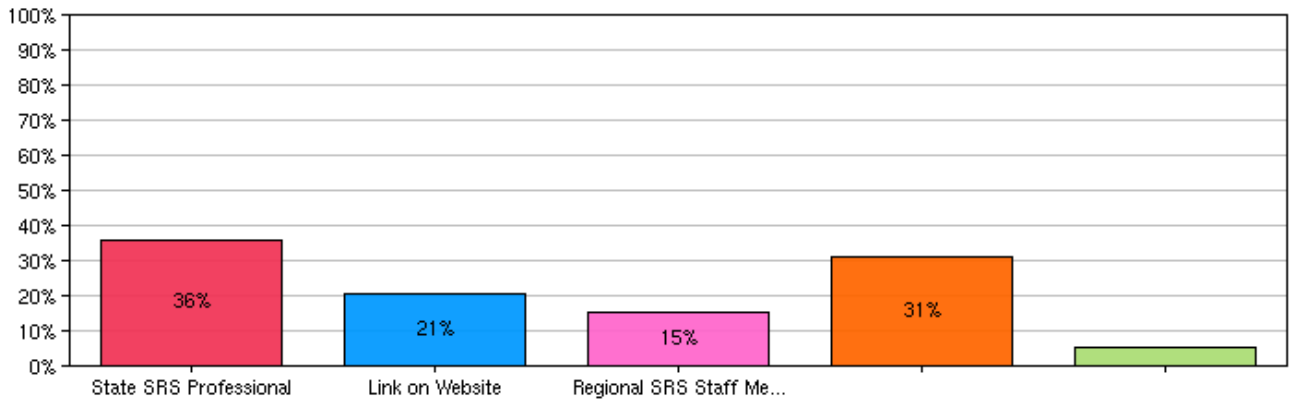
SRS HCBS Autism Waiver Professional Challenging Behavior Survey

Please indicate one or more categories that best represents your status:

Value	Count	Percent %
I am a professional who provides services to children or adults receiving Kansas Home and Community Based Waiver Services	26	66.7%
I am a professional who provides training and support to professionals who provide Kansas Home and Community Based Waiver Services	13	33.3%
I am a state professional who is involved in Kansas Home and Community Based Waiver Services	3	7.7%
Other (Please describe who you are in a few words)	3	7.7%

Statistics	
Total Responses	39

Select one or more items that best indicates how you were notified about this survey.



Value	Count	Percent %
State SRS Professional	14	35.9%
Link on Website	8	20.5%
Regional SRS Staff Member	6	15.4%
Professional Providing Services	12	30.8%
Other (Please Describe Briefly How You Found This Survey)	2	5.1%

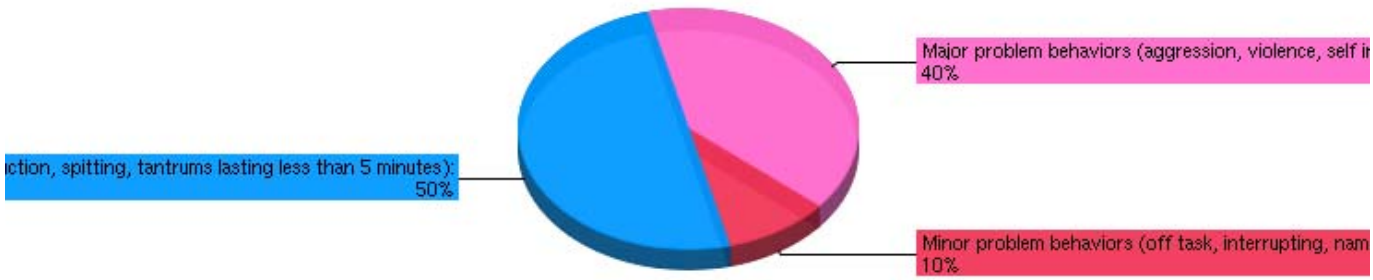
Statistics	
Total Responses	39

Please comment the extent to which you agree with the statements listed below. Circle the level of agreement you feel with each of the items. If you do not feel that you have enough information to indicate your level of agreement, please select N/A which means "Not Applicable."

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A	Total
My organization uses positive behavior support.	**0.0%**	**0.0%**	**40.0%**	**60.0%**	**0.0%**	**100%**
	0	0	4	6	0	**10**
My organization uses applied behavior analysis.	**0.0%**	**22.2%**	**11.1%**	**66.7%**	**0.0%**	**100%**
	0	2	1	6	0	**9**
Challenging behavior is addressed effectively by the professionals in my organization.	**0.0%**	**10.0%**	**30.0%**	**60.0%**	**0.0%**	**100%**
	0	1	3	6	0	**10**
I received sufficient instruction in preservice training to address challenging behaviors that occur while I am at work.	**0.0%**	**0.0%**	**60.0%**	**40.0%**	**0.0%**	**100%**
	0	0	6	4	0	**10**
My organization has done a good job teaching me how to prevent problem behavior from occurring.	**0.0%**	**0.0%**	**50.0%**	**30.0%**	**20.0%**	**100%**
	0	0	5	3	2	**10**
The law enforcement agency in my town knows how to support a child with a autism who engages in challenging behavior.	**0.0%**	**50.0%**	**10.0%**	**0.0%**	**40.0%**	**100%**
	0	5	1	0	4	**10**
The organization I work in provides ongoing inservice training to teach professionals how to respond to challenging behavior.	**0.0%**	**20.0%**	**50.0%**	**30.0%**	**0.0%**	**100%**
	0	2	5	3	0	**10**
The organization I work in provides ongoing inservice training to teach professionals how to prevent challenging behavior.	**0.0%**	**10.0%**	**60.0%**	**30.0%**	**0.0%**	**100%**
	0	1	6	3	0	**10**

The behavior support planning processes I am involved in are effective.	**0.0%** 0	**10.0%** 1	**50.0%** 5	**40.0%** 4	**0.0%** 0	**100%** 10
The written behavior support plans created within my organization are effective at decreasing problem behavior.	**0.0%** 0	**10.0%** 1	**50.0%** 5	**30.0%** 3	**10.0%** 1	**100%** 10
I am comfortable conducting a functional behavioral assessment (process for assessing the reason why problem behavior occurs).	**10.0%** 1	**10.0%** 1	**50.0%** 5	**30.0%** 3	**0.0%** 0	**100%** 10
The interventions that are implemented in my organization directly address the function (reason why) problem behaviors occur.	**0.0%** 0	**10.0%** 1	**60.0%** 6	**30.0%** 3	**0.0%** 0	**100%** 10
Direct observation data are collected when an individual engages in challenging behavior as part of the problem-solving process.	**0.0%** 0	**0.0%** 0	**50.0%** 5	**50.0%** 5	**0.0%** 0	**100%** 10
Direct observation data are collected for the positive social behaviors intended to replace problem behavior.	**0.0%** 0	**0.0%** 0	**60.0%** 6	**40.0%** 4	**0.0%** 0	**100%** 10
Staff/family members are comfortable graphing behavior data and reviewing the data regularly.	**0.0%** 0	**20.0%** 2	**40.0%** 4	**40.0%** 4	**0.0%** 0	**100%** 10

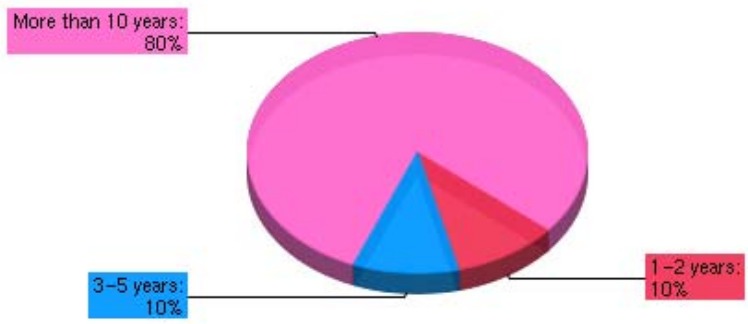
Tell us about the severity of challenging behaviors that occur with the population you serve.



Value	Count	Percent %
Minor problem behaviors (off task, interrupting, name calling, etc)	1	10%
Moderate problem behaviors (inappropriate language, elopement, property destruction, spitting, tantrums lasting less than 5 minutes)	5	50%
Major problem behaviors (aggression, violence, self injury)	4	40%

Statistics	
Total Responses	10

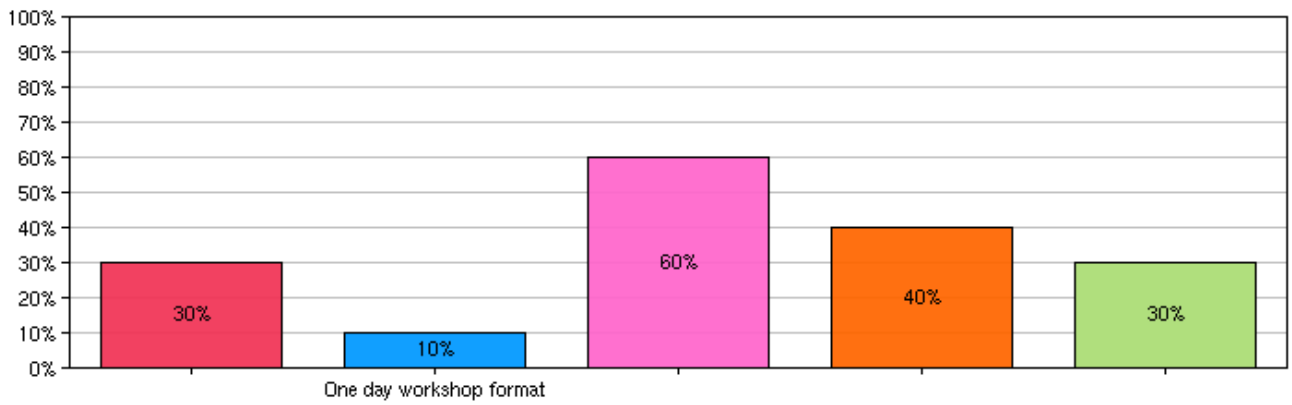
I have been involved in person-centered planning as a facilitator or team member:



Value	Count	Percent %
1-2 years	1	10%
3-5 years	1	10%
More than 10 years	8	80%

Statistics	
Total Responses	10
Sum	4.0
Average	2.0
StdDev	1.00
Max	3.0

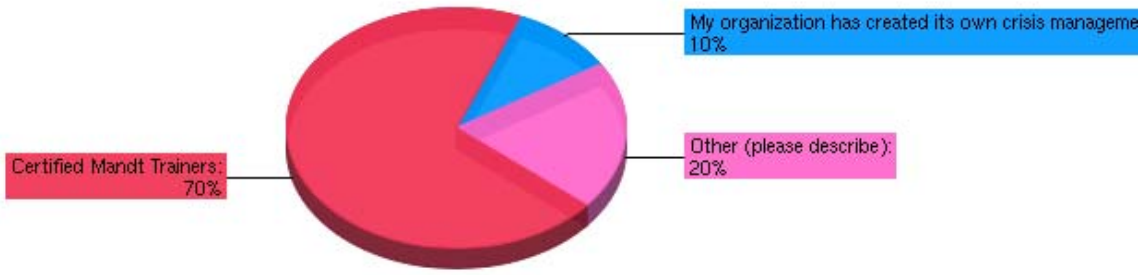
I have received training to facilitate behavior support planning in the following manner:



Value	Count	Percent %
Never received formal training	3	30%
One day workshop format	1	10%
Multiple workshop sessions over several years	6	60%
Directly mentored while facilitating a planning session	4	40%
Participated in a certification training using a particular planning method	3	30%

Statistics	
Total Responses	10

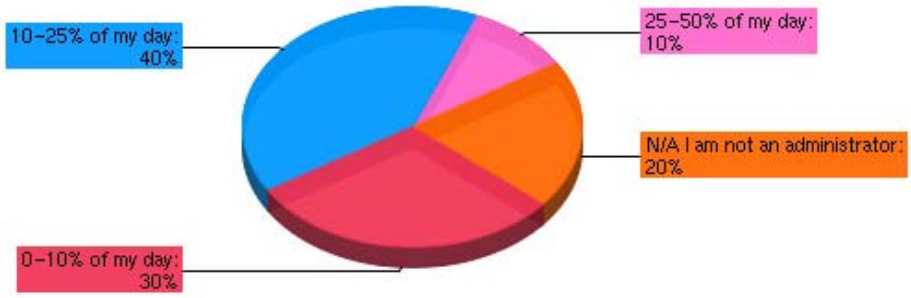
I have received crisis management training from:



Value	Count	Percent %
Certified Mandt Trainers	7	70%
My organization has created its own crisis management training	1	10%
Other (please describe)	2	20%

Statistics	
Total Responses	10

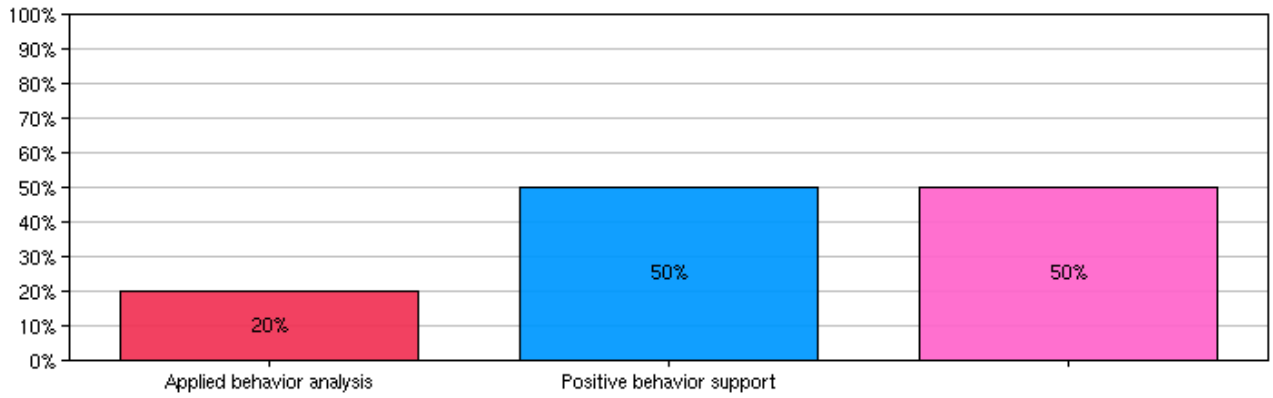
How much administrative time do you spend responding (delivering consequences, facilitating team meetings, providing feedback to staff, etc.) to challenging behaviors?



Value	Count	Percent %
0-10% of my day	3	30%
10-25% of my day	4	40%
25-50% of my day	1	10%
N/A I am not an administrator	2	20%

Statistics	
Total Responses	10
Sum	65.0
Average	13.0
StdDev	6.00
Max	25.0

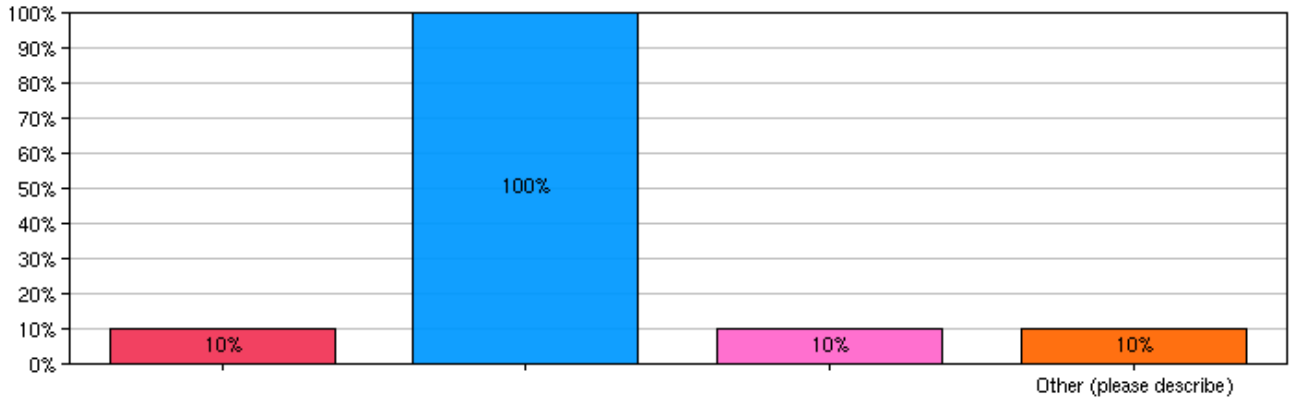
The behavior support training I received is best described as:



Value	Count	Percent %
Applied behavior analysis	2	20%
Positive behavior support	5	50%
All behavior support is addressed within the person-centered planning process	5	50%

Statistics	
Total Responses	10

Which bests describes the methodology used for dealing with challenging behaviors at your organization?



Value	Count	Percent %
Pharmacological (Antipsychotic, anticonvulsant, anti-anxiety medications, etc.)	1	10%
Positive Behavior Support (functional behavior assessment and behavior support development with person-centered approach that includes primarily preventative and proactive strategies and teaching replacement behaviors)	10	100%
Interdisciplinary approach of reviewing behavior plan/intervention strategies for the top 1-5% of your target population that have problem behaviors in addition to positive behavior support	1	10%
Other (please describe)	1	10%

Statistics	
Total Responses	10

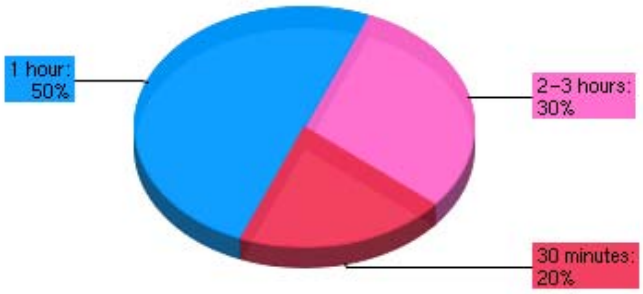
What is the average length of a written behavior support plan:

Value	Count	Percent %
1-5 pages	8	80%
6-15 pages	2	20%

Statistics

Total Responses	10
Sum	20.0
Average	2.0
StdDev	2.00
Max	6.0

What is the average behavior support planning meeting?

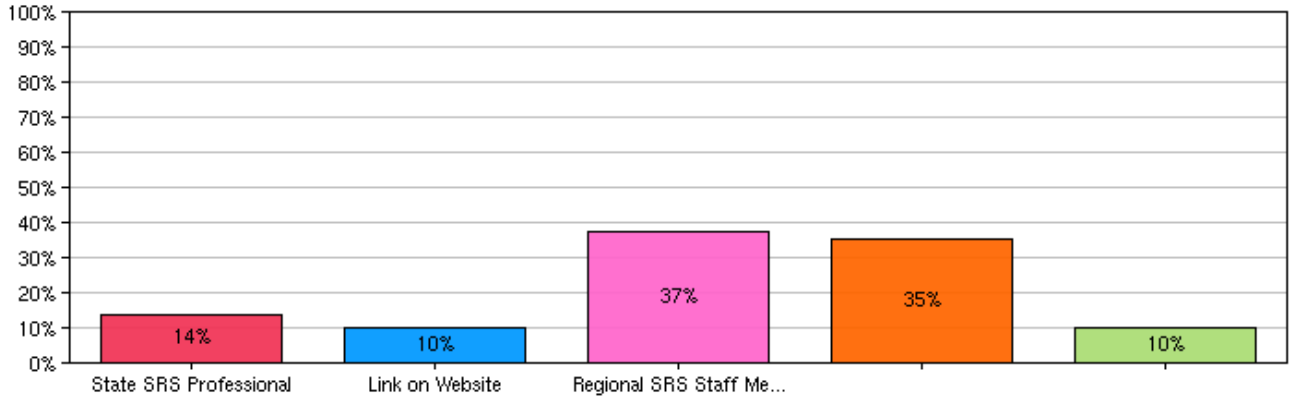


Value	Count	Percent %
30 minutes	2	20%
1 hour	5	50%
2-3 hours	3	30%

Statistics	
Total Responses	10
Sum	71.0
Average	7.1
StdDev	11.46
Max	30.0

SRS HCBS Developmental Disability Waiver Consumer Challenging Behavior Survey

Select one or more items that best indicates how you were notified about this survey.



Value	Count	Percent %
State SRS Professional	7	13.7%
Link on Website	5	9.8%
Regional SRS Staff Member	19	37.3%
Professional Providing Services	18	35.3%
Other (Please Describe Briefly How You Found This Survey)	5	9.8%

Statistics	
Total Responses	51

Please circle how you feel about each statement below. If the statement does not have anything to do with your plan then circle N/A for "not applicable."

