

# USING DATA FOR DECISION MAKING IN IDD SETTINGS

Christine Downs, M.Ed.  
Bob Putnam Ph.D. BCBA-D. LABA  
May Institute, Inc.

1

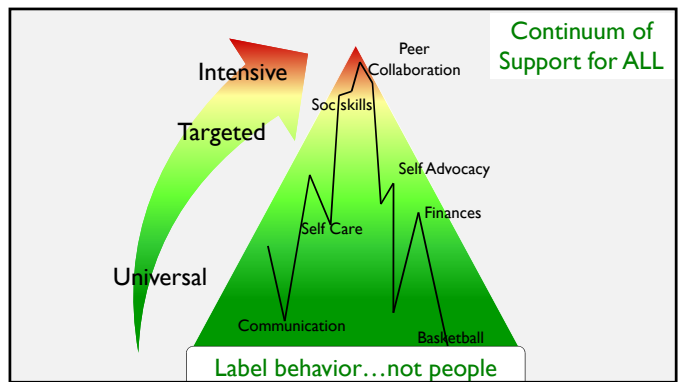
“MOST OF THE WORLD WILL MAKE  
DECISIONS BY EITHER GUESSING  
OR USING THEIR GUT. THEY WILL  
BE EITHER LUCKY OR WRONG.”-  
[SUHAIL DOSHI](#), CEO, [MIXPANEL](#)

2

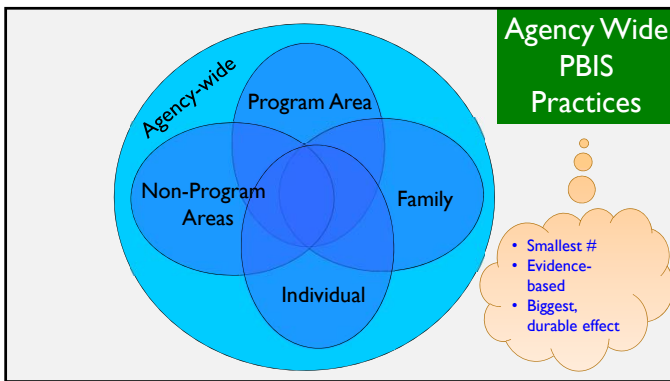
## OVERVIEW

- Importance of using Data for Decision Making
- Teams
- Fidelity Data
- Outcome Data

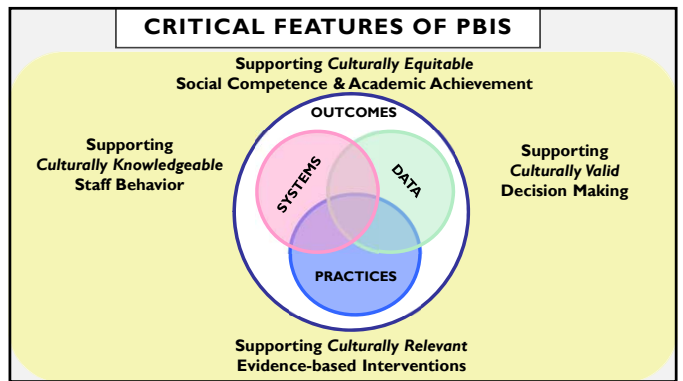
3



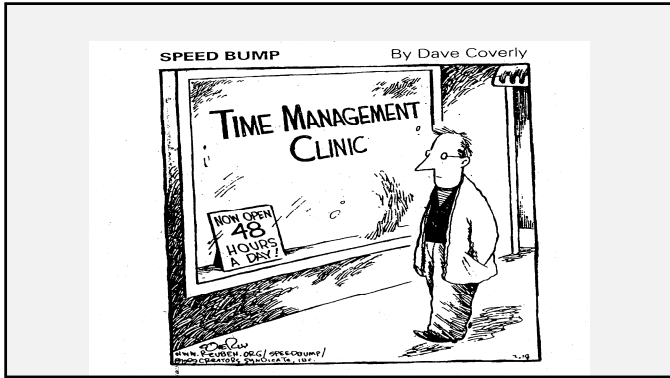
4



5



6



7

### TEAMS

Tier 1 Universal Team

- **Purpose** – Implement, Monitor, & Evaluate Tier 1 (Program-wide) supports
- **Composition** – Program directors, clinical staff, direct staff, individuals, family member

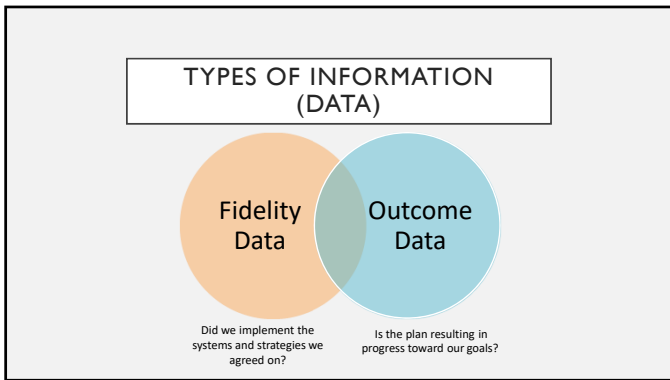
Intensive Tier 3 Systems Team

- **Purpose** – Brief data based monthly review of individuals receiving intensive supports.
- **Composition** – Administrative and senior clinical and other representative staff of the agency

Intensive Tier 3 Individual Team

- **Purpose** – Conducting Functional Behavior Assessments (FBA) and developing positive behavior plans and are responsible for implementing the BSP.
- **Composition** – Clinical, staff, family, who know the individual best and the individual where feasible.

8



9

### IMPORTANT DATA POINTS IN PBIS

**Fidelity of Implementation**

- **IDD TFI** – Implementation of PBIS by Agency or Program - TIER 1, 2, & 3
- **QUIC** – Implementation of Practices by Staff - TIER 1

**Outcome Data**

- **Incident Tracking** – Externalizing Disruptive Behavior (Agency, Program, Individual) - TIER 1, 2, & 3
- **Quality of Life Screener** – Individual Goals and Progress - TIER 1
- **Behavior Rating Scale** – Individual progress on Targeted Behaviors - Tier 3

10

### FIDELITY OF IMPLEMENTATION

**IDD Tiered Fidelity Inventory (TFI)**  
Implementation of PBIS by Agency or Program

**Quality of Universal Implementation Checklist (QUIC)**  
Implementation of Practices by Staff


11

### MEASURING FIDELITY OF PROGRAM OR AGENCY

Tiered Fidelity Inventory (TFI)

12

### TIERED FIDELITY INVENTORY - IDD



The purpose of the SWPBIS Tiered Fidelity Inventory is to provide a valid, reliable, and efficient measure of the extent to which program personnel are applying the core features of program-wide positive behavioral interventions and supports.

OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports - 2015

13

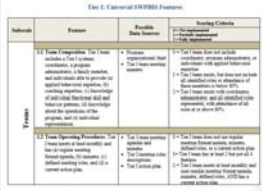
### TIERED FIDELITY INVENTORY - IDD

The TFI Evaluates all three tiers

Each tier can be evaluated separately and at different times

The Inventory is completed by the program team together annually

Each tier has an action plan



14

### TIERED FIDELITY INVENTORY TIER I

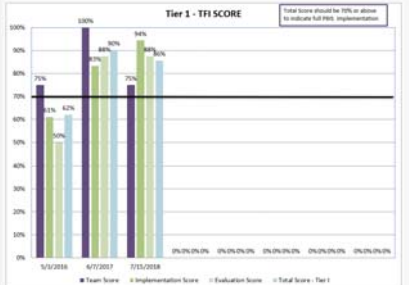
Categories Measured:

- Team
- Implementation
- Evaluation

Year	5/3/2016	6/7/2017	7/13/2018
<b>Team</b>			
1.1 Team Composition	3	2	1
1.2 Team Operating Procedures	2	2	2
<b>Implementation</b>			
1.3 Behavioral Expectations	1	2	2
1.4 Teaching Expectations	1	1	2
1.5 Problem Behavior Definitions	2	2	2
1.6 Problem Behavior Policies	2	2	2
1.7 Professional Development	1	1	2
1.8 Program Procedures	2	2	2
1.9 Feedback and Acknowledgments	1	2	2
1.10 Staff Involvement	1	2	2
1.11 Individual/Family/Community Involvement	0	1	1
<b>Evaluation</b>			
1.12 Problem Behavior Data	1	2	2
1.13 Data-Based Decision Making	1	2	2
1.14 Fidelity Data	1	2	2
1.15 Annual Evaluations	0	1	1
<b>Total Score - Tier I</b>	<b>8%</b>	<b>10%</b>	<b>8%</b>