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A	Total
My staff know how to deal with challenging behavior.	**0.0%**	**0.0%**	**56.3%**	**43.8%**	**0.0%**	**100%**
	0	0	18	14	0	**32**
I have heard of positive behavior support.	**0.0%**	**12.9%**	**74.2%**	**12.9%**	**0.0%**	**100%**
	0	4	23	4	0	**31**
I have heard of applied behavior analysis.	**3.1%**	**18.8%**	**65.6%**	**12.5%**	**0.0%**	**100%**
	1	6	21	4	0	**32**
My staff help stop challenging behavior from happening behavior they start.	**0.0%**	**0.0%**	**74.2%**	**22.6%**	**3.2%**	**100%**
	0	0	23	7	1	**31**
Police in my town know how to help people with disabilities when they have challenging behavior.	**0.0%**	**12.5%**	**65.6%**	**18.8%**	**3.1%**	**100%**
	0	4	21	6	1	**32**
My behavior support plan works.	**0.0%**	**6.3%**	**71.9%**	**12.5%**	**9.4%**	**100%**
	0	2	23	4	3	**32**
My behavior support plan is used by my staff.	**0.0%**	**3.1%**	**71.9%**	**15.6%**	**9.4%**	**100%**
	0	1	23	5	3	**32**
My staff know why my challenging behaviors happen.	**0.0%**	**0.0%**	**65.6%**	**25.0%**	**9.4%**	**100%**
	0	0	21	8	3	**32**
My behavior support plan changes things at my home, at my work and in the community so I have less behaviors.	**0.0%**	**0.0%**	**68.8%**	**21.9%**	**9.4%**	**100%**
	0	0	22	7	3	**32**
My behavior support plan helps me tell people what I need.	**0.0%**	**3.1%**	**68.8%**	**18.8%**	**9.4%**	**100%**
	0	1	22	6	3	**32**

My staff keep track of how many challenging behaviors I have and talk about it at my behavior support planning meetings.	**0.0%**	**0.0%**	**71.9%**	**28.1%**	**0.0%**	**100%**
	0	0	23	9	0	**32**

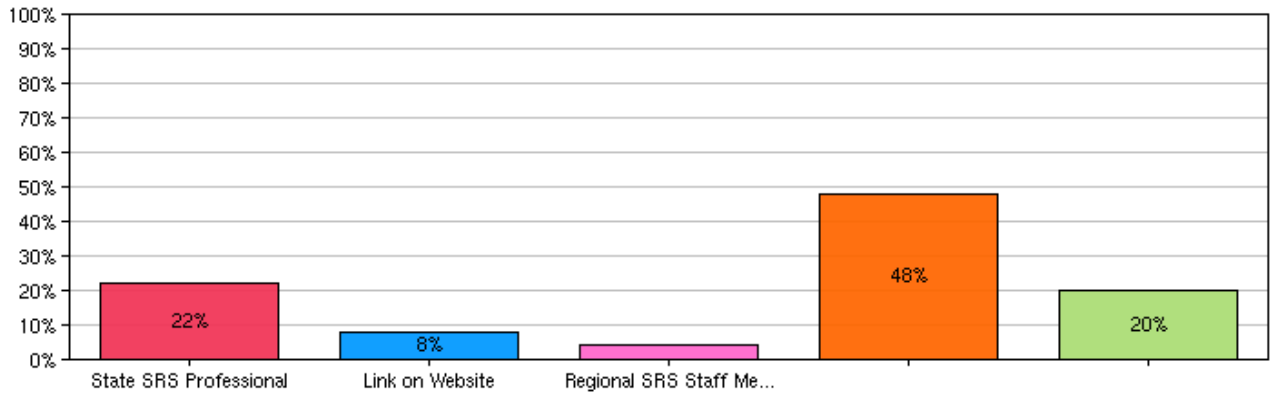
My behavior support plan has helped make my life better in the following areas:

	Strongly Disagree	**Disagree**	**Agree**	**Strongly Agree**	**N/A**	**Total**
Personal Relationships (making new friends and maintaining important relationships with people)	**0.0%**	**3.1%**	**75.0%**	**12.5%**	**9.4%**	**100%**
	0	1	24	4	3	**32**
Personal Health (emotional and physical well-being, opportunities to exercise and eat well, etc.)	**0.0%**	**0.0%**	**78.1%**	**12.5%**	**9.4%**	**100%**
	0	0	25	4	3	**32**
Home (living in the type of residential setting of one's choice, living in a safe and comfortable environment, being able to choose where one wants to live, etc.)	**3.1%**	**6.3%**	**71.9%**	**9.4%**	**9.4%**	**100%**
	1	2	23	3	3	**32**
Finance (being in control of one's own finances, having enough money to live a happy and productive life, etc.)	**0.0%**	**12.5%**	**53.1%**	**9.4%**	**25.0%**	**100%**
	0	4	17	3	8	**32**
Purpose (one's life has meaning and there are opportunities to contribute to society, and feel respected by the community etc.)	**0.0%**	**6.5%**	**71.0%**	**16.1%**	**6.5%**	**100%**
	0	2	22	5	2	**31**
Personal Choice (being able to make important and meaningful choices in one's life, making important choices about one's current and future activities)	**0.0%**	**6.5%**	**71.0%**	**16.1%**	**6.5%**	**100%**
	0	2	22	5	2	**31**
Personal Dignity (feeling that people respect you and treat you as if you are an important person who contributes to society)	**0.0%**	**3.1%**	**71.9%**	**15.6%**	**9.4%**	**100%**
	0	1	23	5	3	**32**
Personal Safety (living and going to school in a safe environment, feeling that the people around you will not physically or verbally harm the service recipient).	**0.0%**	**3.2%**	**77.4%**	**9.7%**	**9.7%**	**100%**
	0	1	24	3	3	**31**
Natural Support Systems (being around people who are not paid to be with the service recipients, participating in community	**0.0%**	**3.1%**	**71.9%**	**15.6%**	**9.4%**	**100%**

events with individuals who are part of that community)	0	1	23	5	3	**32**

SRS HCBS Developmental Disability Waiver Parent Challenging Behavior Survey

Select one or more items that best indicates how you were notified about this survey.



Value	Count	Percent %
State SRS Professional	11	22%
Link on Website	4	8%
Regional SRS Staff Member	2	4%
Professional Providing Services	24	48%
Other (Please Describe Briefly How You Found This Survey)	10	20%

Statistics	
Total Responses	50

Please comment the extent to which you agree with the statements listed below. Circle the level of agreement you feel with each of the items. If you do not feel that you have enough information to indicate your level of agreement, please select N/A which means "Not Applicable." Use the rating scale below to select the number that best fits how you feel about each item:

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A	Total
I believe that the professionals who work with my child know how to deal with challenging behaviors.	**0.0%**	**11.5%**	**42.3%**	**30.8%**	**15.4%**	**100%**
	0	3	11	8	4	**26**
I have heard of the term positive behavior support.	**3.8%**	**7.7%**	**34.6%**	**42.3%**	**11.5%**	**100%**
	1	2	9	11	3	**26**
I have heard of the term applied behavior analysis.	**7.7%**	**15.4%**	**23.1%**	**38.5%**	**15.4%**	**100%**
	2	4	6	10	4	**26**
The professionals working with my child are able to do things that prevent problem behavior from occurring in the first place.	**0.0%**	**15.4%**	**38.5%**	**23.1%**	**23.1%**	**100%**
	0	4	10	6	6	**26**
The law enforcement agency in my town knows how to support people with disabilities who engage in challenging behavior.	**7.7%**	**19.2%**	**19.2%**	**11.5%**	**42.3%**	**100%**
	2	5	5	3	11	**26**
The behavior support planning process I am involved in is effective.	**0.0%**	**19.2%**	**23.1%**	**30.8%**	**26.9%**	**100%**
	0	5	6	8	7	**26**
The behavior support plan that was designed for my child is used on a regular basis.	**0.0%**	**3.8%**	**34.6%**	**30.8%**	**30.8%**	**100%**
	0	1	9	8	8	**26**
My child's team addresses problem behavior by assessing the reason why problem behavior occurs.	**0.0%**	**7.7%**	**46.2%**	**23.1%**	**23.1%**	**100%**
	0	2	12	6	6	**26**
The interventions selected in the behavior support plan for my child are meant to change the environment so that problem behavior will not be triggered.	**0.0%**	**7.7%**	**34.6%**	**23.1%**	**34.6%**	**100%**
	0	2	9	6	9	**26**

The interventions selected in the behavior support plan for my child are meant to focus on improving communication between two or more people.	**0.0%**	**0.0%**	**42.3%**	**26.9%**	**30.8%**	**100%**
	0	0	11	7	8	**26**
I help make decisions using data about my child's skills and quality of life during behavior support planning meetings.	**3.8%**	**7.7%**	**26.9%**	**30.8%**	**30.8%**	**100%**
	1	2	7	8	8	**26**

The following areas of quality of life have improved due to the behavior support plan created for my child:

	Strongly Disagree	**Disagree**	**Agree**	**Strongly Agree**	**N/A**	**Total**
Personal Relationships (making new friends and maintaining important relationships with people)	**0.0%**	**7.7%**	**46.2%**	**19.2%**	**26.9%**	**100%**
	0	2	12	5	7	**26**
Personal Health (emotional and physical well-being, opportunities to exercise and eat well, etc.)	**0.0%**	**11.5%**	**38.5%**	**23.1%**	**26.9%**	**100%**
	0	3	10	6	7	**26**
Home (living in the type of residential setting of one's choice, living in a safe and comfortable environment, being able to choose where one wants to live, etc.)	**0.0%**	**7.7%**	**30.8%**	**34.6%**	**26.9%**	**100%**
	0	2	8	9	7	**26**
Finance (being in control of one's own finances, having enough money to live a happy and productive life, etc.)	**3.8%**	**15.4%**	**34.6%**	**11.5%**	**34.6%**	**100%**
	1	4	9	3	9	**26**
Purpose (one's life has meaning and there are opportunities to contribute to society, and feel respected by the community etc.)	**0.0%**	**11.5%**	**38.5%**	**19.2%**	**30.8%**	**100%**
	0	3	10	5	8	**26**
Personal Choice (being able to make important and meaningful choices in one's life, making important choices about one's current and future activities)	**0.0%**	**7.7%**	**38.5%**	**23.1%**	**30.8%**	**100%**
	0	2	10	6	8	**26**
Personal Dignity (feeling that people respect you and treat you as if you are an important person who contributes to society)	**0.0%**	**7.7%**	**42.3%**	**23.1%**	**26.9%**	**100%**
	0	2	11	6	7	**26**

Personal Safety (living and going to school in a safe environment, feeling that the people around you will not physically or verbally harm the service recipient).	**0.0%** 0	**0.0%** 0	**44.0%** 11	**28.0%** 7	**28.0%** 7	**100%** **25**
Natural Support Systems (being around people who are not paid to be with the service recipients, participating in community events with individuals who are part of that community)	**0.0%** 0	**15.4%** 4	**30.8%** 8	**26.9%** 7	**26.9%** 7	**100%** **26**

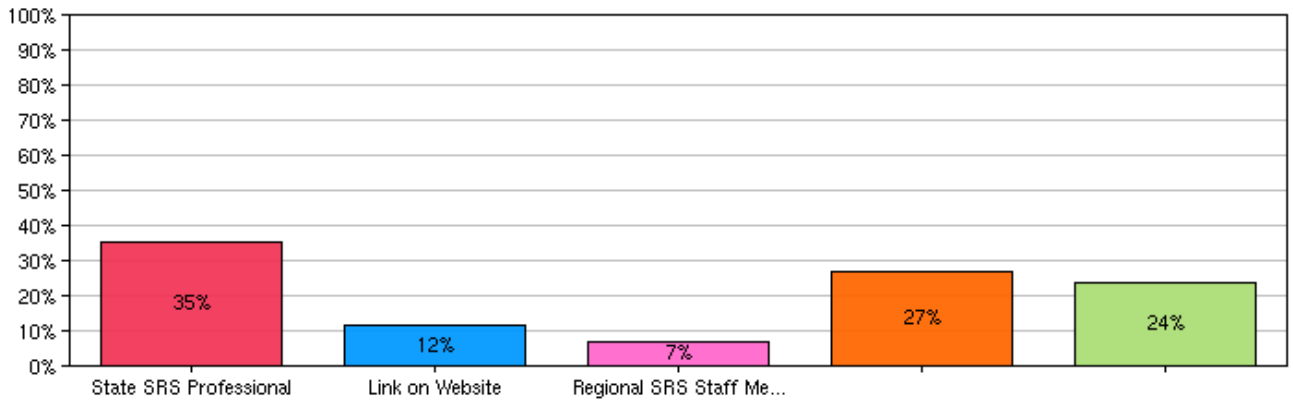
SRS HCBS Developmental Disability Waiver Professional and Challenging Behavior Survey

Please indicate one or more categories that best represents your status:

Value	Count	Percent %
I am a professional who provides services to children or adults receiving Kansas Home and Community Based Waiver Services	173	79.7%
I am a professional who provides training and support to professionals who provide Kansas Home and Community Based Waiver Services	43	19.8%
I am a state professional who is involved in Kansas Home and Community Based Waiver Services	12	5.5%
Other (Please describe who you are in a few words)	19	8.8%

Statistics	
Total Responses	217

Select one or more items that best indicates how you were notified about this survey.



Value	Count	Percent %
State SRS Professional	77	35.3%
Link on Website	25	11.5%
Regional SRS Staff Member	15	6.9%
Professional Providing Services	58	26.6%
Other (Please Describe Briefly How You Found This Survey)	52	23.9%

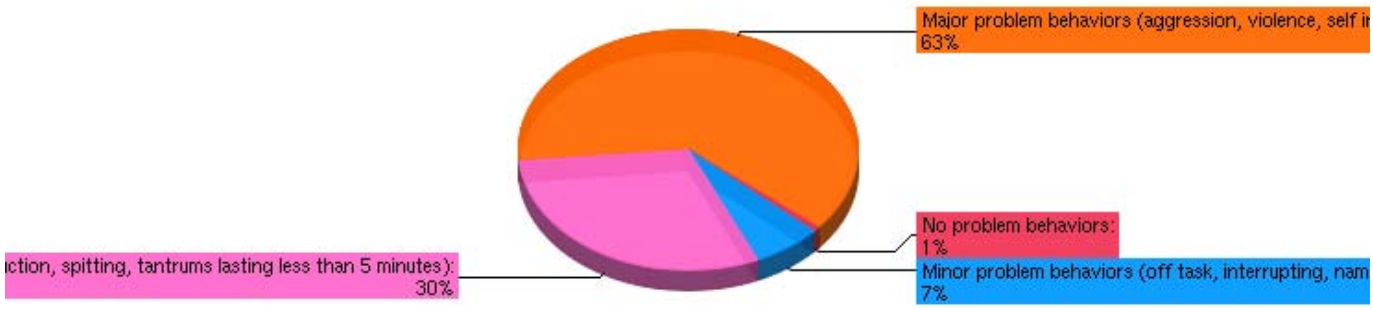
Statistics	
Total Responses	218

Please comment the extent to which you agree with the statements listed below. Circle the level of agreement you feel with each of the items. If you do not feel that you have enough information to indicate your level of agreement, please select N/A which means "Not Applicable."

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A	Total
My organization uses positive behavior support.	**0.0%**	**1.4%**	**40.3%**	**56.1%**	**2.2%**	**100%**
	0	2	56	78	3	**139**
My organization uses applied behavior analysis.	**2.2%**	**13.1%**	**47.4%**	**27.0%**	**10.2%**	**100%**
	3	18	65	37	14	**137**
Challenging behavior is addressed effectively by the professionals in my organization.	**0.0%**	**16.2%**	**51.5%**	**28.7%**	**3.7%**	**100%**
	0	22	70	39	5	**136**
I received sufficient instruction in preservice training to address challenging behaviors that occur while I am at work.	**2.9%**	**23.2%**	**37.7%**	**22.5%**	**13.8%**	**100%**
	4	32	52	31	19	**138**
My organization has done a good job teaching me how to prevent problem behavior from occurring.	**0.7%**	**17.3%**	**46.8%**	**23.7%**	**11.5%**	**100%**
	1	24	65	33	16	**139**
The law enforcement agency in my town knows how to support a person with a autism who engages in challenging behavior.	**11.6%**	**47.8%**	**27.5%**	**2.9%**	**10.1%**	**100%**
	16	66	38	4	14	**138**
The organization I work in provides ongoing inservice training to teach professionals how to respond to challenging behavior.	**4.3%**	**18.7%**	**43.9%**	**23.7%**	**9.4%**	**100%**
	6	26	61	33	13	**139**
The organization I work in provides ongoing inservice training to teach professionals how to prevent challenging behavior.	**5.0%**	**25.2%**	**38.8%**	**23.0%**	**7.9%**	**100%**
	7	35	54	32	11	**139**
The behavior support planning processes I am involved in are effective.	**2.2%**	**13.7%**	**61.2%**	**20.1%**	**2.9%**	**100%**
	3	19	85	28	4	**139**

The written behavior support plans created within my organization are effective at decreasing problem behavior.	**3.6%**	**15.9%**	**56.5%**	**18.8%**	**5.1%**	**100%**
	5	22	78	26	7	**138**
I am comfortable conducting a functional behavioral assessment (process for assessing the reason why problem behavior occurs).	**2.9%**	**18.0%**	**43.9%**	**25.9%**	**9.4%**	**100%**
	4	25	61	36	13	**139**
The interventions that are implemented in my organization directly address the function (reason why) problem behaviors occur.	**1.4%**	**10.8%**	**54.0%**	**28.1%**	**5.8%**	**100%**
	2	15	75	39	8	**139**
Direct observation data are collected when an individual engages in challenging behavior as part of the problem-solving process.	**2.9%**	**14.6%**	**48.2%**	**29.2%**	**5.1%**	**100%**
	4	20	66	40	7	**137**
Direct observation data are collected for the positive social behaviors intended to replace problem behavior.	**2.2%**	**26.8%**	**43.5%**	**21.7%**	**5.8%**	**100%**
	3	37	60	30	8	**138**
Staff/family members are comfortable graphing behavior data and reviewing the data regularly.	**12.4%**	**43.8%**	**29.2%**	**7.3%**	**7.3%**	**100%**
	17	60	40	10	10	**137**

Tell us about the severity of challenging behaviors that occur with the population you serve.



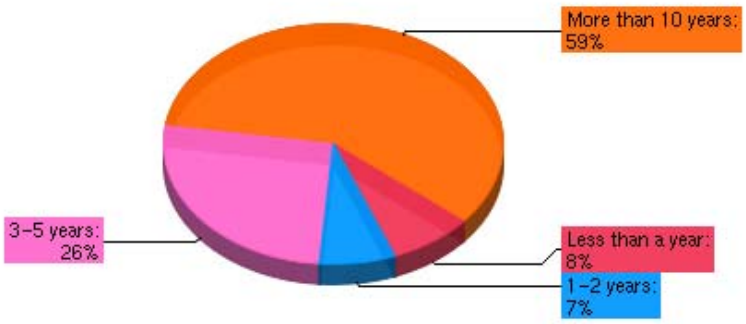
Value	Count	Percent %

No problem behaviors	1	0.7%
Minor problem behaviors (off task, interrupting, name calling, etc)	9	6.5%
Moderate problem behaviors (inappropriate language, elopement, property destruction, spitting, tantrums lasting less than 5 minutes)	42	30.2%
Major problem behaviors (aggression, violence, self injury)	87	62.6%

Statistics

Total Responses	139

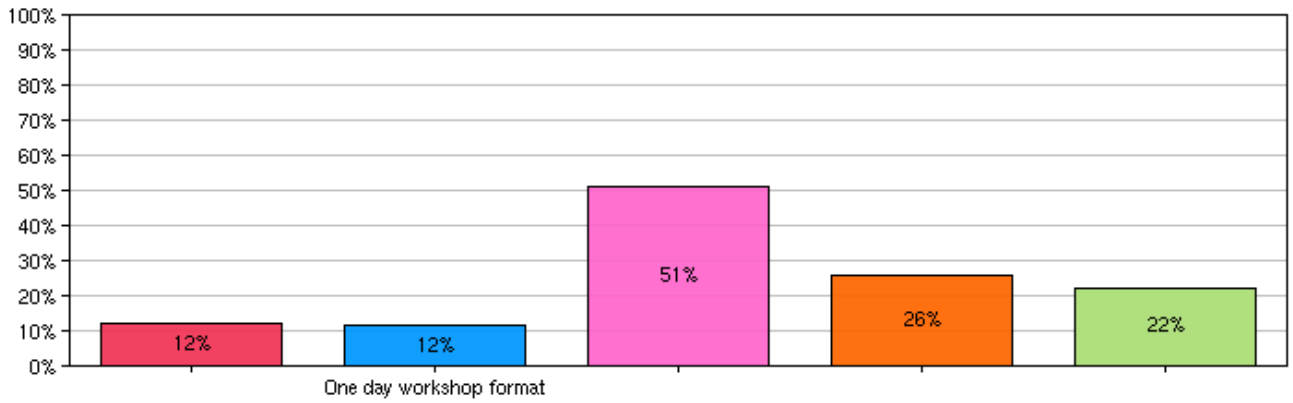
I have been involved in behavior support planning as a facilitator or team member:



Value	Count	Percent %
Less than a year	11	8%
1-2 years	10	7.2%
3-5 years	36	26.1%
More than 10 years	81	58.7%

Statistics	
Total Responses	138
Sum	118.0
Average	2.6
StdDev	0.82
Max	3.0

I have received training to facilitate behavior support planning in the following manner:



Value	Count	Percent %
Never received formal training	17	12.2%
One day workshop format	16	11.5%
Multiple workshop sessions over several years	71	51.1%
Directly mentored while facilitating a planning session	36	25.9%

Participated in a certification training using a particular planning method	31	22.3%

Statistics	
Total Responses	139

I have received crisis management training from:

Value	Count	Percent %
Certified Mandt Trainers	70	53.8%
Certified Crisis Prevention International (CPI) Trainers	19	14.6%
My organization has created its own crisis management training	16	12.3%
Other (please describe)	25	19.2%

Statistics	
Total Responses	130

How much administrative time do you spend responding (delivering consequences, facilitating team meetings, providing feedback to staff, etc.) to challenging behaviors?

Value	Count	Percent %

0-10% of my day	44	31.4%
10-25% of my day	44	31.4%
25-50% of my day	24	17.1%
50% or more of my day	8	5.7%
N/A I am not an administrator	20	14.3%

Statistics	
Total Responses	140
Sum	1,440.0
Average	18.9
StdDev	12.63
Max	50.0

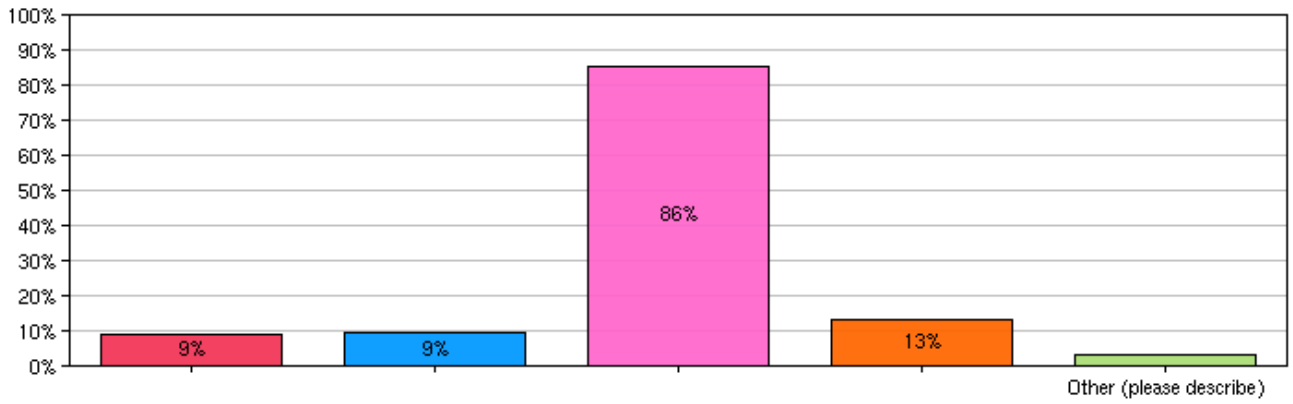
The behavior support training I received is best described as:

Value	Count	Percent %
Applied behavior analysis	19	13.8%
Positive behavior support	107	77.5%
Gentle Teaching	9	6.5%
My organization has its own method for behavior support planning	13	9.4%

All behavior support is addressed within the person-centered planning process	23	16.7%

Statistics	
Total Responses	138

Which bests describes the methodology used for dealing with challenging behaviors at your organization?



Value	Count	Percent %
Pharmacological (Antipsychotic, anticonvulsant, anti-anxiety medications, etc.)	12	8.7%
Reactive Discipline (Consequence based, time out, suspension, response cost)	13	9.4%
Positive Behavior Support (functional behavior assessment and behavior support development with person-centered approach that includes primarily preventative and proactive strategies and teaching replacement behaviors)	118	85.5%
Interdisciplinary approach of reviewing behavior plan/intervention strategies for the top 1-5% of your target population that have problem behaviors in addition to positive behavior support	18	13%
Other (please describe)	4	2.9%

Statistics	
Total Responses	138

What is the average length of a written behavior support plan:

Value	Count	Percent %
1-5 pages	93	67.9%
6-15 pages	37	27%
16-25 pages	6	4.4%
More than 26 pages in length	1	0.7%

Statistics	
Total Responses	137
Sum	411.0
Average	3.0
StdDev	3.56
Max	16.0

What is the average behavior support planning meeting?

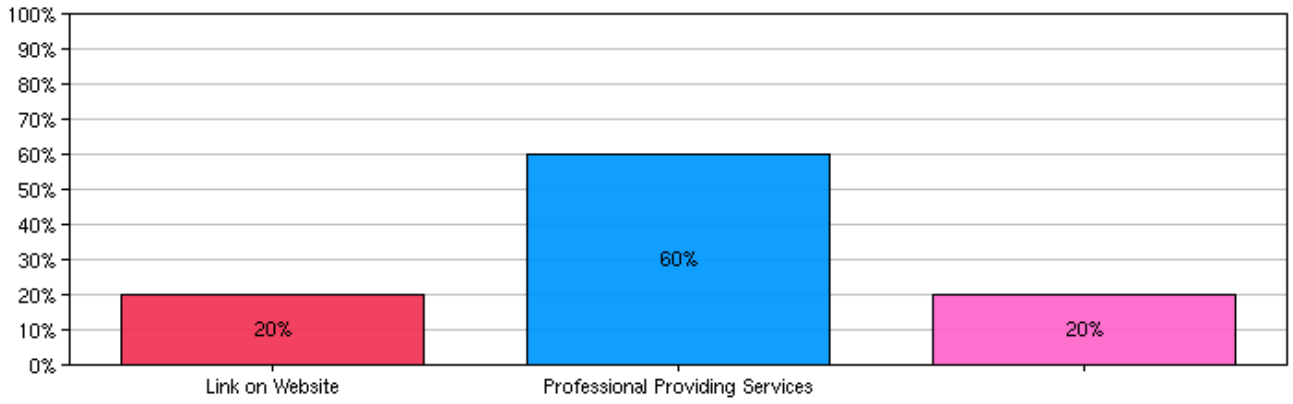
Value	Count	Percent %
30 minutes	20	14.7%
1 hour	75	55.1%
2-3 hours	37	27.2%
4 or more hours	4	2.9%

Statistics

Total Responses	136
Sum	765.0
Average	5.6
StdDev	10.14
Max	30.0

SRS HCBS Frail Elderly Waiver Consumer Challenging Behavior Survey

Select one or more items that best indicates how you were notified about this survey.



Value	Count	Percent %
Link on Website	1	20%
Professional Providing Services	3	60%
Other (Please Describe Briefly How You Found This Survey)	1	20%

Statistics	
Total Responses	5

We would like to ask the following questions about your person-centered planning process. Please circle how you feel about each statement below. If the statement does not have anything to do with your plan then circle N/A for "not applicable".

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A	Total
My planning meetings use person-centered planning.	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100%**
	0	0	0	0	2	**2**
My planning process helps me meet my goals.	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100%**
	0	0	0	0	1	**1**
I invite people to come to my planning meetings.	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100%**
	0	0	0	0	1	**1**
I lead my planning meeting.	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100%**
	0	0	0	0	1	**1**
My service providers have read my plan.	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100%**
	0	0	0	0	1	**1**
My staff meets regularly to look at my plan.	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100%**
	0	0	0	0	1	**1**
Everyone I need to help me comes to my planning meeting.	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100%**
	0	0	0	0	1	**1**
My planning meetings help me get what I need to reach my goals.	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100%**
	0	0	0	0	1	**1**
I reach most of my planning goals.	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100%**
	0	0	0	0	1	**1**
My case manager helps me have good planning meetings.	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100%**

	0	0	0	0	1	1
My case manager needs more training on how to help me have good planning meetings.	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100%**
	0	0	0	0	1	1
My plan has made my life better.	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100%**
	0	0	0	0	1	1
I know what a person-centered plan is.	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100%**
	0	0	0	0	1	1

Person-centered planning has helped make my life better in the following areas:

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A	Total
Personal Relationships (making new friends and maintaining important relationships with people)	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100%**
	0	0	0	0	2	2
Personal Health (emotional and physical well-being, opportunities to exercise and eat well, etc.)	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100%**
	0	0	0	0	1	1
Home (living in the type of residential setting of one's choice, living in a safe and comfortable environment, being able to choose where one wants to live, etc.)	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100%**
	0	0	0	0	1	1
Finance (being in control of one's own finances, having enough money to live a happy and productive life, etc.)	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100%**
	0	0	0	0	1	1
Purpose (one's life has meaning and there are opportunities to contribute to society, and feel respected by the community etc.)	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100%**
	0	0	0	0	1	1
Personal Choice (being able to make important and meaningful choices in one's life, making important choices about one's current and future activities)	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**100.0%**	**100%**
	0	0	0	0	1	1

Personal Dignity (feeling that people respect you and treat you as if you are an important person who contributes to society)	**0.0%** 0	**0.0%** 0	**0.0%** 0	**0.0%** 0	**100.0%** 1	**100%** **1**
Personal Safety (living and going to school in a safe environment, feeling that the people around you will not physically or verbally harm the service recipient).	**0.0%** 0	**0.0%** 0	**0.0%** 0	**0.0%** 0	**100.0%** 1	**100%** **1**
Natural Support Systems (being around people who are not paid to be with the service recipients, participating in community events with individuals who are part of that community)	**0.0%** 0	**0.0%** 0	**0.0%** 0	**0.0%** 0	**100.0%** 1	**100%** **1**

Please circle how you feel about each statement below. If the statement does not have anything to do with your plan then circle N/A for "not applicable."

Strongly Disagree	Disagree	Agree	Strongly Agree	N/A	Total

My behavior support plan has helped make my life better in the following areas:

Strongly Disagree	Disagree	Agree	Strongly Agree	N/A	Total

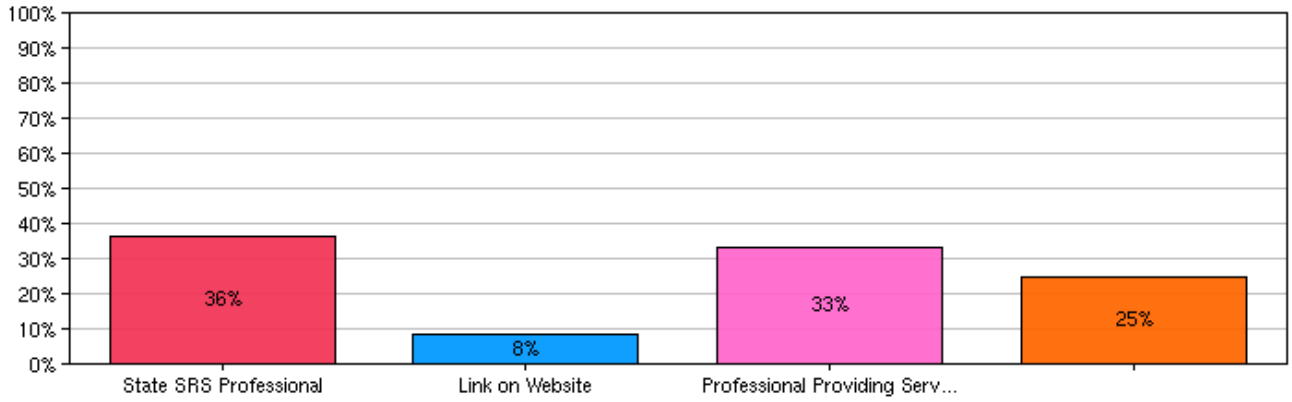
SRS HCBS Frail Elderly Waiver Professional Challenging Behavior Survey

Please indicate one or more categories that best represents your status:

Value	Count	Percent %
I am a professional who provides services to children or adults receiving Kansas Home and Community Based Waiver Services	22	61.1%
I am a professional who provides training and support to professionals who provide Kansas Home and Community Based Waiver Services	8	22.2%
I am a state professional who is involved in Kansas Home and Community Based Waiver Services	6	16.7%
Other (Please describe who you are in a few words)	2	5.6%

Statistics	
Total Responses	36

Select one or more items that best indicates how you were notified about this survey.



Value	Count	Percent %
State SRS Professional	13	36.1%
Link on Website	3	8.3%
Professional Providing Services	12	33.3%
Other (Please Describe Briefly How You Found This Survey)	9	25%

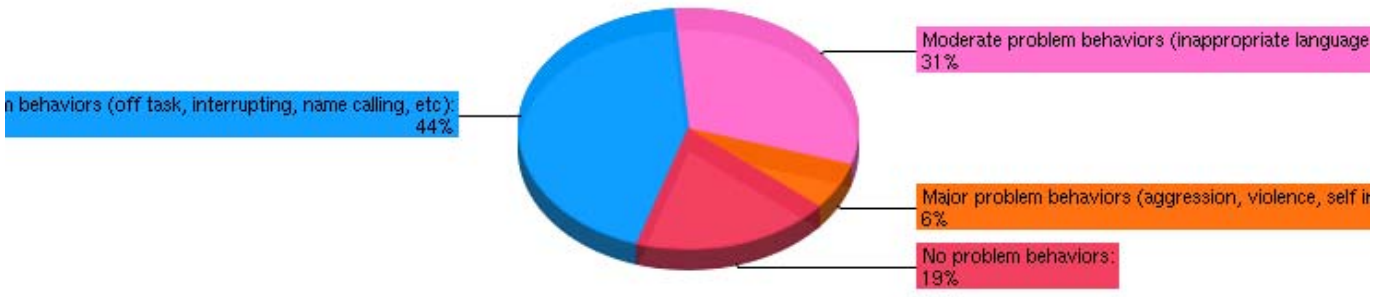
Statistics	
Total Responses	36

Please comment the extent to which you agree with the statements listed below. Circle the level of agreement you feel with each of the items. If you do not feel that you have enough information to indicate your level of agreement, please select N/A which means "Not Applicable."

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A	Total
My organization uses positive behavior support.	**5.9%**	**5.9%**	**47.1%**	**11.8%**	**29.4%**	**100%**
	1	1	8	2	5	**17**
My organization uses applied behavior analysis.	**5.9%**	**17.6%**	**35.3%**	**0.0%**	**41.2%**	**100%**
	1	3	6	0	7	**17**
Challenging behavior is addressed effectively by professionals in my organization.	**11.8%**	**17.6%**	**47.1%**	**5.9%**	**17.6%**	**100%**
	2	3	8	1	3	**17**
I received sufficient instruction in preservice training to address challenging behaviors that occur while I am at work.	**6.3%**	**37.5%**	**37.5%**	**6.3%**	**12.5%**	**100%**
	1	6	6	1	2	**16**
My organization has done a good job teaching me how to prevent problem behavior from occurring.	**11.8%**	**41.2%**	**23.5%**	**5.9%**	**17.6%**	**100%**
	2	7	4	1	3	**17**
The law enforcement agency in my town knows how to support a person with a autism who engages in challenging behavior.	**5.9%**	**23.5%**	**11.8%**	**0.0%**	**58.8%**	**100%**
	1	4	2	0	10	**17**
The organization I work in provides ongoing inservice training to teach professionals how to respond to challenging behavior.	**6.7%**	**46.7%**	**13.3%**	**13.3%**	**20.0%**	**100%**
	1	7	2	2	3	**15**
The organization I work in provides ongoing inservice training to teach professionals how to prevent challenging behavior.	**12.5%**	**37.5%**	**12.5%**	**18.8%**	**18.8%**	**100%**
	2	6	2	3	3	**16**
The behavior support planning processes I am involved in are effective.	**0.0%**	**6.3%**	**43.8%**	**12.5%**	**37.5%**	**100%**
	0	1	7	2	6	**16**

The written behavior support plans created within my organization are effective at decreasing problem behavior.	**0.0%** 0	**25.0%** 4	**31.3%** 5	**6.3%** 1	**37.5%** 6	**100%** 16
I am comfortable conducting a functional behavioral assessment (process for assessing the reason why problem behavior occurs).	**0.0%** 0	**25.0%** 4	**18.8%** 3	**18.8%** 3	**37.5%** 6	**100%** 16
The interventions that are implemented in my organization directly address the function (reason why) problem behaviors occur.	**6.3%** 1	**25.0%** 4	**25.0%** 4	**12.5%** 2	**31.3%** 5	**100%** 16
Direct observation data are collected when an individual engages in challenging behavior as part of the problem-solving process.	**6.3%** 1	**12.5%** 2	**18.8%** 3	**18.8%** 3	**43.8%** 7	**100%** 16
Direct observation data are collected for the positive social behaviors intended to replace problem behavior.	**6.3%** 1	**12.5%** 2	**18.8%** 3	**18.8%** 3	**43.8%** 7	**100%** 16
Staff/family members are comfortable graphing behavior data and reviewing the data regularly.	**18.8%** 3	**18.8%** 3	**6.3%** 1	**12.5%** 2	**43.8%** 7	**100%** 16

Tell us about the severity of challenging behaviors that occur with the population you serve.



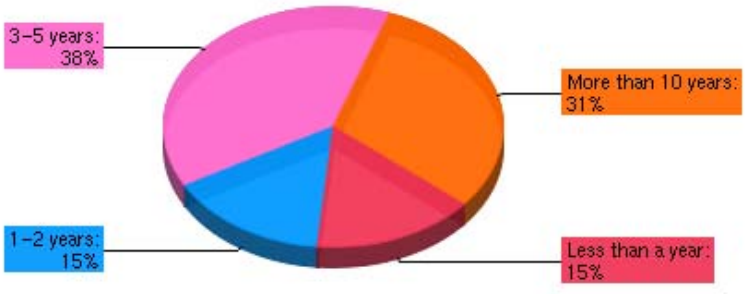
Value	Count	Percent %

No problem behaviors	3	18.8%
Minor problem behaviors (off task, interrupting, name calling, etc)	7	43.8%
Moderate problem behaviors (inappropriate language, elopement, property destruction, spitting, tantrums lasting less than 5 minutes)	5	31.3%
Major problem behaviors (aggression, violence, self injury)	1	6.3%

Statistics

Total Responses	16

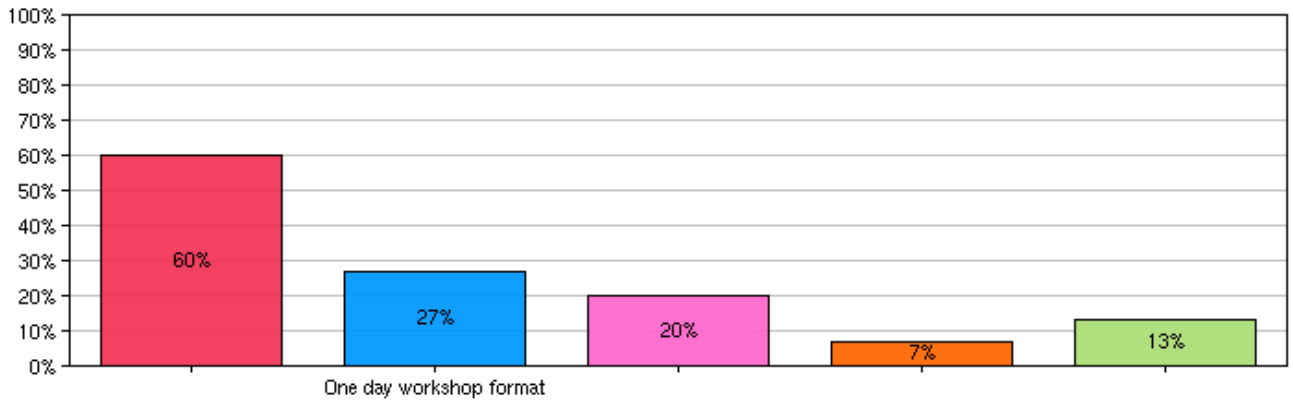
I have been involved in behavior support planning as a facilitator or team member:



Value	Count	Percent %
Less than a year	2	15.4%
1-2 years	2	15.4%
3-5 years	5	38.5%
More than 10 years	4	30.8%

Statistics	
Total Responses	13
Sum	17.0
Average	2.4
StdDev	0.90
Max	3.0

I have received training to facilitate behavior support planning in the following manner:

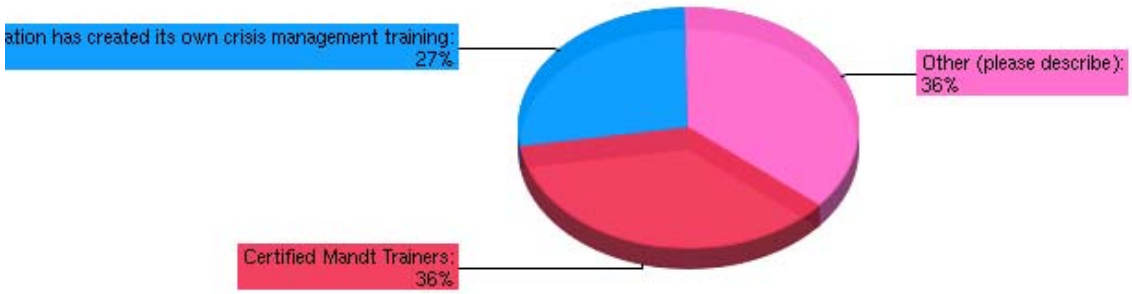


Value	Count	Percent %
Never received formal training	9	60%
One day workshop format	4	26.7%
Multiple workshop sessions over several years	3	20%
Directly mentored while facilitating a planning session	1	6.7%

Participated in a certification training using a particular planning method	2	13.3%

Statistics	
Total Responses	15

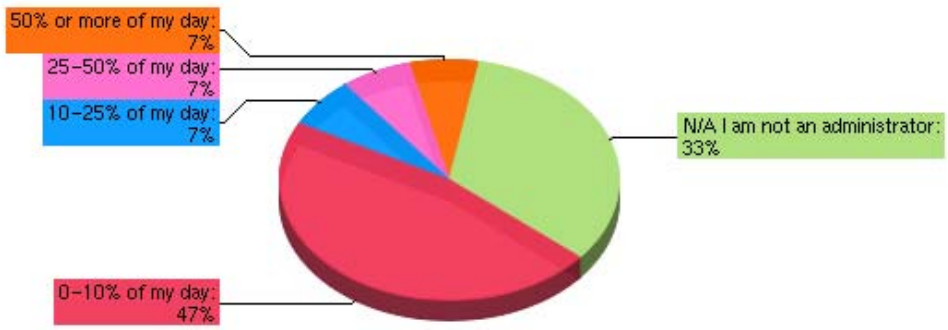
I have received crisis management training from:



Value	Count	Percent %
Certified Mandt Trainers	4	36.4%
My organization has created its own crisis management training	3	27.3%
Other (please describe)	4	36.4%

Statistics	
Total Responses	11

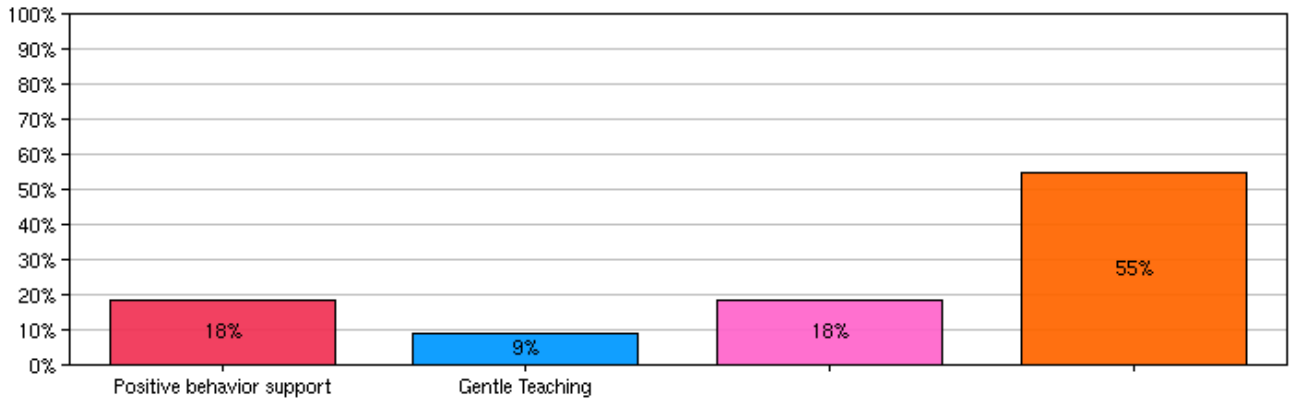
How much administrative time do you spend responding (delivering consequences, facilitating team meetings, providing feedback to staff, etc.) to challenging behaviors?



Value	Count	Percent %
0-10% of my day	7	46.7%
10-25% of my day	1	6.7%
25-50% of my day	1	6.7%
50% or more of my day	1	6.7%
N/A I am not an administrator	5	33.3%

Statistics	
Total Responses	15
Sum	85.0
Average	28.3
StdDev	16.50
Max	50.0

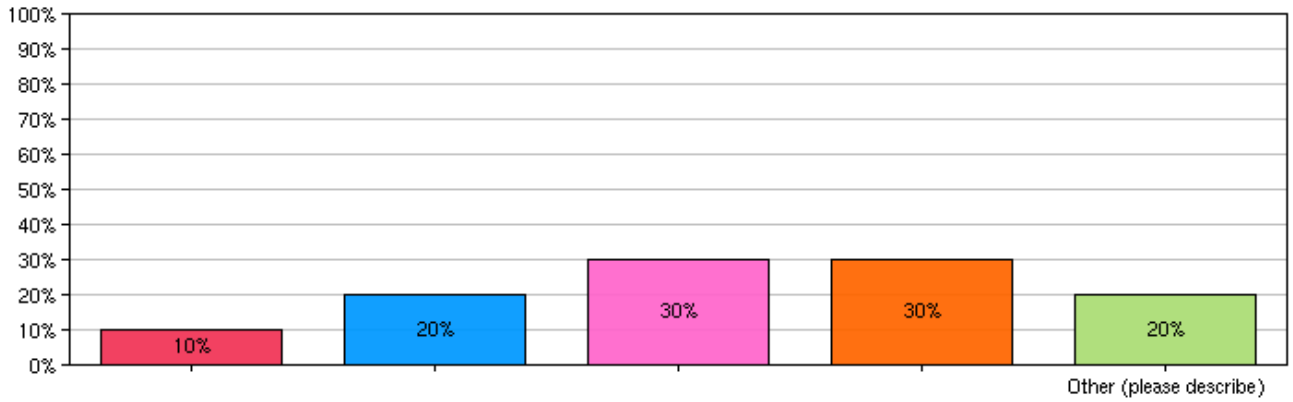
The behavior support training I received is best described as:



Value	Count	Percent %
Positive behavior support	2	18.2%
Gentle Teaching	1	9.1%
My organization has its own method for behavior support planning	2	18.2%
All behavior support is addressed within the person-centered planning process	6	54.5%

Statistics	
Total Responses	11

Which bests describes the methodology used for dealing with challenging behaviors at your organization?