15

### TFI TIER I DATA- IDD



Quarter	Team Score	Implementation Score	Evaluation Score	Total Score - Tier I
5/3/2016	7%	1%	0%	8%
6/7/2017	10%	2%	0%	10%
7/13/2018	8%	2%	0%	8%

16

### TIERED FIDELITY INVENTORY TIER 3

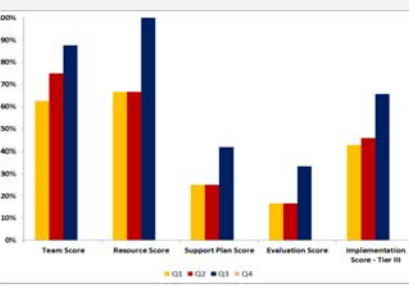
Categories Measured:

- Team
- Resources
- Support Plans
- Evaluation

Year	2013	2013	2013	2013	2014	2014	2014
Quarter	Q1	Q2	Q3	Q4	Q1	Q2	Q4
<b>Team</b>							
3.1 Team Composition	3	3	3	3	3	3	3
3.2 Team Operating Procedures	4	4	4	4	4	4	4
3.3 Monitoring	3	3	3	3	3	3	3
3.4 Individual Support Teams	3	3	3	3	3	3	3
<b>Resources</b>							
3.5 Staffing	3	3	3	3	3	3	3
3.6 Individual/Family/Community Involvement	3	3	3	3	3	3	3
3.7 Professional Development	3	3	3	3	3	3	3
<b>Support Plans</b>							
3.8 Quality of Life Indicators	4	4	4	4	4	4	4
3.9 Functional Risk, Social, and Physical Indicators	3	3	3	3	3	3	3
3.10 Hypothesis Statement	4	4	4	4	4	4	4
3.11 Comprehensive Supports	3	3	3	3	3	3	3
3.12 Formal and Natural Supports	3	3	3	3	3	3	3
3.13 Related to Tier 1 and Tier 2 Supports	3	3	3	3	3	3	3
<b>Evaluation</b>							
3.14 Data Systems	3	3	3	3	3	3	3
3.15 Data-Based Decision Making	3	3	3	3	3	3	3
3.16 Annual Evaluations	3	3	3	3	3	3	3
<b>Implementation Score - Tier III</b>	<b>27%</b>	<b>47%</b>	<b>47%</b>	<b>47%</b>	<b>2%</b>	<b>2%</b>	<b>2%</b>

17

### TFI TIER 3 DATA



Category	Q1	Q2	Q3	Q4
Team Score	3	3	3	3
Resource Score	3	3	3	3
Support Plan Score	3	3	3	3
Evaluation Score	3	3	3	3
Implementation Score - Tier III	27%	47%	47%	47%

18

### ACTION PLANNING

Item	Current Score	Target	Action	Who	When
3.1 - Team Composition	10	10			
3.2 - Team Operating Procedures	10	10			
3.3 - Screenings	10	10			
3.4 - Individual Support Teams	10	10			
3.5 - Staffing	10	10			
3.6 - Individual/Family/Community Involvement	10	10			
3.7 - Professional Development	10	10			
3.8 - Quality of Life Indicators	10	10			
3.9 - Functional skill, social, and Physical Indicators	10	10			
3.10 - Hypothesis Statement	10	10			
3.11 - Comprehensive Support	10	10			
3.12 - Formal and Natural Support	10	10			
3.13 - Access to Tier I and Tier II supports	10	10			
3.14 - Data Systems	10	10			
3.15 - Data Based Decision Making	10	10			
3.16 - Evaluation	10	10			
3.17 - Annual Evaluation	10	10			

19

### DECISION MAKING

#### TFITier 1

- Is the program implementing with fidelity? Yes/no
- What changes do we need to make to Tier I so that all individuals are accessing Tier I supports?
- What training does staff need?

#### TFITier 3

- Do the behavior support plans include prevention, teaching and consequence strategies
- Are staff implementing plans with integrity?
- What training does staff need?

20

### MEASURING STAFF FIDELITY

Quality of Universal Implementation Checklist (QUIC)

21

### QUALITY OF UNIVERSAL IMPLEMENTATION CHECKLIST - QUIC

The QUIC was designed by the Massachusetts Department of Developmental Services  
October 2013  
Revised August 2014

The QUIC is designed to provide a brief snapshot of PBS universal support interactions occurring in a setting.

Adapt to meet the needs of your agency

22

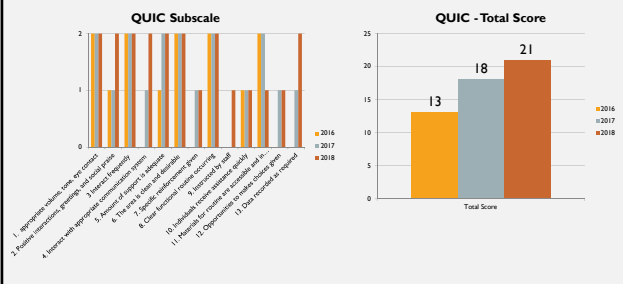
### QUALITY OF UNIVERSAL IMPLEMENTATION CHECKLIST - QUIC

Staff: Mary Smith	obs	not obs	not req
1. Appropriate ratios, times, age ranges	2	0	0
2. Positive interactions, greetings, and social order	1	1	0
3. Release frequency	0	0	0
4. Release with appropriate communication system	0	0	0
5. Amount of support's adequate	1	0	0
6. The work is clear and desirable	0	0	0
7. Specific individualized plans	0	1	0
8. Clear functional routines occurring	0	0	0
9. Monitored by staff	0	0	0
10. Individuals receive assistance quickly	1	1	0
11. Methods for ending the session and a good ending	0	0	0
12. Opportunities for student choice given	0	1	0
13. Data recorded as required	0	1	0
Total score	13	10	0

**Scoring Key:** ✓ = Skill demonstrated all opportunities for entire observation  
 X = Skill not demonstrated throughout the observation.  
 N/A = No opportunity to demonstrate the skill.  
**NOTE:** If you are going to use Excel to the scores use this Scoring Key:  
 N/A = No opportunity to demonstrate the skill  
 0 = Staff did not demonstrate this skill when required  
 1 = Staff demonstrated this skill with partial fidelity  
 2 = Staff demonstrated this skill with full fidelity

23

### QUALITY OF UNIVERSAL IMPLEMENTATION CHECKLIST - QUIC



24

## DECISION MAKING

**QUIC**

- Are the questions on the QUIC relevant to your program guidelines?
- What changes should be made to the QUIC?
- How often should the QUIC be used? By whom?
- Are staff interacting with individual in accordance to program guidelines?
- What training does staff need?

25

## OUTCOME DATA

- **Incident Tracking** – Externalizing Disruptive Behavior (Agency, Program, Individual)
- **Quality of Life Indicators** – Individual Goals and Progress
- **Behavior Rating Scale** – Individual Intensive Behavior Tracking

26

## EVALUATING OUTCOMES

Quality of Life Screener (QoL)

27

## QUALITY OF LIFE SCREENING

The QLS was designed by the May Institute, Inc. 2015

The QLS is designed to evaluate life skills and goals for individuals receiving supports. It may be completed by staff or when able with input from the individual.