Value	Count	Percent %
Pharmacological (Antipsychotic, anticonvulsant, anti-anxiety medications, etc.)	1	10%
Reactive Discipline (Consequence based, time out, suspension, response cost)	2	20%
Positive Behavior Support (functional behavior assessment and behavior support development with person-centered approach that includes primarily preventative and proactive strategies and teaching replacement behaviors)	3	30%
Interdisciplinary approach of reviewing behavior plan/intervention strategies for the top 1-5% of your target population that have problem behaviors in addition to positive behavior support	3	30%
Other (please describe)	2	20%

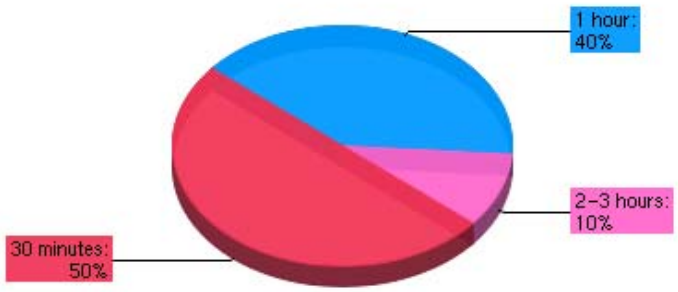
Statistics	
Total Responses	10

What is the average length of a written behavior support plan:

Value	Count	Percent %
1-5 pages	8	88.9%
6-15 pages	1	11.1%

Statistics	
Total Responses	9
Sum	14.0
Average	1.6
StdDev	1.57
Max	6.0

What is the average behavior support planning meeting?



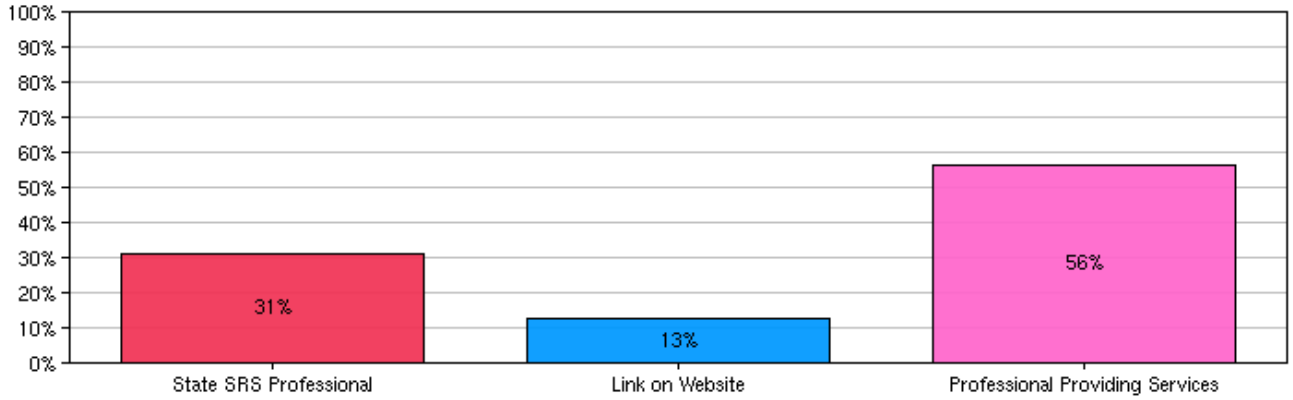
Value	Count	Percent %
30 minutes	5	50%
1 hour	4	40%
2-3 hours	1	10%

Statistics

Total Responses	10
Sum	156.0
Average	15.6
StdDev	14.40
Max	30.0

SRS HCBS Physical Disability Waiver Consumer Challenging Behavior Survey

Select one or more items that best indicates how you were notified about this survey.



Value	Count	Percent %
State SRS Professional	5	31.3%
Link on Website	2	12.5%
Professional Providing Services	9	56.3%

Statistics	
Total Responses	16

Please circle how you feel about each statement below. If the statement does not have anything to do with your plan then circle N/A for "not applicable."

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A	Total
My staff know how to deal with challenging behavior.	**0.0%**	**0.0%**	**60.0%**	**20.0%**	**20.0%**	**100%**
	0	0	3	1	1	**5**
I have heard of positive behavior support.	**20.0%**	**0.0%**	**60.0%**	**0.0%**	**20.0%**	**100%**
	1	0	3	0	1	**5**
I have heard of applied behavior analysis.	**20.0%**	**20.0%**	**40.0%**	**0.0%**	**20.0%**	**100%**
	1	1	2	0	1	**5**
My staff help stop challenging behavior from happening behavior they start.	**0.0%**	**0.0%**	**60.0%**	**0.0%**	**40.0%**	**100%**
	0	0	3	0	2	**5**
Police in my town know how to help people with disabilities when they have challenging behavior.	**0.0%**	**20.0%**	**60.0%**	**0.0%**	**20.0%**	**100%**
	0	1	3	0	1	**5**
My behavior support plan works.	**0.0%**	**0.0%**	**60.0%**	**0.0%**	**40.0%**	**100%**
	0	0	3	0	2	**5**
My behavior support plan is used by my staff.	**0.0%**	**0.0%**	**60.0%**	**0.0%**	**40.0%**	**100%**
	0	0	3	0	2	**5**
My staff know why my challenging behaviors happen.	**0.0%**	**0.0%**	**40.0%**	**20.0%**	**40.0%**	**100%**
	0	0	2	1	2	**5**
My behavior support plan changes things at my home, at my work and in the community so I have less behaviors.	**0.0%**	**0.0%**	**66.7%**	**0.0%**	**33.3%**	**100%**
	0	0	2	0	1	**3**
My behavior support plan helps me tell people what I need.	**0.0%**	**0.0%**	**60.0%**	**0.0%**	**40.0%**	**100%**
	0	0	3	0	2	**5**

My staff keep track of how many challenging behaviors I have and talk about it at my behavior support planning meetings.	**0.0%** 0	**20.0%** 1	**40.0%** 2	**0.0%** 0	**40.0%** 2	**100%** **5**

My behavior support plan has helped make my life better in the following areas:

	Strongly Disagree	**Disagree**	**Agree**	**Strongly Agree**	**N/A**	**Total**
Personal Relationships (making new friends and maintaining important relationships with people)	**0.0%** 0	**0.0%** 0	**40.0%** 2	**0.0%** 0	**60.0%** 3	**100%** **5**
Personal Health (emotional and physical well-being, opportunities to exercise and eat well, etc.)	**0.0%** 0	**0.0%** 0	**60.0%** 3	**20.0%** 1	**20.0%** 1	**100%** **5**
Home (living in the type of residential setting of one's choice, living in a safe and comfortable environment, being able to choose where one wants to live, etc.)	**0.0%** 0	**0.0%** 0	**40.0%** 2	**40.0%** 2	**20.0%** 1	**100%** **5**
Finance (being in control of one's own finances, having enough money to live a happy and productive life, etc.)	**0.0%** 0	**0.0%** 0	**60.0%** 3	**20.0%** 1	**20.0%** 1	**100%** **5**
Purpose (one's life has meaning and there are opportunities to contribute to society, and feel respected by the community etc.)	**0.0%** 0	**20.0%** 1	**20.0%** 1	**20.0%** 1	**40.0%** 2	**100%** **5**
Personal Choice (being able to make important and meaningful choices in one's life, making important choices about one's current and future activities)	**0.0%** 0	**0.0%** 0	**60.0%** 3	**20.0%** 1	**20.0%** 1	**100%** **5**
Personal Dignity (feeling that people respect you and treat you as if you are an important person who contributes to society)	**0.0%** 0	**0.0%** 0	**60.0%** 3	**20.0%** 1	**20.0%** 1	**100%** **5**
Personal Safety (living and going to school in a safe environment, feeling that the people around you will not physically or verbally harm the service recipient).	**0.0%** 0	**0.0%** 0	**60.0%** 3	**20.0%** 1	**20.0%** 1	**100%** **5**
Natural Support Systems (being around people who are not paid to be with the service recipients, participating in community	**0.0%**	**20.0%**	**40.0%**	**20.0%**	**20.0%**	**100%**

events with individuals who are part of that community)	0	1	2	1	1	**5**

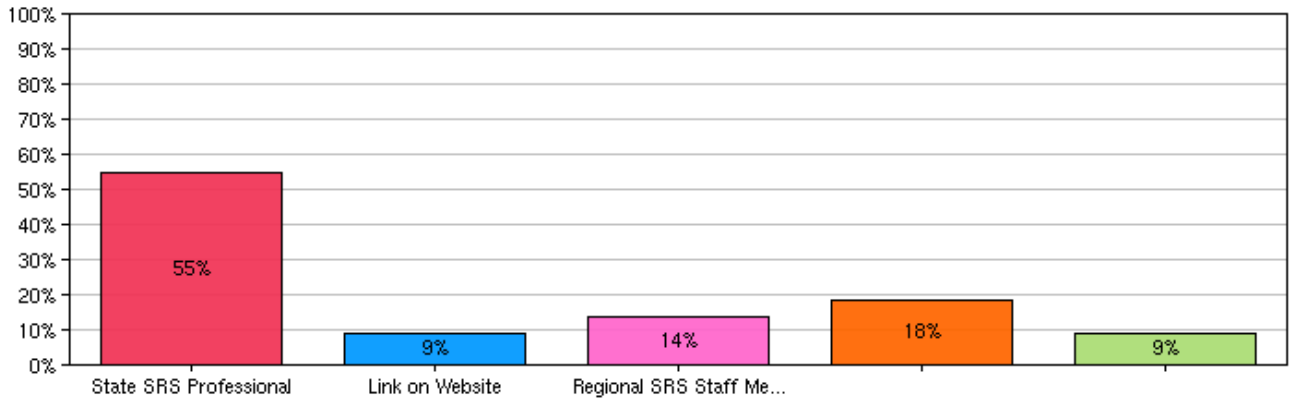
SRS HCBS Physical Disability Waiver Professional Challenging Behavior Survey

Please indicate one or more categories that best represents your status:

Value	Count	Percent %
I am a professional who provides services to children or adults receiving Kansas Home and Community Based Waiver Services	11	50%
I am a professional who provides training and support to professionals who provide Kansas Home and Community Based Waiver Services	4	18.2%
I am a state professional who is involved in Kansas Home and Community Based Waiver Services	3	13.6%
Other (Please describe who you are in a few words)	4	18.2%

Statistics	
Total Responses	22

Select one or more items that best indicates how you were notified about this survey.



Value	Count	Percent %
State SRS Professional	12	54.5%
Link on Website	2	9.1%
Regional SRS Staff Member	3	13.6%
Professional Providing Services	4	18.2%
Other (Please Describe Briefly How You Found This Survey)	2	9.1%

Statistics	
Total Responses	22

Please comment the extent to which you agree with the statements listed below. Circle the level of agreement you feel with each of the items. If you do not feel that you have enough information to indicate your level of agreement, please select N/A which means "Not Applicable."

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A	Total
My organization uses positive behavior support.	**0.0%**	**0.0%**	**12.5%**	**37.5%**	**50.0%**	**100%**
	0	0	1	3	4	**8**
My organization uses applied behavior analysis.	**0.0%**	**0.0%**	**25.0%**	**12.5%**	**62.5%**	**100%**
	0	0	2	1	5	**8**
Challenging behavior is addressed effectively by a cognitive rehabilitation therapist	**12.5%**	**12.5%**	**25.0%**	**0.0%**	**50.0%**	**100%**
	1	1	2	0	4	**8**
I received sufficient instruction in preservice training to address challenging behaviors that occur while I am at work.	**0.0%**	**12.5%**	**25.0%**	**12.5%**	**50.0%**	**100%**
	0	1	2	1	4	**8**
My organization has done a good job teaching me how to prevent problem behavior from occurring.	**0.0%**	**0.0%**	**62.5%**	**0.0%**	**37.5%**	**100%**
	0	0	5	0	3	**8**
The law enforcement agency in my town knows how to support individuals with physical disabilities who engages in challenging behavior.	**12.5%**	**25.0%**	**37.5%**	**0.0%**	**25.0%**	**100%**
	1	2	3	0	2	**8**
The organization I work in provides ongoing inservice training to teach professionals how to respond to challenging behavior.	**0.0%**	**25.0%**	**37.5%**	**0.0%**	**37.5%**	**100%**
	0	2	3	0	3	**8**
The organization I work in provides ongoing inservice training to teach professionals how to prevent challenging behavior.	**0.0%**	**25.0%**	**25.0%**	**0.0%**	**50.0%**	**100%**
	0	2	2	0	4	**8**
The behavior support planning processes I am involved in are effective.	**0.0%**	**0.0%**	**50.0%**	**0.0%**	**50.0%**	**100%**
	0	0	4	0	4	**8**

The written behavior support plans created within my organization are effective at decreasing problem behavior.	**0.0%** 0	**0.0%** 0	**37.5%** 3	**0.0%** 0	**62.5%** 5	**100%** **8**
I am comfortable conducting a functional behavioral assessment (process for assessing the reason why problem behavior occurs).	**0.0%** 0	**12.5%** 1	**25.0%** 2	**0.0%** 0	**62.5%** 5	**100%** **8**
The interventions that are implemented in my organization directly address the function (reason why) problem behaviors occur.	**0.0%** 0	**14.3%** 1	**28.6%** 2	**0.0%** 0	**57.1%** 4	**100%** **7**
Direct observation data are collected when an individual engages in challenging behavior as part of the problem-solving process.	**0.0%** 0	**0.0%** 0	**50.0%** 4	**0.0%** 0	**50.0%** 4	**100%** **8**
Direct observation data are collected for the positive social behaviors intended to replace problem behavior.	**0.0%** 0	**0.0%** 0	**50.0%** 4	**0.0%** 0	**50.0%** 4	**100%** **8**
Staff/family members are comfortable graphing behavior data and reviewing the data regularly.	**12.5%** 1	**0.0%** 0	**12.5%** 1	**0.0%** 0	**75.0%** 6	**100%** **8**

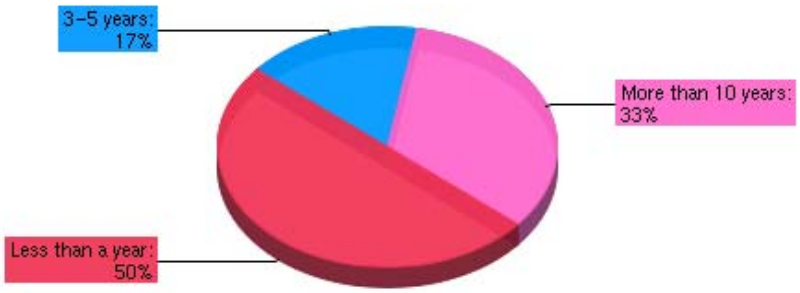
Tell us about the severity of challenging behaviors that occur with the population you serve.

Value	Count	Percent %

Minor problem behaviors (off task, interrupting, name calling, etc)	5	71.4%
Moderate problem behaviors (inappropriate language, elopement, property destruction, spitting, tantrums lasting less than 5 minutes)	2	28.6%

Statistics	
Total Responses	7

I have been involved in behavior support planning as a facilitator or team member:

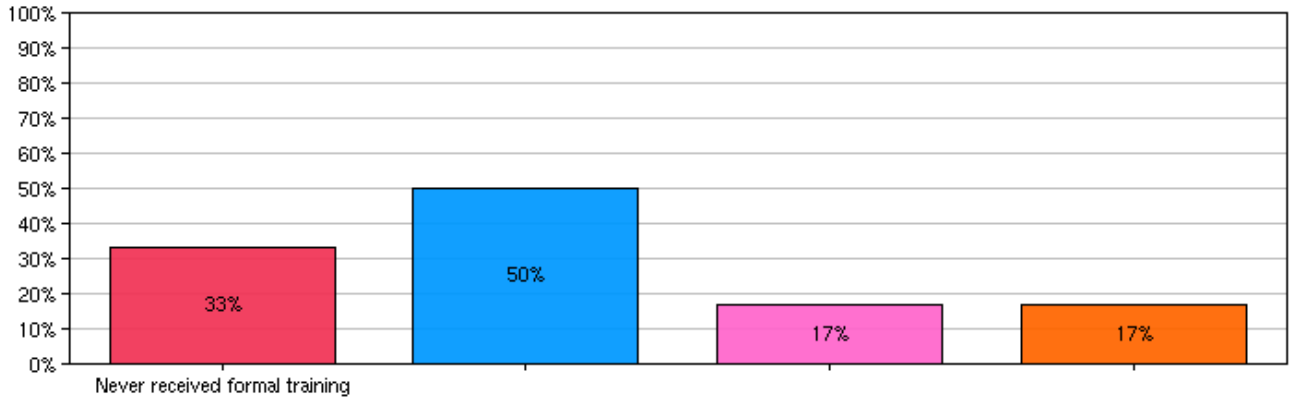


Value	Count	Percent %
Less than a year	3	50%
3-5 years	1	16.7%
More than 10 years	2	33.3%

Statistics	
Total Responses	6

Sum	3.0
Average	3.0
Max	3.0

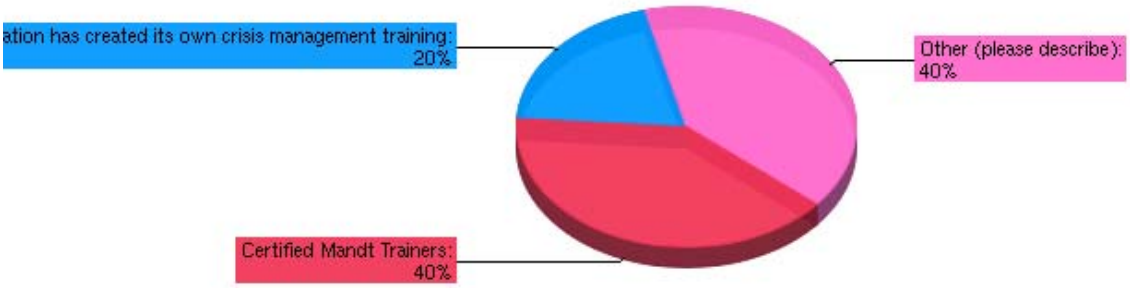
I have received training to facilitate behavior support planning in the following manner:



Value	Count	Percent %
Never received formal training	2	33.3%
Multiple workshop sessions over several years	3	50%
Directly mentored while facilitating a planning session	1	16.7%
Participated in a certification training using a particular planning method	1	16.7%

Statistics	
Total Responses	6

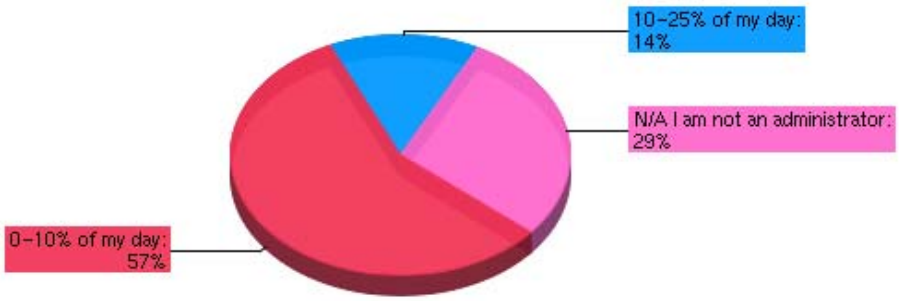
I have received crisis management training from:



Value	Count	Percent %
Certified Mandt Trainers	2	40%
My organization has created its own crisis management training	1	20%
Other (please describe)	2	40%

Statistics	
Total Responses	5

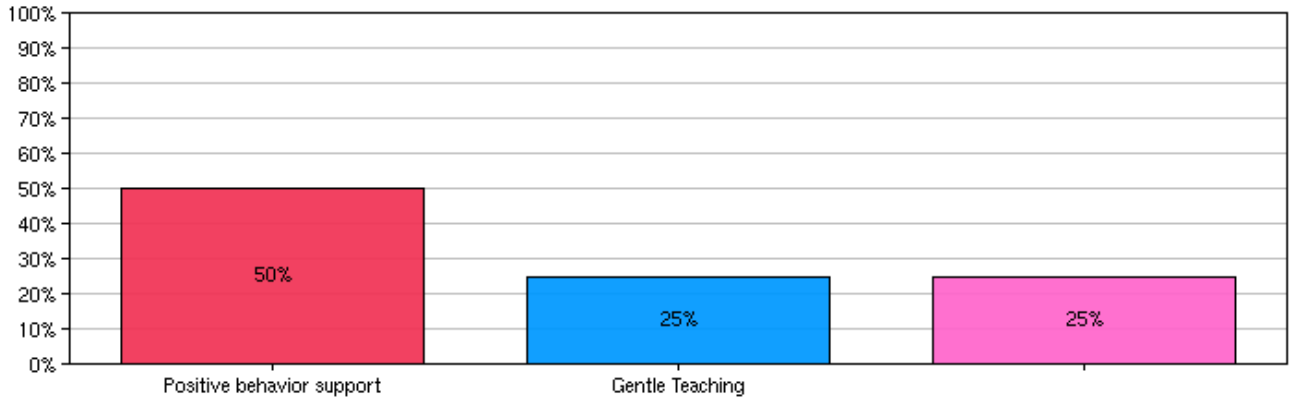
How much administrative time do you spend responding (delivering consequences, facilitating team meetings, providing feedback to staff, etc.) to challenging behaviors?



Value	Count	Percent %
0-10% of my day	4	57.1%
10-25% of my day	1	14.3%
N/A I am not an administrator	2	28.6%

Statistics	
Total Responses	7
Sum	10.0
Average	10.0
Max	10.0

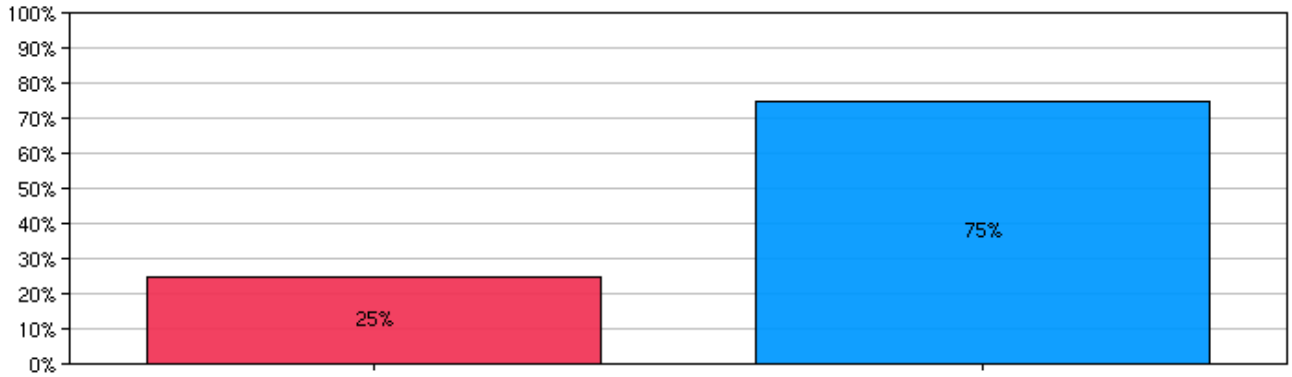
The behavior support training I received is best described as:



Value	Count	Percent %
Positive behavior support	2	50%
Gentle Teaching	1	25%
All behavior support is addressed within the person-centered planning process	1	25%

Statistics	
Total Responses	4

Which bests describes the methodology used for dealing with challenging behaviors at your organization?