28

## QUALITY OF LIFE SCREENING

	Independent	Verbal cue	Physical Prompt cue	Writing requires full assistance	Refusal Not at all	N/A
<b>Communication</b>						
1. Communicates basic needs: hungry, tired, needs help	4	3	2	1	0	
2. Has a mode of communication: sign, gesture, vocal	4	3	2	1	0	
3. Can pick a preferred item from 2	4	3	2	1	0	
4. Can be understood by others	4	3	2	1	0	
5. Can express pleasure or displeasure (enjoys/dislikes activity)	4	3	2	1	0	
<b>Community Participation</b>						
6. Participates in community activities 2 or more times per week (stores, restaurants, sports, clubs, transportation)	4	3	2	1	0	
7. Volunteers in the community	4	3	2	1	0	
8. Has a paying job outside of the home day program	4	3	2	1	0	
9. Has access to nature and participates in outdoor activities (hiking, walking, swimming, picnics, etc.)	4	3	2	1	0	

29

## QUALITY OF LIFE SCREENING

**Per Individual Scoring:** Complete the QLS Questionnaire once per year (or more frequently as needed) Enter the data from the Questionnaire into the QLS DATA sheet for the year it was taken. Create Action Support/Teaching plan for items that score low.

**ADAPTATION:** Use one Score Sheet per Residence or Program. Type the name of the house or program in the NAME Area. Change the years to names of individuals in house or program. Analyze data by house or program and determine which skills need to be taught.

30



31

### DECISION MAKING

**Quality of Life Screener**

- Does the screener match the needs/desires of the individuals served?
- What changes do we want to make to the screener?
- How often will we use the screener?
- How will we create individual goals from the screener?
- What training does staff need?

32

### EVALUATING OUTCOMES

INCIDENT REPORTS

33

### PROGRESS MONITORING MEASURES:

- are **valid**
- are **reliable**
- are **quick** to administer
- are relatively **easy** to complete & to summarize
- can be **repeated frequently**
- are relatively **inexpensive**
- provide **instant** information
- provide **relevant** information
- can indicate potential problem(s)
- are **sensitive to small changes**

34

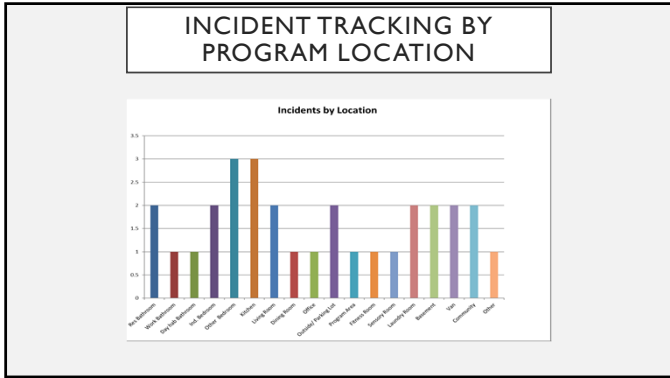
### INCIDENT TRACKING

- Incident tracking allows the PBIS Data Team to review **externalizing behavior** and look for patterns and red flags that need to be addressed.
- Teams identify areas for improvement and then action plans to implement new or improved **systems and practices** for staff and individuals.
- Incident data should be readily available and easy to read. Preferably in **graph format**.
- Teams should review this data at a minimum **monthly**.
- Data should be **shared with staff** monthly