Value	Count	Percent %
Pharmacological (Antipsychotic, anticonvulsant, anti-anxiety medications, etc.)	1	25%
Positive Behavior Support (functional behavior assessment and behavior support development with person-centered approach that includes primarily preventative and proactive strategies and teaching replacement behaviors)	3	75%

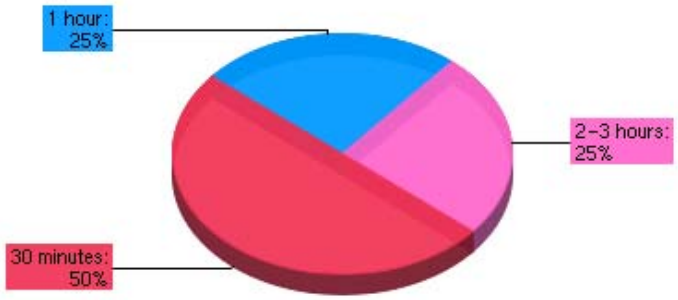
Statistics	
Total Responses	4

What is the average length of a written behavior support plan:

Value	Count	Percent %
1-5 pages	3	75%
More than 26 pages in length	1	25%

Statistics	
Total Responses	4
Sum	3.0
Average	1.0
Max	1.0

What is the average behavior support planning meeting?



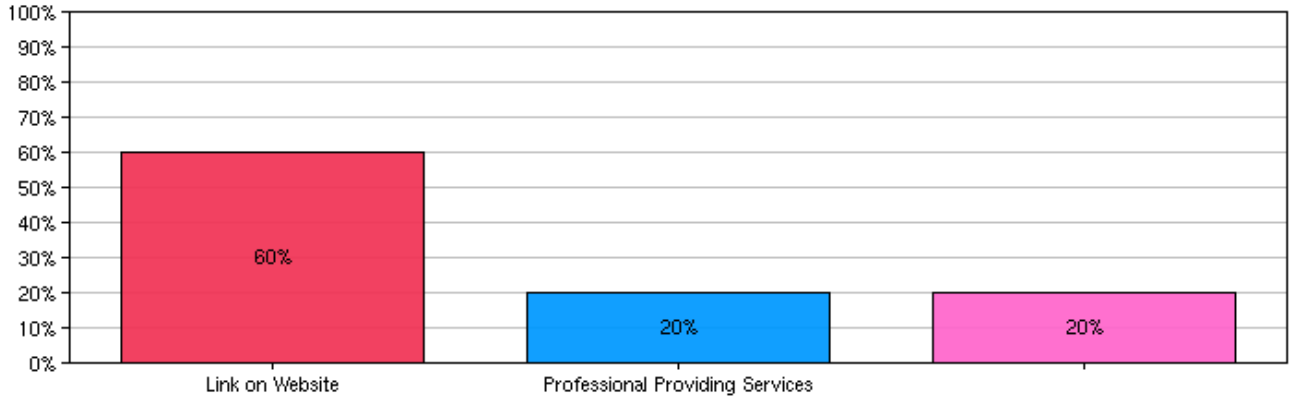
Value	Count	Percent %
30 minutes	2	50%
1 hour	1	25%
2-3 hours	1	25%

Statistics

Total Responses	4
Sum	63.0
Average	15.8
StdDev	14.25
Max	30.0

SRS HCBS Seriously Emotionally Disturbed Waiver Parent Challenging Behavior Survey

Select one or more items that best indicates how you were notified about this survey.



Value	Count	Percent %
Link on Website	3	60%
Professional Providing Services	1	20%
Other (Please Describe Briefly How You Found This Survey)	1	20%

Statistics	
Total Responses	5

Please comment the extent to which you agree with the statements listed below. Circle the level of agreement you feel with each of the items. If you do not feel that you have enough information to indicate your level of agreement, please select N/A which means "Not Applicable." Use the rating scale below to select the number that best fits how you feel about each item:

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A	Total
I believe that the professionals who work with my child know how to deal with challenging behaviors.	**33.3%** 1	**33.3%** 1	**33.3%** 1	**0.0%** 0	**0.0%** 0	**100%** 3
I have heard of the term positive behavior support.	**0.0%** 0	**66.7%** 2	**33.3%** 1	**0.0%** 0	**0.0%** 0	**100%** 3
I have heard of the term applied behavior analysis.	**0.0%** 0	**66.7%** 2	**33.3%** 1	**0.0%** 0	**0.0%** 0	**100%** 3
The professionals working with my child are able to do things that prevent problem behavior from occurring in the first place.	**33.3%** 1	**33.3%** 1	**33.3%** 1	**0.0%** 0	**0.0%** 0	**100%** 3
The law enforcement agency in my town knows how to support people with emotional or mental health needs who engages in challenging behavior.	**33.3%** 1	**33.3%** 1	**33.3%** 1	**0.0%** 0	**0.0%** 0	**100%** 3
The behavior support planning process I am involved in is effective.	**66.7%** 2	**0.0%** 0	**0.0%** 0	**33.3%** 1	**0.0%** 0	**100%** 3
The behavior support plan that was designed for my child is used on a regular basis.	**33.3%** 1	**33.3%** 1	**33.3%** 1	**0.0%** 0	**0.0%** 0	**100%** 3
My child's team addresses problem behavior by assessing the reason why problem behavior occurs.	**33.3%** 1	**33.3%** 1	**33.3%** 1	**0.0%** 0	**0.0%** 0	**100%** 3
The interventions selected in the behavior support plan for my child are meant to change the environment so that problem behavior will not be triggered.	**33.3%** 1	**33.3%** 1	**33.3%** 1	**0.0%** 0	**0.0%** 0	**100%** 3

The interventions selected in the behavior support plan for my child are meant to focus on improving communication between two or more people.	**33.3%**	**0.0%**	**66.7%**	**0.0%**	**0.0%**	**100%**
	1	0	2	0	0	**3**
I help make decisions using data about my child's skills and quality of life during behavior support planning meetings.	**33.3%**	**0.0%**	**66.7%**	**0.0%**	**0.0%**	**100%**
	1	0	2	0	0	**3**

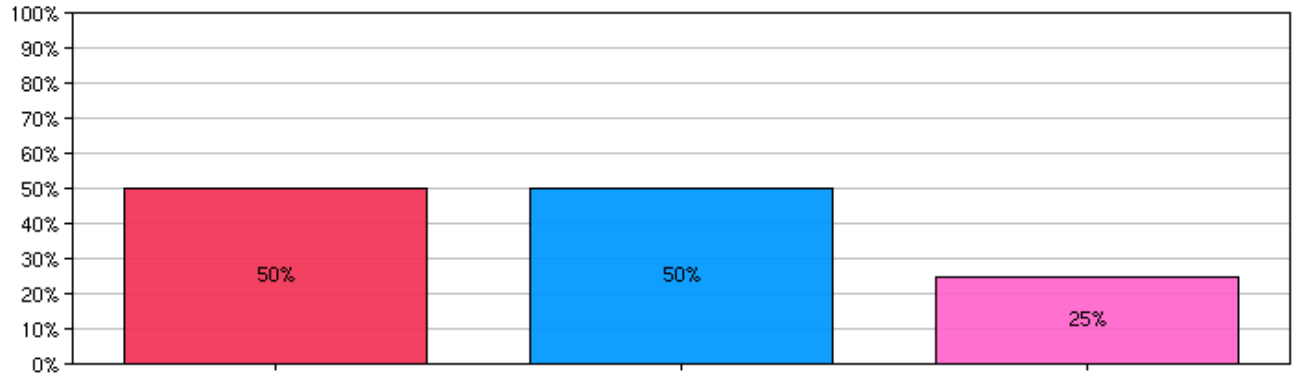
The following areas of quality of life have improved due to the crisis plan created for my child:

	Strongly Disagree	**Disagree**	**Agree**	**Strongly Agree**	**N/A**	**Total**
Personal Relationships (making new friends and maintaining important relationships with people)	**33.3%**	**33.3%**	**33.3%**	**0.0%**	**0.0%**	**100%**
	1	1	1	0	0	**3**
Personal Health (emotional and physical well-being, opportunities to exercise and eat well, etc.)	**33.3%**	**0.0%**	**66.7%**	**0.0%**	**0.0%**	**100%**
	1	0	2	0	0	**3**
Home (living in the type of residential setting of one's choice, living in a safe and comfortable environment, being able to choose where one wants to live, etc.)	**66.7%**	**0.0%**	**33.3%**	**0.0%**	**0.0%**	**100%**
	2	0	1	0	0	**3**
Finance (being in control of one's own finances, having enough money to live a happy and productive life, etc.)	**33.3%**	**0.0%**	**33.3%**	**0.0%**	**33.3%**	**100%**
	1	0	1	0	1	**3**
Purpose (one's life has meaning and there are opportunities to contribute to society, and feel respected by the community etc.)	**33.3%**	**66.7%**	**0.0%**	**0.0%**	**0.0%**	**100%**
	1	2	0	0	0	**3**
Personal Choice (being able to make important and meaningful choices in one's life, making important choices about one's current and future activities)	**33.3%**	**33.3%**	**33.3%**	**0.0%**	**0.0%**	**100%**
	1	1	1	0	0	**3**
Personal Dignity (feeling that people respect you and treat you as if you are an important person who contributes to society)	**33.3%**	**33.3%**	**33.3%**	**0.0%**	**0.0%**	**100%**
	1	1	1	0	0	**3**

Personal Safety (living and going to school in a safe environment, feeling that the people around you will not physically or verbally harm the service recipient).	**33.3%** 1	**0.0%** 0	**66.7%** 2	**0.0%** 0	**0.0%** 0	**100%** **3**
Natural Support Systems (being around people who are not paid to be with the service recipients, participating in community events with individuals who are part of that community)	**33.3%** 1	**0.0%** 0	**66.7%** 2	**0.0%** 0	**0.0%** 0	**100%** **3**

SRS HCBS Seriously Emotionally Disturbed Waiver Professional Challenging Behavior Survey

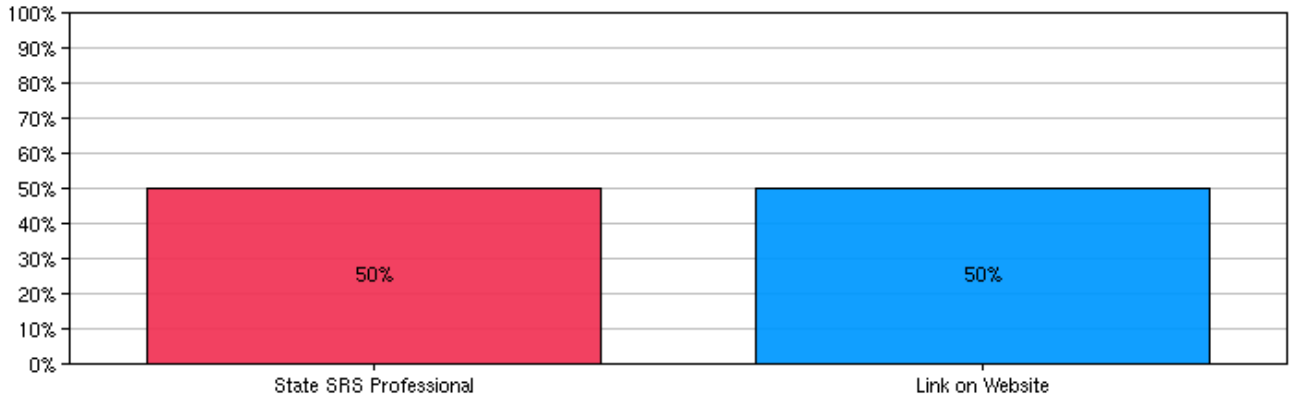
Please indicate one or more categories that best represents your status:



Value	Count	Percent %
I am a professional who provides services to children or adults receiving Kansas Home and Community Based Waiver Services	2	50%
I am a professional who provides training and support to professionals who provide Kansas Home and Community Based Waiver Services	2	50%
I am a state professional who is involved in Kansas Home and Community Based Waiver Services	1	25%

Statistics	
Total Responses	4

Select one or more items that best indicates how you were notified about this survey.



Value	Count	Percent %
State SRS Professional	2	50%
Link on Website	2	50%

Statistics	
Total Responses	4

Please comment the extent to which you agree with the statements listed below. Circle the level of agreement you feel with each of the items. If you do not feel that you have enough information to indicate your level of agreement, please select N/A which means "Not Applicable."

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A	Total
My organization uses positive behavior support.	**0.0%**	**0.0%**	**50.0%**	**0.0%**	**50.0%**	**100%**
	0	0	1	0	1	**2**
My organization uses applied behavior analysis.	**0.0%**	**0.0%**	**50.0%**	**0.0%**	**50.0%**	**100%**
	0	0	1	0	1	**2**
Challenging behavior is addressed effectively by the professionals in my organization.	**0.0%**	**0.0%**	**100.0%**	**0.0%**	**0.0%**	**100%**
	0	0	2	0	0	**2**
I received sufficient instruction in preservice training to address challenging behaviors that occur while I am at work.	**50.0%**	**0.0%**	**50.0%**	**0.0%**	**0.0%**	**100%**
	1	0	1	0	0	**2**
My organization has done a good job teaching me how to prevent problem behavior from occurring.	**0.0%**	**50.0%**	**50.0%**	**0.0%**	**0.0%**	**100%**
	0	1	1	0	0	**2**
The law enforcement agency in my town knows how to support a person with emotional or mental health needs who engages in challenging behavior.	**0.0%**	**100.0%**	**0.0%**	**0.0%**	**0.0%**	**100%**
	0	2	0	0	0	**2**
The organization I work in provides ongoing inservice training to teach professionals how to respond to challenging behavior.	**0.0%**	**0.0%**	**100.0%**	**0.0%**	**0.0%**	**100%**
	0	0	2	0	0	**2**
The organization I work in provides ongoing inservice training to teach professionals how to prevent challenging behavior.	**0.0%**	**0.0%**	**100.0%**	**0.0%**	**0.0%**	**100%**
	0	0	2	0	0	**2**
The behavior support planning processes I am involved in are effective.	**0.0%**	**0.0%**	**100.0%**	**0.0%**	**0.0%**	**100%**
	0	0	2	0	0	**2**

The crisis plans created within my organization are effective at decreasing problem behavior.	**0.0%** 0	**50.0%** 1	**50.0%** 1	**0.0%** 0	**0.0%** 0	**100%** 2
I am comfortable conducting a functional behavioral assessment (process for assessing the reason why problem behavior occurs).	**0.0%** 0	**100.0%** 2	**0.0%** 0	**0.0%** 0	**0.0%** 0	**100%** 2
The interventions that are implemented in my organization directly address the function (reason why) problem behaviors occur.	**0.0%** 0	**50.0%** 1	**50.0%** 1	**0.0%** 0	**0.0%** 0	**100%** 2
Direct observation data are collected when an individual engages in challenging behavior as part of the problem-solving process.	**50.0%** 1	**0.0%** 0	**50.0%** 1	**0.0%** 0	**0.0%** 0	**100%** 2
Direct observation data are collected for the positive social behaviors intended to replace problem behavior.	**50.0%** 1	**0.0%** 0	**50.0%** 1	**0.0%** 0	**0.0%** 0	**100%** 2
Staff/family members are comfortable graphing behavior data and reviewing the data regularly.	**0.0%** 0	**50.0%** 1	**0.0%** 0	**0.0%** 0	**50.0%** 1	**100%** 2

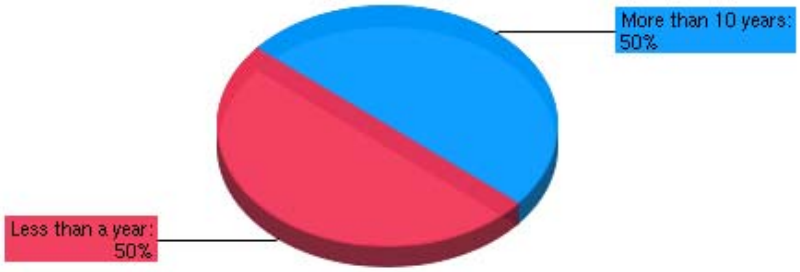
Tell us about the severity of challenging behaviors that occurs with the population you serve.

Value	Count	Percent %

Major problem behaviors (aggression, violence, self injury)	2	100%

Statistics	
Total Responses	2

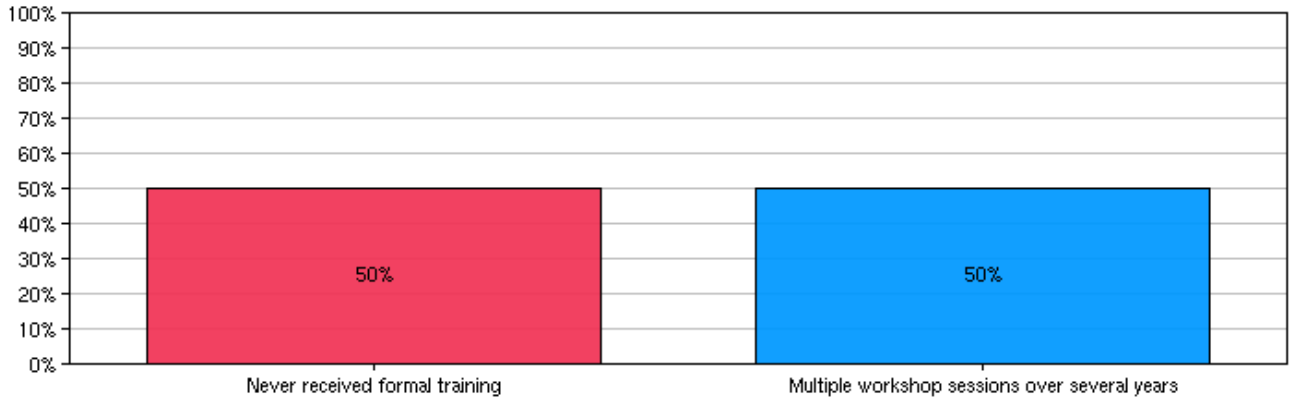
I have been involved in behavior support planning as a facilitator or team member:



Value	Count	Percent %
Less than a year	1	50%
More than 10 years	1	50%

Statistics	
Total Responses	2

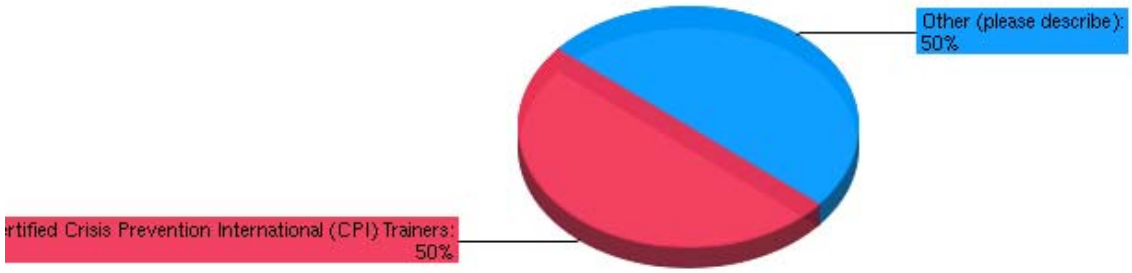
I have received training to facilitate behavior support planning in the following manner:



Value	Count	Percent %
Never received formal training	1	50%
Multiple workshop sessions over several years	1	50%

Statistics	
Total Responses	2

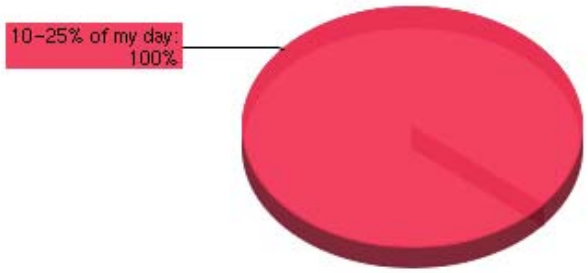
I have received crisis management training from:



Value	Count	Percent %
Certified Crisis Prevention International (CPI) Trainers	1	50%
Other (please describe)	1	50%

Statistics	
Total Responses	2

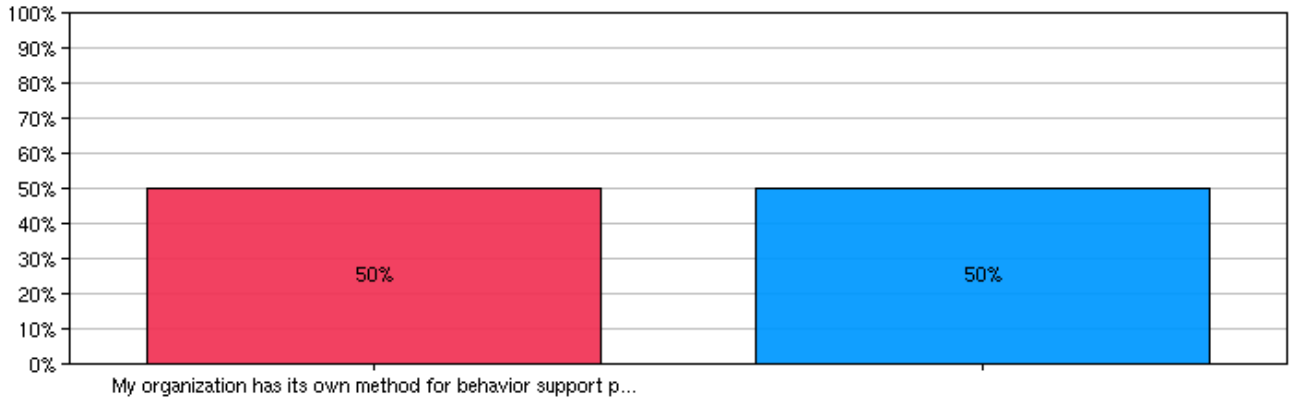
How much administrative time do you spend responding (delivering consequences, facilitating team meetings, providing feedback to staff, etc.) to challenging behaviors?



Value	Count	Percent %
10-25% of my day	2	100%

Statistics	
Total Responses	2
Sum	20.0
Average	10.0
Max	10.0

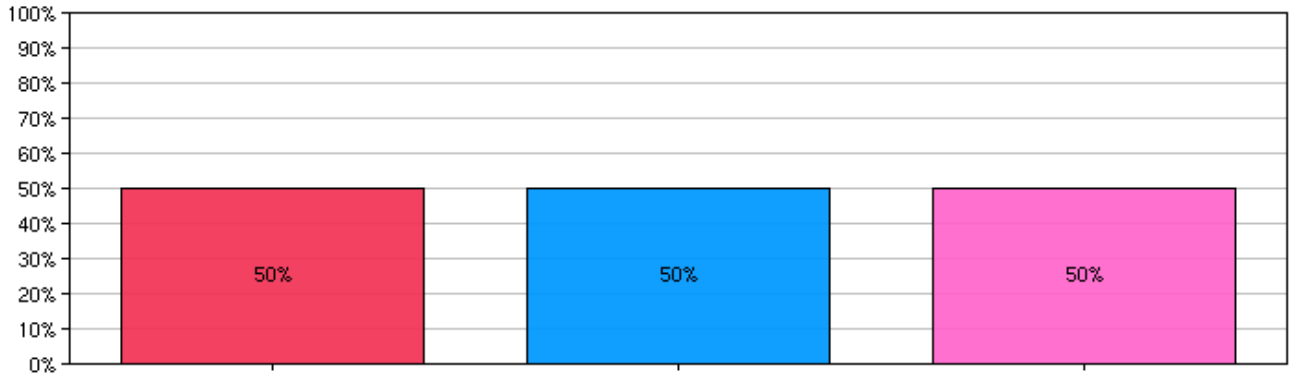
The behavior support training I received is best described as:



Value	Count	Percent %
My organization has its own method for behavior support planning	1	50%
All behavior support is addressed within the person-centered planning process	1	50%

Statistics	
Total Responses	2

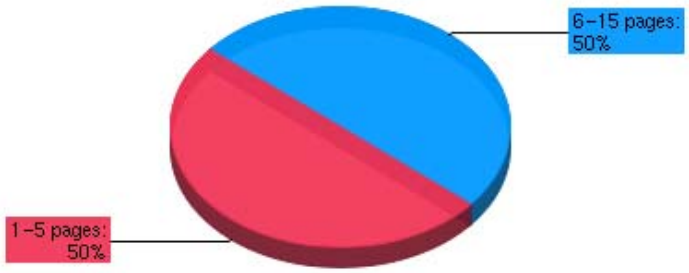
Which bests describes the methodology used for dealing with challenging behaviors at your organization?