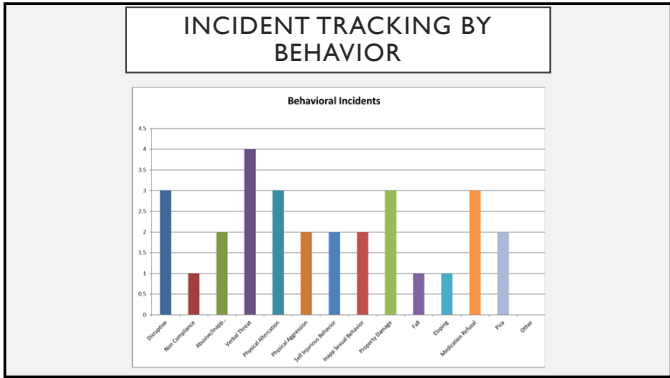
35

### INCIDENT TRACKING

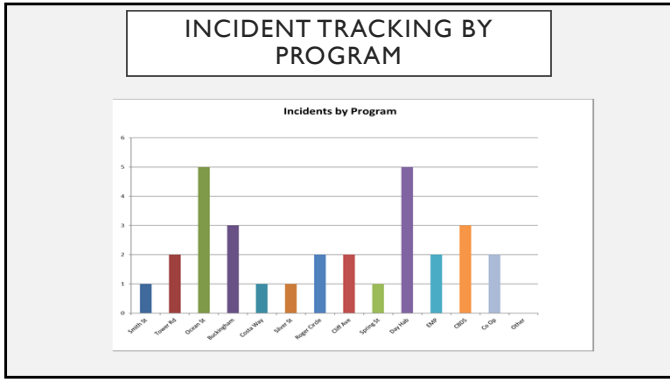
36



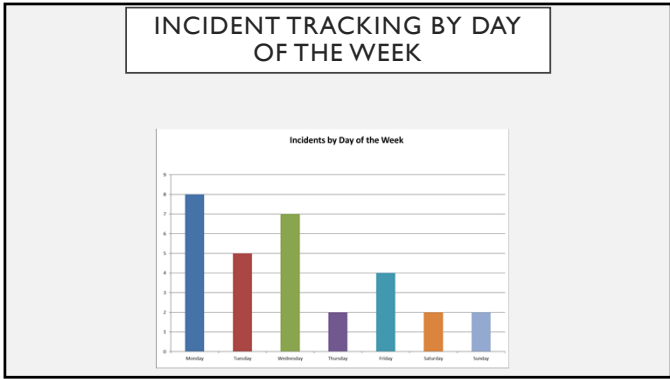
37



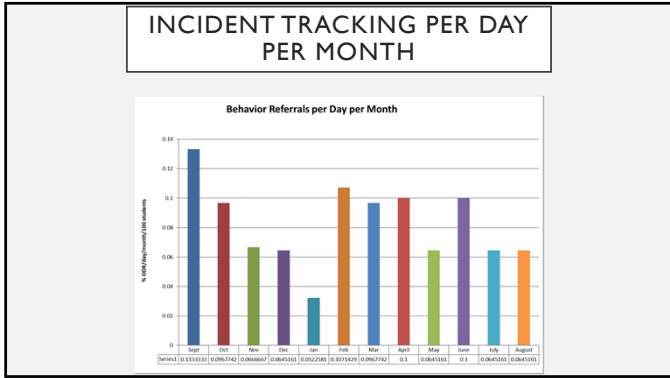
38



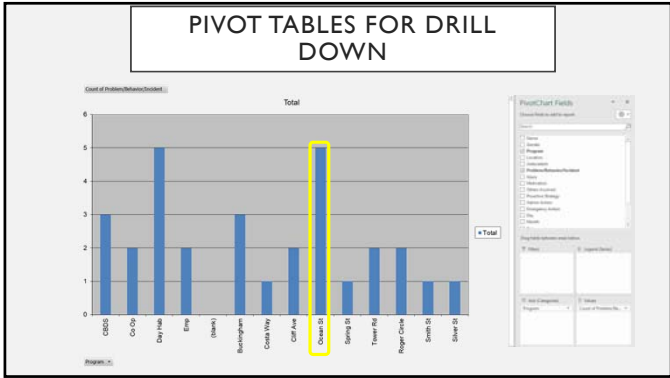
39



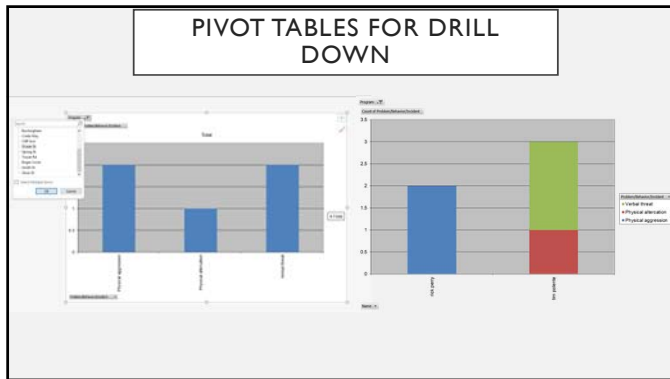
40



41



42



43

**PRECISE PROBLEM STATEMENT:** Many Individuals are engaging in problem behavior in the indoor and outdoor common areas during lunch transition times and the behavior is maintained by attention.  
**Goal:** Reduce problems in common Area by 50% by Jan. 31