Value	Count	Percent %
Pharmacological (Antipsychotic, anticonvulsant, antianxiety medications, etc.)	1	50%
Reactive Discipline (Consequence based, time out, suspension, response cost)	1	50%
Positive Behavior Support (functional behavior assessment and behavior support development with person-centered approach that includes primarily preventative and proactive strategies and teaching replacement behaviors)	1	50%

Statistics	
Total Responses	2

What is the average length of a written behavior support plan:



Value	Count	Percent %
1-5 pages	1	50%
6-15 pages	1	50%

Statistics

Total Responses	2
Sum	7.0
Average	3.5
StdDev	2.50
Max	6.0

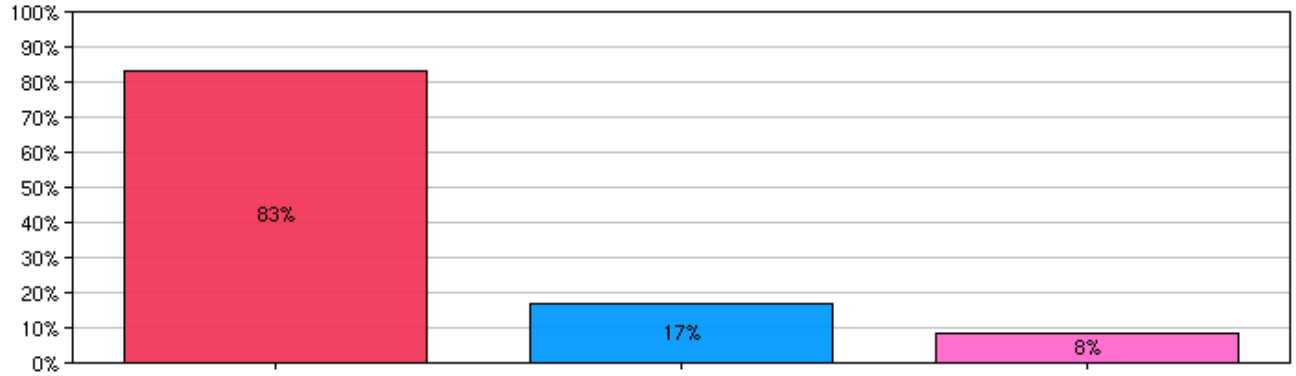
What is the average behavior support planning meeting?

Value	Count	Percent %
1 hour	2	100%

Statistics	
Total Responses	2
Sum	2.0
Average	1.0
Max	1.0

SRS HCBS Technically Assisted Waiver Professional Challenging Behavior Survey

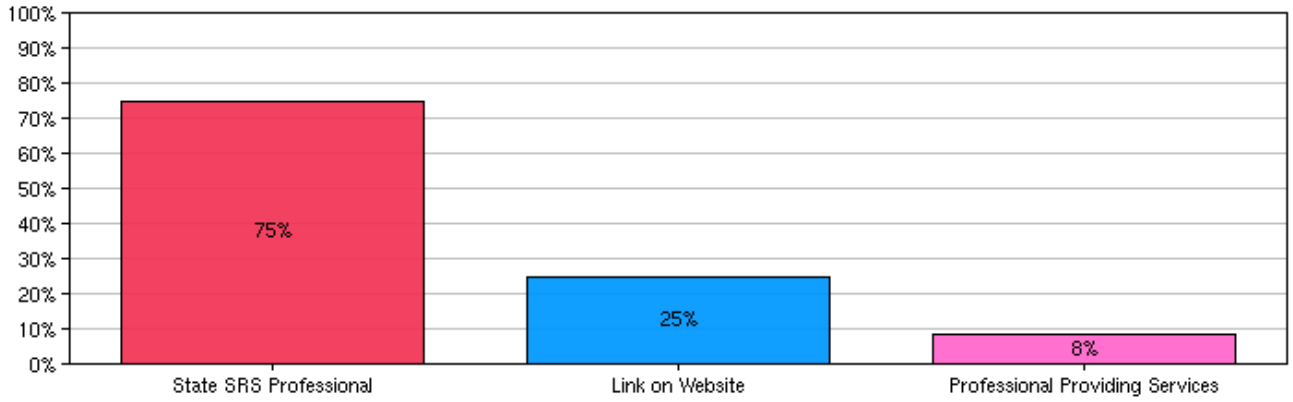
Please indicate one or more categories that best represents your status:



Value	Count	Percent %
I am a professional who provides services to children or adults receiving Kansas Home and Community Based Waiver Services	10	83.3%
I am a professional who provides training and support to professionals who provide Kansas Home and Community Based Waiver Services	2	16.7%
Other (Please describe who you are in a few words)	1	8.3%

Statistics	
Total Responses	12

Select one or more items that best indicates how you were notified about this survey.



Value	Count	Percent %
State SRS Professional	9	75%
Link on Website	3	25%
Professional Providing Services	1	8.3%

Statistics

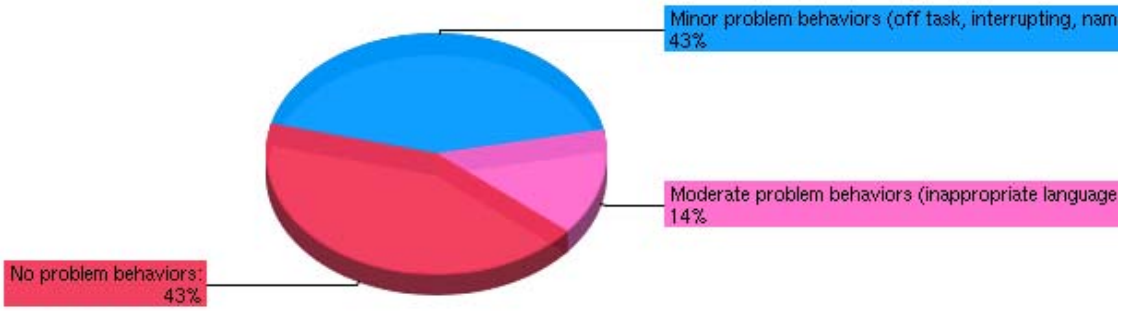
Total Responses	12

Please comment the extent to which you agree with the statements listed below. Circle the level of agreement you feel with each of the items. If you do not feel that you have enough information to indicate your level of agreement, please select N/A which means "Not Applicable." Use the rating scale below to select the number that best fits how you feel about each item:

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A	Total
My organization uses positive behavior support.	**0.0%**	**0.0%**	**33.3%**	**0.0%**	**66.7%**	**100%**
	0	0	3	0	6	**9**
My organization uses applied behavior analysis.	**0.0%**	**0.0%**	**33.3%**	**0.0%**	**66.7%**	**100%**
	0	0	3	0	6	**9**
Challenging behavior is addressed effectively by professionals in my organization.	**0.0%**	**11.1%**	**22.2%**	**0.0%**	**66.7%**	**100%**
	0	1	2	0	6	**9**
I received sufficient instruction in preservice training to address challenging behaviors that occur while I am at work.	**22.2%**	**11.1%**	**22.2%**	**0.0%**	**44.4%**	**100%**
	2	1	2	0	4	**9**
My organization has done a good job teaching me how to prevent problem behavior from occurring.	**0.0%**	**0.0%**	**33.3%**	**0.0%**	**66.7%**	**100%**
	0	0	3	0	6	**9**
The law enforcement agency in my town knows how to support a person with a disability who engages in challenging behavior.	**0.0%**	**11.1%**	**33.3%**	**0.0%**	**55.6%**	**100%**
	0	1	3	0	5	**9**
The organization I work in provides ongoing inservice training to teach professionals how to respond to challenging behavior.	**0.0%**	**0.0%**	**33.3%**	**0.0%**	**66.7%**	**100%**
	0	0	3	0	6	**9**
The organization I work in provides ongoing inservice training to teach professionals how to prevent challenging behavior.	**0.0%**	**0.0%**	**33.3%**	**0.0%**	**66.7%**	**100%**
	0	0	3	0	6	**9**
The behavior support planning processes I am involved in are effective.	**0.0%**	**11.1%**	**33.3%**	**0.0%**	**55.6%**	**100%**

	0	1	3	0	5	9
The written behavior support plans created within my organization are effective at decreasing problem behavior.	**0.0%**	**0.0%**	**33.3%**	**0.0%**	**66.7%**	**100%**
	0	0	3	0	6	9
I am comfortable conducting a functional behavioral assessment (process for assessing the reason why problem behavior occurs).	**11.1%**	**0.0%**	**44.4%**	**0.0%**	**44.4%**	**100%**
	1	0	4	0	4	9
The interventions that are implemented in my organization directly address the function (reason why) problem behaviors occur.	**0.0%**	**0.0%**	**33.3%**	**0.0%**	**66.7%**	**100%**
	0	0	3	0	6	9
Direct observation data are collected when an individual engages in challenging behavior as part of the problem-solving process.	**0.0%**	**0.0%**	**44.4%**	**0.0%**	**55.6%**	**100%**
	0	0	4	0	5	9
Direct observation data are collected for the positive social behaviors intended to replace problem behavior.	**0.0%**	**0.0%**	**44.4%**	**0.0%**	**55.6%**	**100%**
	0	0	4	0	5	9
Staff/family members are comfortable graphing behavior data and reviewing the data regularly.	**0.0%**	**11.1%**	**33.3%**	**0.0%**	**55.6%**	**100%**
	0	1	3	0	5	9

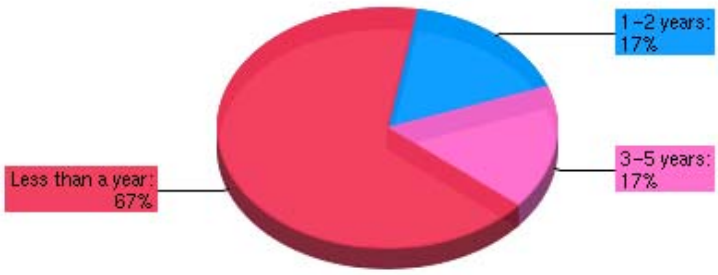
Tell us about the severity of challenging behaviors that occurs with the population you serve.



Value	Count	Percent %
No problem behaviors	3	42.9%
Minor problem behaviors (off task, interrupting, name calling, etc)	3	42.9%
Moderate problem behaviors (inappropriate language, elopement, property destruction, spitting, tantrums lasting less than 5 minutes)	1	14.3%

Statistics	
Total Responses	7

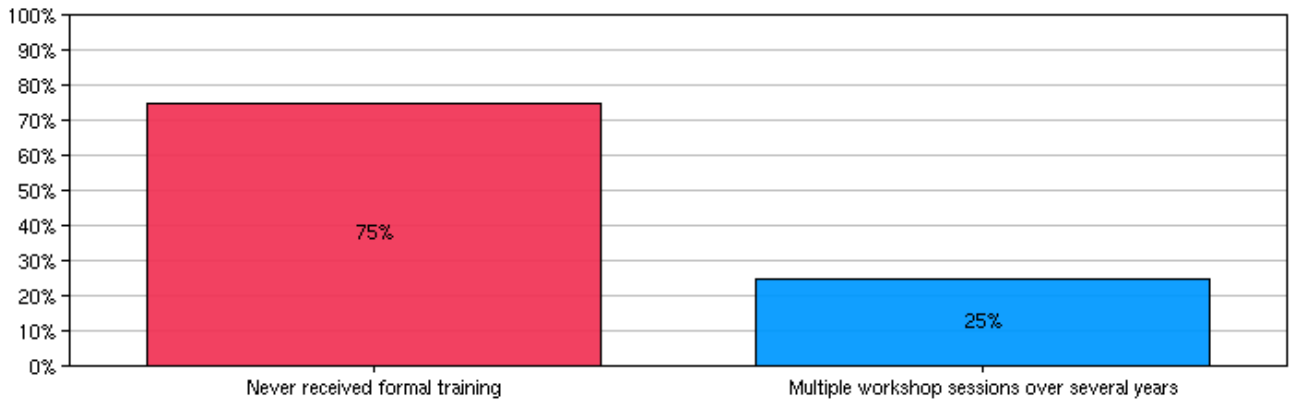
I have been involved in behavior support planning as a facilitator or team member:



Value	Count	Percent %
Less than a year	4	66.7%
1-2 years	1	16.7%
3-5 years	1	16.7%

Statistics	
Total Responses	6
Sum	4.0
Average	2.0
StdDev	1.00
Max	3.0

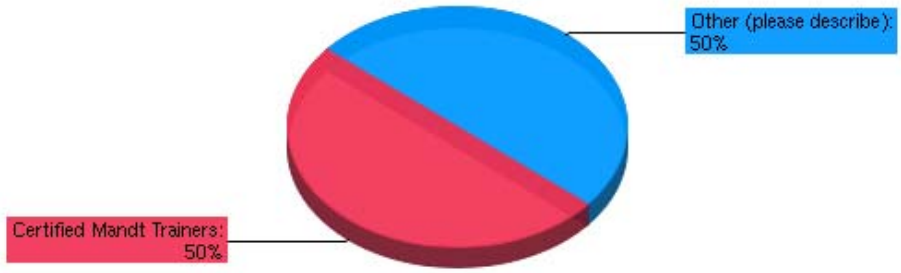
I have received training to facilitate behavior support planning in the following manner:



Value	Count	Percent %
Never received formal training	3	75%
Multiple workshop sessions over several years	1	25%

Statistics	
Total Responses	4

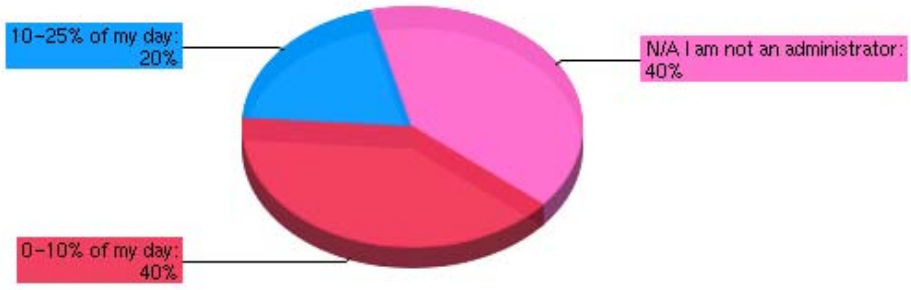
I have received crisis management training from:



Value	Count	Percent %
Certified Mandt Trainers	2	50%
Other (please describe)	2	50%

Statistics	
Total Responses	4

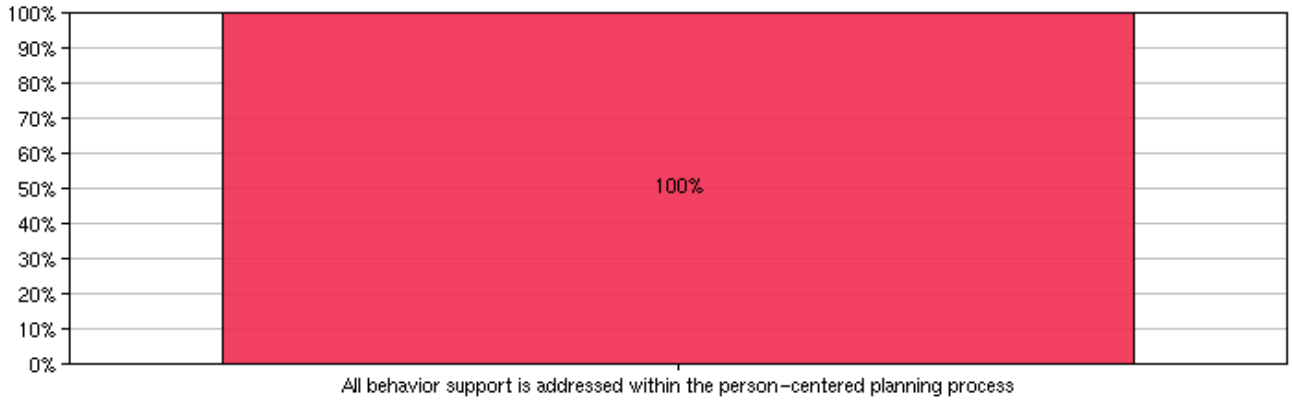
How much administrative time do you spend responding (delivering consequences, facilitating team meetings, providing feedback to staff, etc.) to challenging behaviors?



Value	Count	Percent %
0-10% of my day	2	40%
10-25% of my day	1	20%
N/A I am not an administrator	2	40%

Statistics	
Total Responses	5
Sum	10.0
Average	10.0
Max	10.0

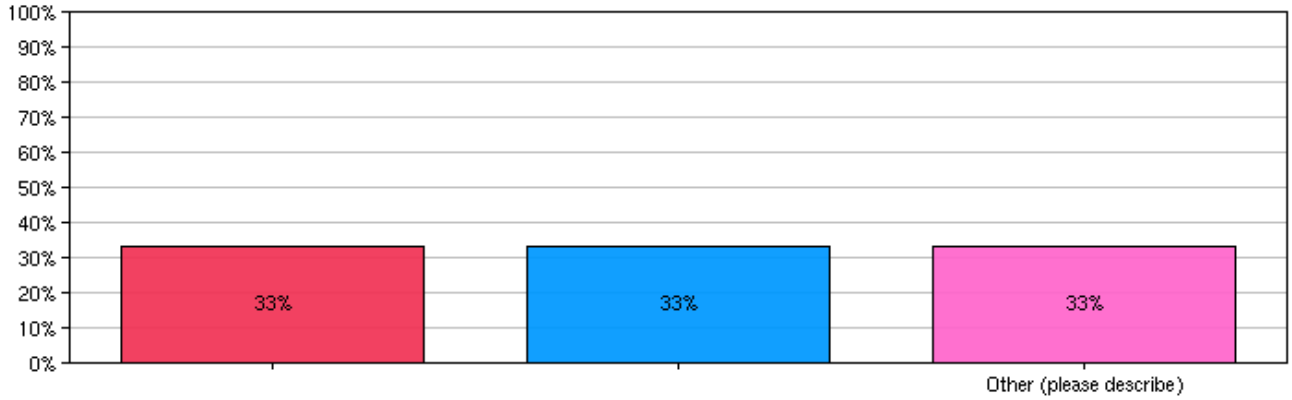
The behavior support training I received is best described as:



Value	Count	Percent %
All behavior support is addressed within the person-centered planning process	2	100%

Statistics	
Total Responses	2

Which bests describes the methodology used for dealing with challenging behaviors at your organization?



Value	Count	Percent %
Pharmacological (Antipsychotic, anticonvulsant, antianxiety medications, etc.)	1	33.3%
Interdisciplinary approach of reviewing behavior plan/intervention strategies for the top 1-5% of your target population that have problem behaviors in addition to positive behavior support	1	33.3%
Other (please describe)	1	33.3%

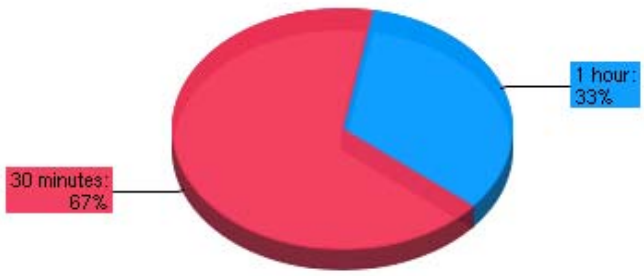
Statistics	
Total Responses	3

What is the average length of a written behavior support plan:

Value	Count	Percent %
1-5 pages	2	66.7%
6-15 pages	1	33.3%

Statistics	
Total Responses	3
Sum	8.0
Average	2.7
StdDev	2.36
Max	6.0

What is the average behavior support planning meeting?



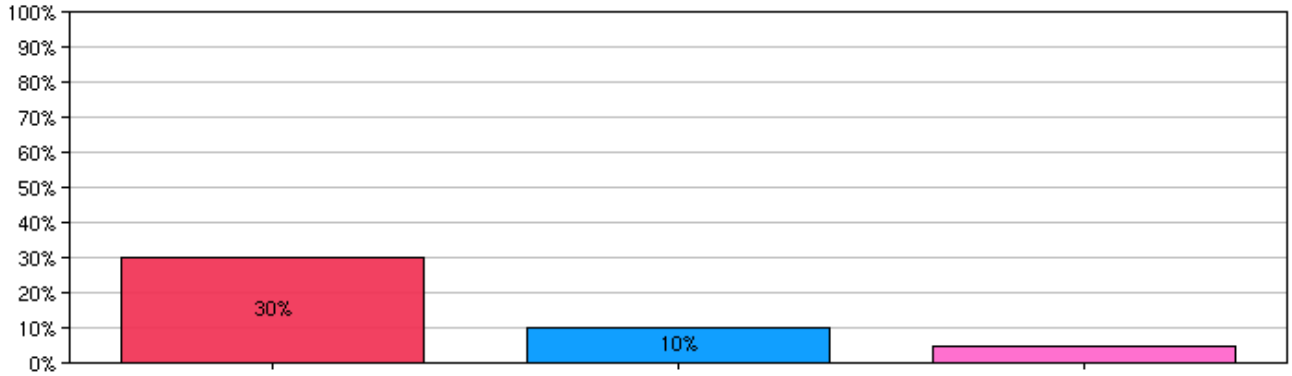
Value	Count	Percent %
30 minutes	2	66.7%
1 hour	1	33.3%

Statistics	
Total Responses	3

Sum	61.0
Average	20.3
StdDev	13.67
Max	30.0

SRS HCBS Traumatic Brain Injury Waiver Professional Challenging Behavior Survey

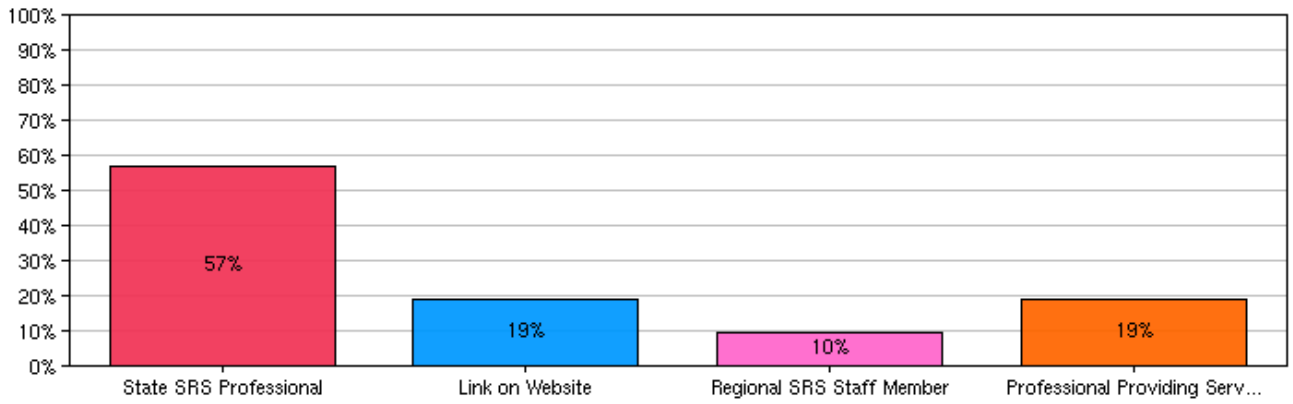
Please indicate one or more categories that best represents your status:



Value	Count	Percent %
I am a professional who provides services to children or adults receiving Kansas Home and Community Based Waiver Services	13	65%
I am a professional who provides training and support to professionals who provide Kansas Home and Community Based Waiver Services	6	30%
I am a state professional who is involved in Kansas Home and Community Based Waiver Services	2	10%
Other (Please describe who you are in a few words)	1	5%

Statistics	
Total Responses	20

Select one or more items that best indicates how you were notified about this survey.



Value	Count	Percent %
State SRS Professional	12	57.1%
Link on Website	4	19%
Regional SRS Staff Member	2	9.5%
Professional Providing Services	4	19%

Statistics

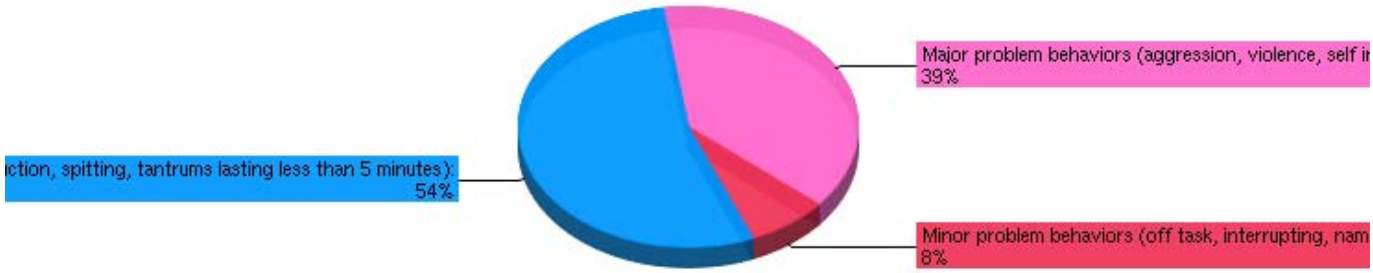
Total Responses	21

Please comment the extent to which you agree with the statements listed below. Circle the level of agreement you feel with each of the items. If you do not feel that you have enough information to indicate your level of agreement, please select N/A which means "Not Applicable."

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A	Total
My organization uses positive behavior support.	**7.7%**	**0.0%**	**30.8%**	**53.8%**	**7.7%**	**100%**
	1	0	4	7	1	**13**
My organization uses applied behavior analysis.	**7.7%**	**7.7%**	**38.5%**	**23.1%**	**23.1%**	**100%**
	1	1	5	3	3	**13**
Challenging behavior is addressed effectively by the cognitive rehabilitation therapist in my organization.	**7.7%**	**7.7%**	**15.4%**	**38.5%**	**30.8%**	**100%**
	1	1	2	5	4	**13**
I received sufficient instruction in preservice training to address challenging behaviors that occur while I am at work.	**0.0%**	**15.4%**	**23.1%**	**61.5%**	**0.0%**	**100%**
	0	2	3	8	0	**13**
My organization has done a good job teaching me how to prevent problem behavior from occurring.	**0.0%**	**15.4%**	**30.8%**	**46.2%**	**7.7%**	**100%**
	0	2	4	6	1	**13**
The law enforcement agency in my town knows how to support a person with traumatic brain injuries who engages in challenging behavior.	**23.1%**	**46.2%**	**7.7%**	**7.7%**	**15.4%**	**100%**
	3	6	1	1	2	**13**
The organization I work in provides ongoing inservice training to teach professionals how to respond to challenging behavior.	**0.0%**	**15.4%**	**23.1%**	**53.8%**	**7.7%**	**100%**
	0	2	3	7	1	**13**
The organization I work in provides ongoing inservice training to teach professionals how to prevent challenging behavior.	**0.0%**	**8.3%**	**41.7%**	**41.7%**	**8.3%**	**100%**
	0	1	5	5	1	**12**
The behavior support planning processes I am involved in are effective.	**0.0%**	**8.3%**	**33.3%**	**41.7%**	**16.7%**	**100%**
	0	1	4	5	2	**12**

The written behavior support plans created within my organization are effective at decreasing problem behavior.	**0.0%**	**7.7%**	**23.1%**	**30.8%**	**38.5%**	**100%**
	0	1	3	4	5	**13**
I am comfortable conducting a functional behavioral assessment (process for assessing the reason why problem behavior occurs).	**0.0%**	**7.7%**	**53.8%**	**7.7%**	**30.8%**	**100%**
	0	1	7	1	4	**13**
The interventions that are implemented in my organization directly address the function (reason why) problem behaviors occur.	**0.0%**	**15.4%**	**23.1%**	**38.5%**	**23.1%**	**100%**
	0	2	3	5	3	**13**
Direct observation data are collected when an individual engages in challenging behavior as part of the problem-solving process.	**0.0%**	**7.7%**	**23.1%**	**46.2%**	**23.1%**	**100%**
	0	1	3	6	3	**13**
Direct observation data are collected for the positive social behaviors intended to replace problem behavior.	**0.0%**	**7.7%**	**30.8%**	**38.5%**	**23.1%**	**100%**
	0	1	4	5	3	**13**
Staff/family members are comfortable graphing behavior data and reviewing the data regularly.	**7.7%**	**7.7%**	**53.8%**	**0.0%**	**30.8%**	**100%**
	1	1	7	0	4	**13**

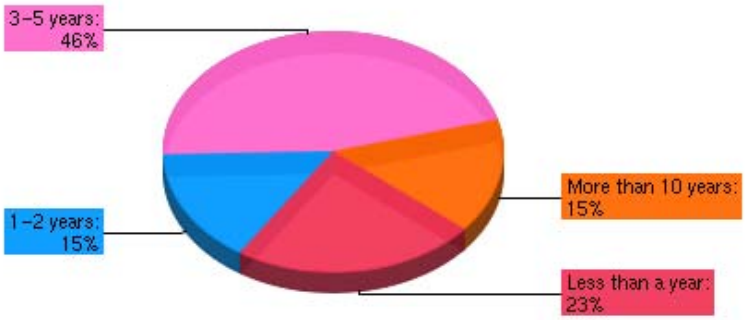
Tell us about the severity of challenging behaviors that occurs with the population you serve.



Value	Count	Percent %
Minor problem behaviors (off task, interrupting, name calling, etc)	1	7.7%
Moderate problem behaviors (inappropriate language, elopement, property destruction, spitting, tantrums lasting less than 5 minutes)	7	53.8%
Major problem behaviors (aggression, violence, self injury)	5	38.5%

Statistics	
Total Responses	13

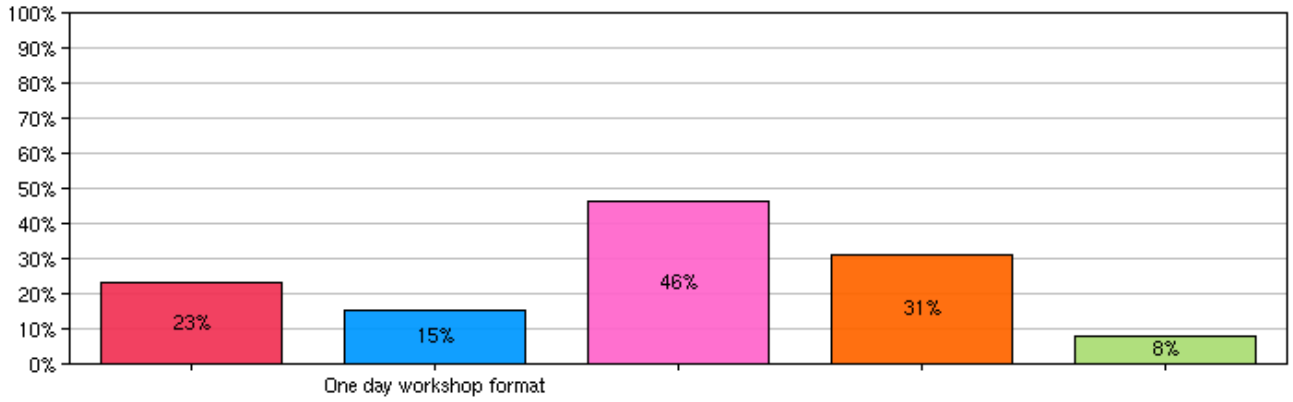
I have been involved in behavior support planning as a facilitator or team member:



Value	Count	Percent %
Less than a year	3	23.1%
1-2 years	2	15.4%
3-5 years	6	46.2%
More than 10 years	2	15.4%

Statistics	
Total Responses	13
Sum	20.0
Average	2.5
StdDev	0.87
Max	3.0

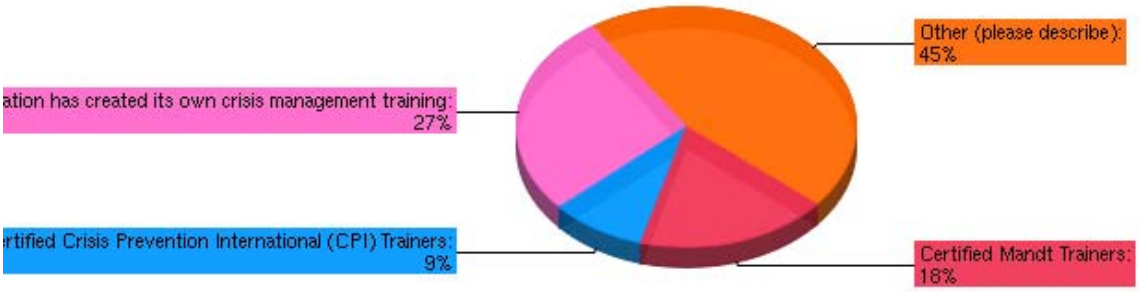
I have received training to facilitate behavior support planning in the following manner:



Value	Count	Percent %
Never received formal training	3	23.1%
One day workshop format	2	15.4%
Multiple workshop sessions over several years	6	46.2%
Directly mentored while facilitating a planning session	4	30.8%
Participated in a certification training using a particular planning method	1	7.7%

Statistics	
Total Responses	13

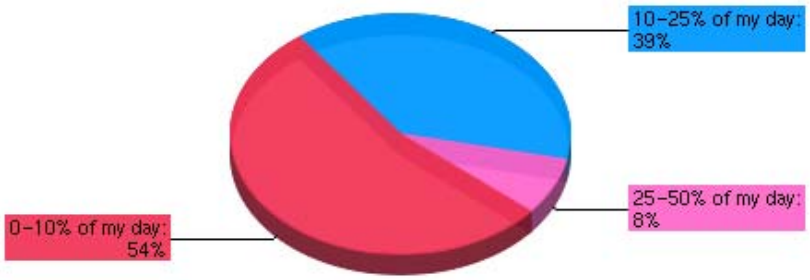
I have received crisis management training from:



Value	Count	Percent %
Certified Mandt Trainers	2	18.2%
Certified Crisis Prevention International (CPI) Trainers	1	9.1%
My organization has created its own crisis management training	3	27.3%
Other (please describe)	5	45.5%

Statistics	
Total Responses	11

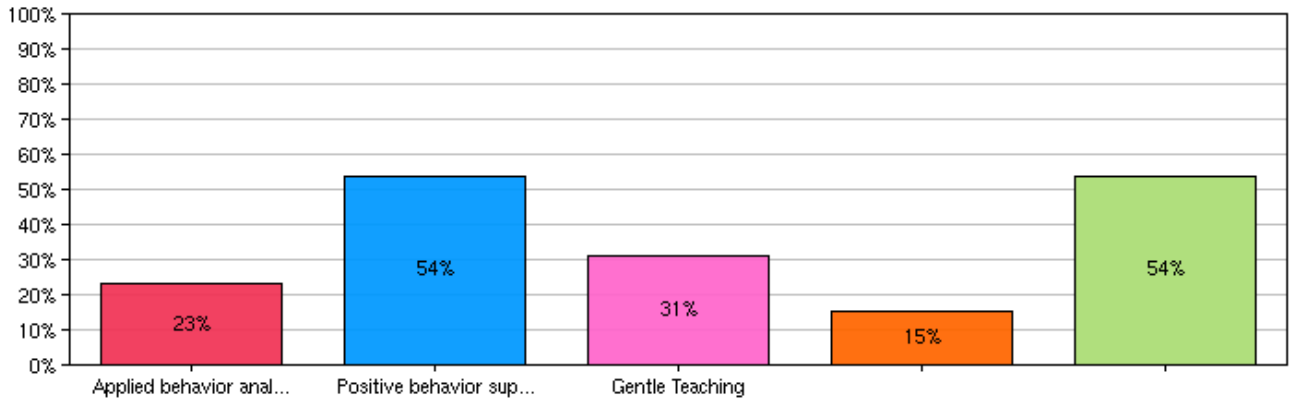
How much administrative time do you spend responding (delivering consequences, facilitating team meetings, providing feedback to staff, etc.) to challenging behaviors?



Value	Count	Percent %
0-10% of my day	7	53.8%
10-25% of my day	5	38.5%
25-50% of my day	1	7.7%

Statistics	
Total Responses	13
Sum	75.0
Average	12.5
StdDev	5.59
Max	25.0

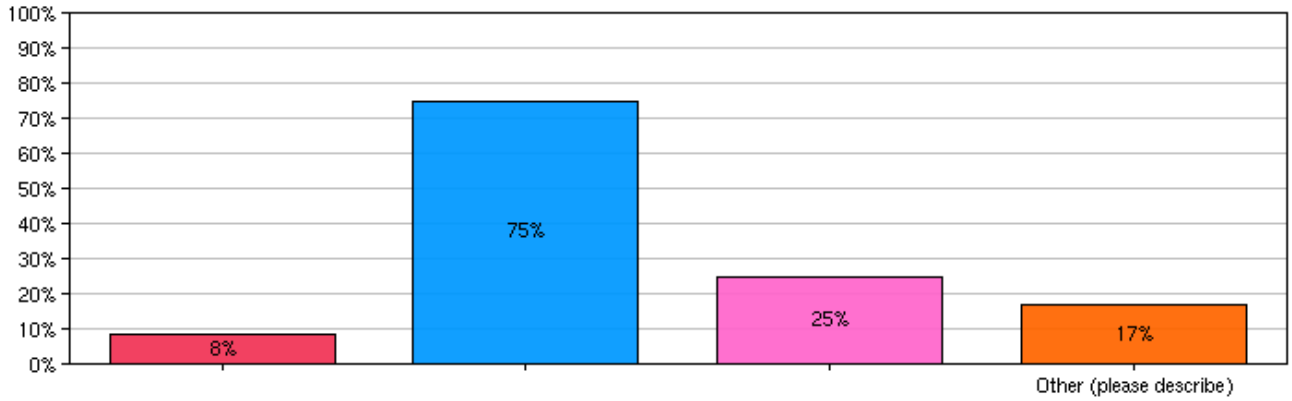
The behavior support training I received is best described as:



Value	Count	Percent %
Applied behavior analysis	3	23.1%
Positive behavior support	7	53.8%
Gentle Teaching	4	30.8%
My organization has its own method for behavior support planning	2	15.4%
All behavior support is addressed within the person-centered planning process	7	53.8%

Statistics	
Total Responses	13

Which bests describes the methodology used for dealing with challenging behaviors at your organization?



Value	Count	Percent %
Pharmacological (Antipsychotic, anticonvulsant, anti-anxiety medications, etc.)	1	8.3%
Positive Behavior Support (functional behavior assessment and behavior support development with person-centered approach that includes primarily preventative and proactive strategies and teaching replacement behaviors)	9	75%
Interdisciplinary approach of reviewing behavior plan/intervention strategies for the top 1-5% of your target population that have problem behaviors in addition to positive behavior support	3	25%
Other (please describe)	2	16.7%

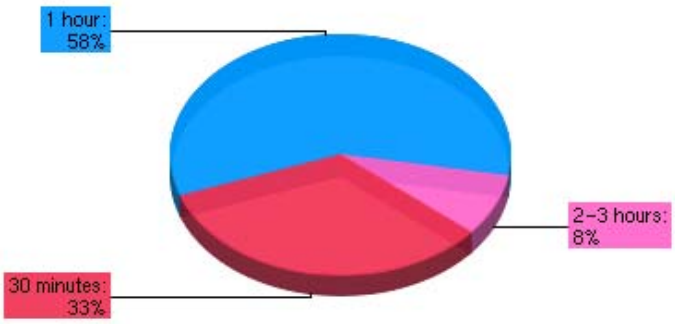
Statistics	
Total Responses	12

What is the average length of a written behavior support plan:

Value	Count	Percent %
1-5 pages	10	90.9%
6-15 pages	1	9.1%

Statistics	
Total Responses	11
Sum	16.0
Average	1.5
StdDev	1.44
Max	6.0

What is the average behavior support planning meeting?



Value	Count	Percent %
30 minutes	4	33.3%
1 hour	7	58.3%
2-3 hours	1	8.3%

Statistics

Total Responses	12
Sum	129.0
Average	10.8
StdDev	13.61
Max	30.0

Case Study Demographic Checklist

Gender

- ☐ Male
- ☐ Female

Age

- ☐ 0-3 years
- ☐ 4-5 years
- ☐ 6-13 years
- ☐ 14-18 years
- ☐ 19-21 years
- ☐ 22-30 years
- ☐ 31-40 years
- ☐ 41-60 years
- ☐ 61 years and over
- ☐ Adults (23+) but age not specified

Diagnoses

- ☐ Autism
- ☐ Attention Deficit Hyperactivity Disorder (ADHD)
- ☐ Bipolar Disorder
- ☐ Depressive Disorder
- ☐ Developmental Disability
- ☐ Pervasive Developmental Disorder (PDD)
- ☐ No information listed
- ☐ Additional diagnoses listed

Waivers Represented

- ☐ Developmental Disability
- ☐ Autism
- ☐ Severely & Emotionally Disturbed
- ☐ Frail & Elderly
- ☐ TBI
- ☐ PD
- ☐ TA

State Location

- ☐ Northeast
- ☐ North Central
- ☐ Northwest
- ☐ Southeast
- ☐ South Central
- ☐ Southwest

Population Area

- ☐ Rural
- ☐ Urban
- ☐ Suburban
- ☐ Not indicated in plan

Person-Centered Positive Behavior Support Plan (PC-PBS) Report Scoring Criteria & Checklist (Rev. 3-5-07) P. 180 of 8

Name: _____ Case Name: _____ Case #: ___ Rater: _____ Date: _____

Critical Features			
Note: The plan needs to meet all of the critical features listed below, and needs to obtain a score of 2 for items # 27, 36, 37,41, & 42 in order to be considered for passing			
CF1	Interventions selected employ validated procedures	Y	N
CF2	Preferred lifestyle goals attempt to increase quality of life, not simply maintain it	Y	N
CF3	The plan is designed to make a meaningful positive difference in the life of the individual	Y	N
CF4	The plan clearly reflects the values and beliefs (philosophy, standards, & foundation) of KIPBS	Y	N
CF5	The plan has obtained a score of 2 on items 27, 36, 37, 41, & 42	Y	N

Instructions - Please rate each of the following questions by circling either **0**, **1**, or **2** according to each question's criteria

IDENTIFYING INFORMATION				
1.	Identifying info. is complete (facilitator name, consumer name, address, DOB, age, contacts, referral source) 2 = All identifying information is provided including name of person writing the report, consumer's name, address, DOB, age, contacts, and referral source 1 = Some of the above identifying information is included but not all 0 = With the exception of the consumer's name, there is no identifying information included that is relevant to the plan	2	1	0
GENERAL INFORMATION				
Consumer Information – (GENERAL Information)				
2.	**A brief history of the consumer's life is provided** 2 = There is a description of the consumer's history, which includes health issues, behavioral issues, diagnoses, living situations, moves, and community involvement. If particular events do not apply, it is so stated. 1 = Some events are described, or there is a diagnosis provided, but the information is limited 0 = There is no information provided regarding the consumer's history	2	1	0
3.	**Important places for the consumer at school/work, home, and in the community are described** 2 = Important places for the consumer, at school/work, home and in the community are described in general 1 = Some places are listed, but the information is limited (e.g. does not address each setting listed above) 0 = There is no information provided regarding important places for the consumer	2	1	0
4.	**Opportunities for the consumer to interact with friends and/or family are described** 2 = Quality and frequency of friendships (may include paid supports) and/or family interactions are discussed 1 = Friendships and/or family relationships are mentioned but there is no description regarding the quality or frequency of the relationships 0 = There is no information provided regarding the consumer's opportunities to interact with friends or family members	2	1	0
5.	**The consumer's strengths are described** 2 = Several specific consumer's positive behaviors, skills, and strengths are described 1 = Some positive behaviors, skills, or strengths are described but the information is limited 0 = There is no information provided regarding the consumer's positive behaviors, skills, or strengths	2	1	0
6.	**The consumer's preferred method of communication is described** 2 = The consumer's mode of communication is described as well as any possible issues related to communication and problem behavior 1 = Incomplete information is provided regarding the consumer's mode of communication 0 = There is no information provided regarding the consumer's mode of communication or strategies related to communication	2	1	0
7.	**Opportunities for choice in the consumer's current environment are described** 2 = There is a specific description of the consumer's opportunities to make choices in at least 3 areas throughout the day. If there are areas in which opportunities for choice are limited, these are listed. (Need to mention "choice") 1 = The description of opportunities to make choices addresses less than 3 areas. (Need to mention "choice") 0 = The issue of opportunities to make choices is not addressed (there is not mention "choice").	2	1	0
8.	**Current health and physiology issues are described** 2 = Current health status, including chronic and/or acute medical issues, medication, and necessary adaptive equipment, is described. If the consumer is in good health, it is so stated.	2	1	0

Freeman, R., Enyart, M., Schmitz, K., Griggs, P., Rennells, K., and Kimbrough, P. Assessing Challenging Behavior in the State of Kansas within Home and Community Based Waiver Services (Final Report). Lawrence, KS: University of Kansas