Solution Components	What are the Action Steps?	Who is Responsible?	By When?	How will Fidelity be Measured?	Notes/Updates
Prevention	Increase active supervision	Program Leads All staff	Ongoing	Staff visible in the indoor and outdoor common areas	
Teaching	Teach behavioral expectations for the commons and hallways	Staff will teach hallway/common area expectations to their program group	January 15	Staff sign-off sheet next to the PBS bulletin board in the faculty lounge to indicate completion	-Review video on teaching expectations -
Recognition	Movie Party Recognition tickets for following expected behavior in common areas	PBS Team will coordinate	Movie by January 31	Movie Night Attendance tickets used at the Spirit Store	
Extinction	Post weekly data Quick redirection – low attention for misbehaviors Quick recognition for expected behaviors	All staff	Ongoing	Weekly data posted in the commons and hallway	
Data Collection	What data? Incident record	Who is responsible for gathering the data? Incident Data Entry person and principal share report with teachers.	When/How often will data be gathered? Weekly	Where will data be shared? Emailed to staff and posted in the hallways and commons for individuals and families.	Who will see the data? All staff and individuals

44

### DECISION MAKING

**Incident Tracking**

- Are you collecting all relevant problem behaviors?
- Who enters data into incident tracker?
- How often will we review data? (minimum monthly)
- Will sub-programs, residences, work programs review data separately from overall program? How often?
- Who will share the data with staff? How often?
- What training does staff need?

45

### ANALYZING AND EVALUATING OUTCOMES

Tier 3

46

### FEASIBLE AND EFFICIENT PROGRESS MONITORING WITHIN A TIER 3 SYSTEM: INDIVIDUAL OUTCOMES

- Direct Observation
  - Frequency, Rate
  - Latency
  - Duration
  - Intensity
- Behavior Report Cards/Behavior Rating Scale
  - Once per day
  - Throughout day

❖ Whole day  
❖ Partial day  
❖ Time period

47

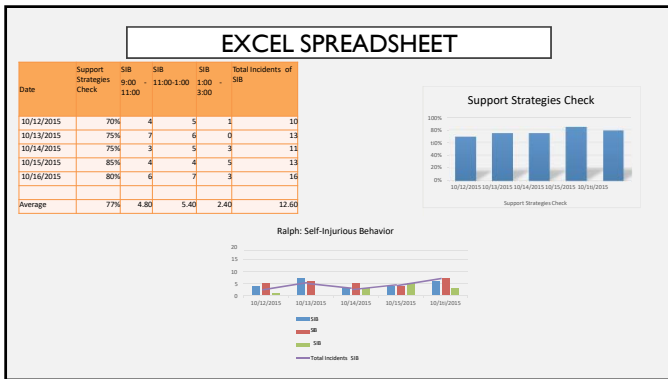
### EXAMPLE: DIRECT OBSERVATION (FREQUENCY, SPECIFIC TIME PERIOD)

#### Monitoring Ralph's Outcomes

Date	Self-Injurious Incidents		
	9:00 – 11:00	11:00 – 1:00	1:00 – 3:00
Monday	1111	11111	1
Tuesday	11111111	11111 1	0
Wednesday	111	11111	111
Thursday	1111	1111	111111
Friday	111111	11111 11	111

48





49

### EXAMPLE: BEHAVIOR REPORT CARD WITH SPECIFIC GOALS

#### ONCE-A-DAY Behavior Report Card

Name: Justin Time      Dates: 10.7.18-11.1      Intervention: PREPARE - Anger Control Training

Rating Scale: 3=Good day    2=Mixed day    1=Will try harder tomorrow

SCHOOL WIDE EXPECTATIONS/ BEHAVIOR GOALS	Mon	Tues	Wed	Thurs	Friday							
<b>BE SAFE</b> Use our anger reduction	3	2	1	3	2	1	3	2	1	3	2	1
<b>BE RESPECTFUL</b> Use Active Listening & Problem Solving skills	3	2	1	3	2	1	3	2	1	3	2	1
<b>BE RESPONSIBLE</b> Complete your homework	3	2	1	3	2	1	3	2	1	3	2	1
<b>DEMONSTRATE A POSITIVE ATTITUDE</b> Behave appropriately	3	2	1	3	2	1	3	2	1	3	2	1