	1 = Incomplete information is provided regarding current health status issues, including medication information 0 = There is no information regarding current health status			
9.	**Mobility (motor and transportation) issues are described** 2 = The consumer's abilities to mobilize themselves physically and obtain transportation to different activities (e.g., work, school, church) are described 1 = Some information is provided regarding the consumer's mobility and transportation skills, but they are not completely addressed 0 = There is no information provided regarding the consumer's transportation or mobility skills	2	1	0
10.	Current schedules and routines are described (quality, predictability) 2 = There is a general description of the person's daily schedule and routines, which includes quality, choice, variety, and predictability, in general 1 = There is some information provided regarding regularly scheduled activities but there is no mention of how predictable they are or how enjoyable they are 0 = There is no information provided regarding the consumer's daily activity schedule	2	1	0
Reason For Referral				
11.	**Behavioral and/or environmental issues are identified** 2 = A detailed description of the consumer's problem behavior and the environmental context in which it occurs is provided 1 = A limited description of the consumer's problem behavior is provided, but no information is provided about the contexts or situations in which it occurs, or why it is a problem 0 = There is no information provided regarding why the person has been referred to for services	2	1	0
PART 1 – ASSESSMENT				
Understanding Consumer Preferred Future Lifestyle – (SPECIFIC Information)				
12.	**Planning and assessment participants are listed** 2 = Planning and assessment participants' names and their functions are listed 1 = There is a description of who participated in the planning and assessment, but it is incomplete (either not all participants are listed or their function is unknown) 0 = There is no mention about who participated in the planning and assessment	2	1	0
13.	**Surveys, interviews, and other tools to collect Preferred Future Lifestyle info are described** 2 = For each tool used, there is a description of (1) the tool so that any reader may have an idea of the type of measures gathered and (2) what the results were. If necessary, results are interpreted so that the reader knows what they mean. 1 = There is a description but not from each tool used, or the descriptions are incomplete (e.g., results are listed without a reference range to compare them to) 0 = The tools used are not described or they are listed but the results are not provided	2	1	0
14.	**A global statement of the consumer's dreams is made** 2 = There is a global statement about what the consumer's dreams for the future are 1 = There is a statement about what the consumer's dreams for the future are, but it is not very clear 0 = There is no mention about what the consumer's dreams for the future are	2	1	0
15.	**Type of preferred living setting for the consumer is described** 2 = The consumer's preferred living setting is clearly identified and there is a statement regarding how this information was gathered 1 = The consumer's preferred living setting is identified but there is no information about how this was assessed 0 = The consumer's preferred living setting is not identified	2	1	0
16.	**With whom the consumer wants to live is clearly stated** 2 = Specific people or type of people the consumer wants to live with are clearly identified and there is a statement regarding how this information was gathered 1 = With whom the consumer wants to live is identified but there is no information about how this was assessed 0 = With whom the consumer wants to live is not identified	2	1	0
17.	**With whom the consumer wants to socialize is clearly stated** 2 = Specific people the consumer wants to socialize with are clearly identified and there is a statement regarding how this information was gathered 1 = With whom the consumer wants to socialize is identified but there is no information about how this was assessed 0 = With whom the consumer wants to socialize is not identified	2	1	0
18.	**What work or school activities the consumer wants to do are described** 2 = Specific work or school valued activities the consumer wants to engage in are clearly identified and there is a statement regarding how this information was gathered 1 = What work or valued activities the consumer wants to engage in are identified but there is no information about how this was assessed 0 = What work or valued activities the consumer wants to engage in are not identified	2	1	0

19.	**Social, leisure, or religious activities the consumer wants to participate in are described** 2 = Specific social, leisure, or religious activities the consumer wants to participate in are clearly identified and there is a statement regarding how this information was gathered 1 = What social, leisure, or religious activities the consumer wants to participate in are identified but there is no information about how this was assessed 0 = What social, leisure, or religious activities the consumer wants to participate in are not identified	2	1	0
20.	**Barriers to achieving Preferred Future Lifestyle are described** 2 = Possible barriers for the consumer to achieve his/her Preferred Future Lifestyle are identified, there is a statement regarding why it is thought that this may be a barrier and for what area this it may be a barrier 1 = Possible barriers for the consumer to achieve his/her Preferred Future Lifestyle are identified, but there is not mention as to why it is thought that this may be a barrier or for what area this it may be a barrier 0 = Possible barriers for the consumer to achieve his/her Preferred Future Lifestyle are not identified	2	1	0
Functional Assessment				
21.	**<u>Indirect</u> assessment data include at least 2 of the following (tools used & results are described):** **□ Caretaker interviews □ Record reviews □ Preferred Future Lifestyle information** **□ Assessment tools used to collect quality of life, setting events, & other related information** 2 = Results from at least 2 of the information gathering methods listed above are described. If specific tools are used, these are described, and their results are explained (e.g., mood scales). 1 = All the information is provided regarding results from only one of the assessment methods listed above, or results from tools used are explained but the tools themselves are not described, or results are listed but not explained. 0 = No information regarding results from any of the assessment methods listed above is provided (even if it is listed that such assessments were conducted)	2	1	0
22.	**Data from 3-5 student conducted direct observations are described** 2 = The student conducted three or more observations of the consumer, and the observations are described or the data are provided 1 = The student conducted less than three observations of the consumer and the observations are described or the data are provided 0 = No observations were conducted or observations are not described and the data for such are not provided	2	1	0
23.	**Problem behaviors are operationally defined; definitions are clear** 2 = For each problem behavior targeted (or behavior class) there is a clear operational definition, devoid of subjective and/or circular terms 1 = There is a definition, but it is unclear or incomplete or only some of the targeted problem behaviors are defined 0 = There is no definition provided regarding any problem behavior	2	1	0
24.	**Baseline data are clearly graphed (include labels, axis values, titles, and legend)** 2 = Baseline data are clearly graphed (no more than 3 behaviors in one graph), and the graph provided includes labels, axis values, titles and a legend 1 = Baseline data are clearly graphed (no more than 3 behaviors in one graph) and the graph has some but not all of its components 0 = Baseline data are not graphed or the graph is not clear (more than 3 behaviors in one graph)	2	1	0
25.	**All <u>direct</u> assessment measures and data sources are described** 2 = All direct assessment measures used (e.g. observations, ABC Chart) and conditions under which they were conducted are described, and results are explained 1 = There is a description of the assessment measures used and their results, but it is incomplete – results are not provided for all assessment measures used or the description provided is incomplete (e.g., data are listed without a reference) 0 = The assessment measures are not described or they are listed but the results are not provided	2	1	0
26.	**Hypothesis statement is provided for each function of the problem behavior(s)** 2 = A hypothesis is described for every function of the problem behavior(s) listed (or behavior class). If multiple behaviors serve the same function, they can be listed together. If the same behavior serves different functions, there are separate hypothesis statements for each function. 1 = A hypothesis is described for some but not all of the functions and/or problem behaviors (or behavior class) 0 = There is no hypothesis statement	2	1	0
***27.**	**Data to support each hypothesis statement are presented** 2 = There are data provided in some format (graph, table, list, interview summary) that specifically support each hypothesis statement 1 = There are data provided, but it is unclear whether they support a specific hypothesis or not 0 = Either there are no data presented or the data that are presented do not support the hypotheses listed	2	1	0

IDENTIFYING INFORMATION, GENERAL INFORMATION, & PART 1 – ASSESSMENT

Total Points Earned (Items 1-27) = _____ PERCENT = **[_____ / 54] X 100% = _____ %**
(Total Points Earned)

Name: _____ Case Name: _____ Case #: ___ Rater: _____ Date: _____

Instructions - Please rate each of the following questions by circling either **0**, **1**, or **2** according to each question's criteria

PART 2 – INTERVENTIONS AND SUPPORTS				
Preferred Lifestyle Interventions				
28.	**Goals or skills to be achieved are described** 2 = The goals or skills to be achieved are clearly described 1 = The goals or skills to be achieved are listed but are not clearly described 0 = There is no mention about the goals or skills to be achieved	2	1	0
29.	**Activities needed to assist the consumer to achieve goals are described** 2 = The activities needed to assist the consumer achieve his/her goals are clearly identified and described 1 = The activities needed to assist the consumer achieve his/her goals are identified but not described (simply listed), or are described but the description is unclear 0 = The activities needed to assist the consumer achieve his/her goals are not addressed	2	1	0
30.	**Caretaker training needed to assist the consumer to achieve goals is described** 2 = The training needed to assist the consumer achieve his/her goals is clearly identified and described. If no training is needed, it is so stated. 1 = The training needed to assist the consumer achieve his/her goals is identified but not described (simply listed), or is described but the description is unclear 0 = The training needed to assist the consumer achieve his/her goals is not addressed	2	1	0
31.	Materials, equipment, and/or assistive technology needed to assist the consumer to achieve goals are described 2 = The materials, equipment, and/or assistive technology needed to assist the consumer achieve his/her goals are clearly identified and described. If nothing is needed, it is so stated. 1 = The materials, equipment, and/or assistive technology needed to assist the consumer achieve his/her goals are identified but not described (simply listed), or is described but the description is unclear 0 = The materials, equipment, and/or assistive technology needed to assist the consumer achieve his/her goals are not addressed	2	1	0
32.	**Extra services and supports needed to assist the consumer to achieve goals are described** 2 = Additional services and supports needed to assist the consumer achieve his/her goals are clearly identified and described. If none are needed, it is so stated. 1 = Additional services and supports needed to assist the consumer achieve his/her goals are identified but not described (simply listed), or is described but the description is unclear 0 = Additional services and supports needed to assist the consumer achieve his/her goals are not addressed	2	1	0
33.	**Plan outlines how achievement of goals or skills will be assessed** 2 = Exactly which data are to be collected, and how they will be collected, to assess goal achievement, is stated 1 = It is unclear which data will be collected or how they will be collected or which will be used to assess goal achievement 0 = There is no mention of data collection of any kind to assess goal achievement	2	1	0
34.	**Plan outlines how changes in the consumer's Preferred Future Lifestyle will be evaluated** 2 = Exactly what information will be collected and how, to determine changes in the consumer's Preferred Future Lifestyle is stated 1 = It is unclear how changes in the consumer's Preferred Future Lifestyle will be assessed 0 = There is no mention of how changes in the consumer's Preferred Future Lifestyle will be assessed	2	1	0
Function Based Interventions				
35.	**Rationales for intervention selection are stated** 2 = For each intervention component, there is a rationale that relates to the behavior 1 = There are some rationales provided, but not for all the intervention components, or it is unclear how the rationales relate to the behavior 0 = There are no rationales provided regarding intervention components	2	1	0
***36.**	**Possible function of problem behavior is addressed** 2 = The interventions selected include a description of how they address all the function(s) of the problem behavior(s) 1 = The interventions selected do not completely address the function(s) of the problem behavior(s) 0 = The interventions selected are unrelated to the function(s) of problem behavior(s)	2	1	0
***37.**	**Teaching of adaptive skills as replacement behavior is included** 2 = There is a portion of the intervention that addresses reinforcing or teaching adaptive skills to replace problem behavior	2	1	0

	1 = The intervention plan notes that replacement behaviors should be reinforced but there is no description of how this would be done or there is no description of specific replacement behaviors to target 0 = There is no mention of target replacement behavior			
38.	**Replacement behaviors are operationally defined** 2 = For each replacement behavior there is a clear operational definition that is appropriate for any caretaker to use to collect direct observation data 1 = There is a definition but it is unclear or incomplete or only some of the replacement behaviors are defined 0 = There is no definition provided regarding any replacement behavior	2	1	0
39.	**Each part of the hypothesis statement (setting event, antecedent, behavior, & consequence) is addressed** 2 = There are specific components of the intervention that address each portion of the hypothesis statement and include setting events, antecedents, teaching new skills, and consequences of the behavior 1 = Some of the components of the hypothesis statement are addressed but not all 0 = The intervention does not address the hypothesis statement at all	2	1	0
40.	Environmental interventions address at least 3 of the following: **□ Opportunities for choice** **□ Schedule predictability** **□ Instructional/ interaction approaches** **□ Prompts for appropriate behavior** **□ School or day program curriculum** 2 = The intervention addresses at least three of the above listed environmental issues 1 = The intervention addresses less than one or two of the above listed environmental issues 0 = The intervention does not address any of the above listed environmental issues	2	1	0
***41.**	**Minimizing positive and/or negative reinforcement for problem behavior is included** 2 = The intervention specifically describes how to minimize positive or negative reinforcement for the problem behavior 1 = The intervention notes that reinforcement for problem behavior should be minimized but does not describe how this should be done 0 = The intervention does not include a component to minimize positive or negative reinforcement for the problem behavior	2	1	0
***42.**	Selecting effective reinforcers and/or maximizing positive reinforcement for appropriate behavior is included 2 = The intervention includes specific reinforcers for appropriate behavior and describes how/when these will be used 1 = The intervention includes a positive reinforcement component but it is too general or does not describe how to implement it (e.g. Praise appropriate behavior) 0 = The intervention does not include a description of any positive reinforcers that could be used	2	1	0
43.	**Safety/emergency procedures for what to do if/when crisis occurs is addressed** 2 = There is a specific crisis intervention plan described and the components are appropriate given the severity of the behavior. If safety/emergency procedures are not necessary, it is so stated. 1 = There is a crisis plan noted but the description is incomplete or it is inappropriate given the severity of the behavior 0 = There is no crisis plan noted and the severity of the behavior warrants one	2	1	0
44.	**Training needs are addressed** 2 = Who will train caretakers about program implementation and data collection, and what to do if additional training or support is needed is specifically stated 1 = Training issues are noted but there is no explicit plan 0 = There is no mention of training or issues of support for the caretakers	2	1	0
45.	**Measurement method of each target behavior is described (including replacement behaviors if data are collected on them)** 2 = The data collection method for each target behavior is described 1 = Mention is made that data will be collected on the target behavior but there is no concrete description of the data collection method that will be used, or there is no description for all of the behaviors targeted 0 = There is no description of how any target behavior will be measured	2	1	0
46.	**What data will be gathered for intervention effectiveness assessment is described** 2 = Exactly which data are to be collected, and how they will be collected, to assess intervention effectiveness, is stated 1 = It is unclear which data collected will be used for intervention effectiveness assessment, or it is unclear how these data will be collected 0 = There is no mention of data collection of any kind to assess intervention effectiveness	2	1	0
47.	**Training needs are identified and/or system of support is established** 2 = There is an explicit plan to address the abilities of the caretakers regarding the types of additional training they may need or other issues related to supporting the consumer 1 = Training issues are noted but there is no explicit plan for addressing them or it is unclear how the plan address the	2	1	0

	needs of the caretakers 0 = There is no mention of training or issues of support for the caretakers in the plan			

General Intervention Considerations/ Contextual Fit				
48.	**Resources needed are described including time requirements for implementation** 2 = Possible resources that caretakers may need, including having enough time to provide adequate support to the consumer, are described, and there is a plan for obtaining those resources 1 = It is noted that caretakers may need additional supports but there are no resources or plan provided 0 = The plan does not address resources or support needs for caretakers	2	1	0
49.	**Financial costs and limitations related to interventions are discussed** 2 = Possible financial costs of interventions are identified and either there is a specific plan of taking care of those costs, or if costs are too great, there is a statement regarding how these costs will limit the interventions. If interventions do not require any financial contributions, it is so stated 1 = It is noted that there may be possible financial costs, but these are not specified, or there is not plan as to taking care of these costs, or if costs are too great, how the impact of these costs on interventions is not stated 0 = The plan does not address financial costs	2	1	0
50.	**Process for monitoring the intervention plan is described:** **□ Timeline for meetings □ What needs to be done □ When □ By whom (responsibilities)** 2 = There is a specific process described for the team to meet and for specific individuals to monitor the plan 1 = It is noted that the plan will be monitored regularly, but there are no specific details regarding how it will be done 0 = There is no indication that the plan will be monitored at all	2	1	0
51.	**Evidence that values/expectations of team members are considered** 2 = There is some description provided of those issues that are important to the caretakers regarding the intervention or data collection and the plan is modified or written to address these concerns 1 = Issues may be noted regarding values or expectations of team members but there is no indication of how they are addressed in the plan 0 = The values/expectations of the team are not discussed	2	1	0

PART 2 – INTERVENTIONS AND SUPPORTS

Total Points Earned (Items 28-51) = _____ PERCENT = **[_____ / 48] X 100% = _____ %**
(Total Points Earned)

Name: _____ Case Name: _____ Case #: ___ Rater: _____ Date: _____

Instructions - Please rate each of the following questions by circling either **0**, **1**, or **2** according to each question's criteria

PART 3 – FOLLOW-UP				
Preferred Lifestyle Interventions Follow-up				
52.	**Evaluation of achievement of goals or skills includes (at least 1):** **□ Number of goals or skills achieved □ Other measures of achievement of goals or skills** 2 = For each goal, there is a measure of some sort provided, regarding goal status 1 = Goal status is discussed, but there is not specific measure provided, or not all goals are addressed 0 = There is no mention of goal status	2	1	0
53.	**Evaluation of changes in the consumer's Preferred Future Lifestyle includes a statement regarding the status of each of the following:** **□ Type of preferred living setting** **□ With whom the consumer wants to live** **□ With whom the consumer wants to socialize** **□ What work or other valued activity the consumer wants to do** **□ What social, leisure, religious or other activities the consumer wants to participate in** 2 = For each issue listed, there is a statement regarding its current status 1 = There is a statement regarding current status of some of the issues listed, but not all 0 = Current status of issues listed is not addressed	2	1	0
54.	If there is evidence of changes in Preferred Future Lifestyle, achievement of goals, or that a service provided is unresponsive, there is a plan for revisions to reflect these changes 2 = If changes have occurred in the areas listed, either the plan has already been revised to reflect those changes, or there is a plan for making those revisions. If changes in the areas listed have not occurred, it is so stated 1 = It is noted that changes have occurred in the listed areas, but there are no plans for making revisions 0 = There is no mention regarding changes in the listed areas	2	1	0
Function Based Interventions Follow-up				
55.	**Baseline and intervention data for each target behavior are graphed** 2 = All target behaviors are graphed and graph(s) depict(s) both baseline and intervention data 1 = There is a graph, but not all target behaviors are graphed, or the graph does not include either baseline or intervention data 0 = There is no graph	2	1	0
56.	Graphs are clear (include labels, axis values, titles, and legend) 2 = The graph provided (no more than 3 behaviors in one graph) includes labels, axis values, titles and a legend 1 = The graph has some but not all of its components 0 = There is no graph or it the graph is not clear	2	1	0
57.	**Indirect or direct measures of replacement behavior are provided** 2 = Either direct or indirect measures of changes in the replacement behavior are provided 1 = Replacement behavior change is discussed, but there is no mention of actual direct or indirect measures of it 0 = There is no mention of replacement behavior change	2	1	0
58.	**A statement regarding the effectiveness of interventions is made** 2 = A summary type of statement regarding whether or not the interventions were effective at changing the behavior is provided 1 = Data are mentioned, or results are mentioned, but there is no clear summary statement as to the actual effectiveness of the interventions 0 = There is no summary statement regarding the effectiveness of the interventions	2	1	0
59.	**Data provided support statement(s) regarding the effectiveness of interventions** 2 = There are data provided in some format (graph, table, list,) that specifically support the statements made regarding intervention effectiveness 1 = There are data provided, but it is unclear whether they support the statements made regarding intervention effectiveness 0 = Either there are no data presented or the data that are presented do not support the statements made regarding intervention effectiveness	2	1	0

Continuous Evaluation				
60.	**Measures to be gathered for continued evaluation include both direct and indirect measures** 2 = There is an evaluation system described that includes measuring problem behavior using both direct and indirect assessment tools on a regular basis 1 = The plan indicates that only direct or indirect tools will be used to monitor progress, but does not state how 0 = There is no indication of the kind of tools or the frequency with which they would be used to monitor the plan	2	1	0
61.	**Process for continuing to monitor the intervention plan is described:** **□ Timeline for meetings □ What needs to be done □ When □ By whom (responsibilities)** 2 = There is a specific process described for the team to meet and for specific individuals to monitor the plan 1 = It is noted that the plan will be monitored regularly, but there are no specific details regarding how it will be done 0 = There is no indication that the plan will be monitored at all	2	1	0
62.	**Plan for sustainability includes:** **□ Plan for transitions or major setting events and/or □ Training plan for new staff** 2 = There is a long term plan for how the intervention will be kept going including addressing possible transitions or major life changes 1 = It is mentioned that the implementation of the intervention plan will continue but there is no indication of how possible transitions or major life changes will be addressed 0 = There is no mention of long-term plans for sustaining the intervention	2	1	0
PART 4 – ATTACHMENTS				
63.	**Sample fidelity checklist** 2 = Sample fidelity checklist is included and accurately portrays program procedures 1 = Sample fidelity checklist is included but is inaccurate, incomplete, or unclear 0 = Sample fidelity checklist is not included	2	1	0
64.	**KIPBS Intervention & Supports Plan At-A-Glance sheet (not need to be labeled "KIPBS")** 2 = At-A-Glance sheet is included and accurately portrays information and important program information (i.e. Do's and Don'ts) 1 = At-A-Glance sheet is included but is inaccurate, incomplete, unclear, or only addresses what to do when problem behavior occurs 0 = At-A-Glance sheet is not included	2	1	0
65.	**All supporting materials necessary for a full understanding of the report are included:** **□ Data sheets □ Data summaries □ Questionnaires / Interviews / Surveys □ Other** 2 = Questionnaires, data files, graphs, and other pertinent materials necessary for full understanding of the report, are included or report is self-sustaining (i.e. no other materials are needed for full understanding) 1 = Some, but not all of the pertinent materials are included (e.g. graphs, but no data sheets) 0 = There were no supporting materials provided, and these are necessary for full understanding of the report	2	1	0
66.	**Contextual Fit Survey** 2 = Completed Contextual Fit surveys are included for at least 2 different team members (2 separate surveys) 1 = Completed Contextual Fit survey is included for only one team member 0 = There were no completed Contextual Fit surveys	2	1	0
67.	**Quality of Life Evaluation Survey** 2 = Completed Quality of Life Evaluation surveys are included for at least 2 different team members (2 separate surveys) 1 = Completed Quality of Life Evaluation survey is included for only one team member 0 = There were no completed Quality of Life Evaluation surveys	2	1	0
68.	**PCP Satisfaction Survey** 2 = Completed PCP Satisfaction surveys are included for at least 2 different team members (2 separate surveys) 1 = Completed PCP Satisfaction survey is included for only one team member 0 = There were no completed PCP Satisfaction surveys	2	1	0

PART 3 – FOLLOW-UP & PART 4 – ATTACHMENTS

Total Points Earned (Items 52-68) = _____ PERCENT = **[_____ / 34] X 100% = _____ %**
(Total Points Earned)

ENTIRE CASE STUDY

Total Points Earned (Items 1-68) = _____ PERCENT = **[_____ / 136] X 100% = _____ %**
(Total Points Earned)

KIPBS PC- PBS GENERAL REPORT FORMATTING	
Y N	Pages are numbered
Y N	Report looks professional (no typos, no acronyms, little jargon and professional language)