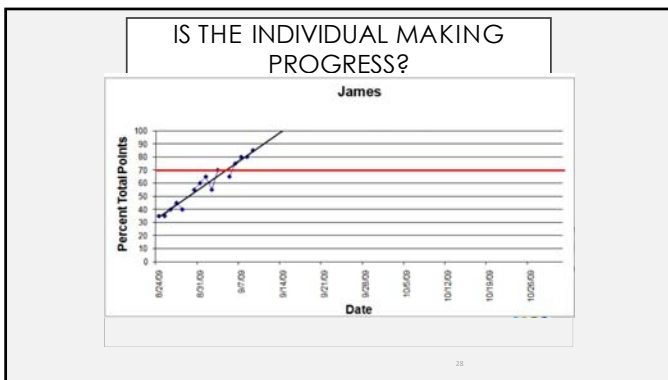
**Teacher Comments:**

Mon: Justin had a full 7pm anger today & didn't have to use any anger reduction.

Tues: Justin was unable to replace angry thoughts about a negative comment a peer made to him.

Wed: Great use of active listening during our mock debate on social studies!

50



51

### BEHAVIOR RATING SCALE

[https://www.ccsesa.org/Files/Uploads/348/BEHAVIOR\\_RATING\\_SCALE\\_-\\_Blank.pdf](https://www.ccsesa.org/Files/Uploads/348/BEHAVIOR_RATING_SCALE_-_Blank.pdf)

- Addresses Intensive Target behaviors for an individual
- Efficient for staff use
- Targeted behaviors must be operationally defined
- Behaviors can be measured by Frequency, duration or intensity
- Easily translates into a line graph
- Requires minimum of 1 appropriate and 1 inappropriate behavior

52

### EXAMPLE: THE BEHAVIOR RATING SCALE (IBRST)

[https://www.ccsesa.org/Files/Uploads/348/IBRS\\_overview.pdf](https://www.ccsesa.org/Files/Uploads/348/IBRS_overview.pdf)

53

### BEHAVIOR RATING SCALE (IBRST)

Ioannidou, Greenbaum, Wang, Dunlap & Kincaid (2013). Inter-rater Agreement of the Individualized Behavior Rating Scale Tool. *Assessment for Effective Intervention*, published online 16 May 2013. DOI: 10.1177/1544508413488414

54

### TIER 3 TEAM SYSTEM MEETINGS

- Each person is discussed during the meeting for no more than **2 or 3 minutes**.
- Graphs of the daily frequency of no more than 3 of their **most challenging behaviors** over the **past 60 days are reviewed**.
- Determine current trends by using trend line and/or mean frequency per day of behavior
  - Decreasing trend/Behavior improving (+)
  - About the same/No change in behavior (0)
  - Increasing trend/Behavior not improving (-)
- Decisions are made as to what should be done to **address the problem behaviors that are not improving**
- Develop an action plan

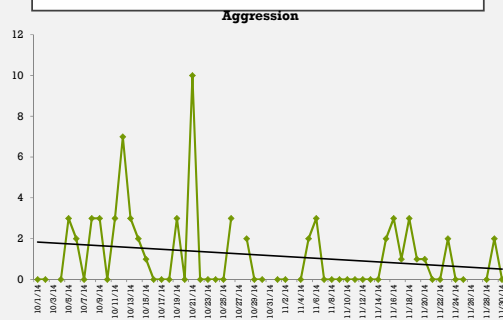
55

### TIER 3 PRACTICES: BSP

- DDS Behavior Support Plan
  - **Prevention Strategies**
    - Antecedent interventions
    - Environmental design
    - Communication style
  - **Teaching Replacement and Desired Behaviors**
  - **Consequence Strategies**
    - Positive acknowledgement & reinforcement procedures

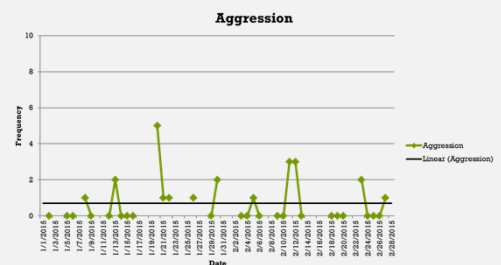
56

### DECREASING TREND (+)



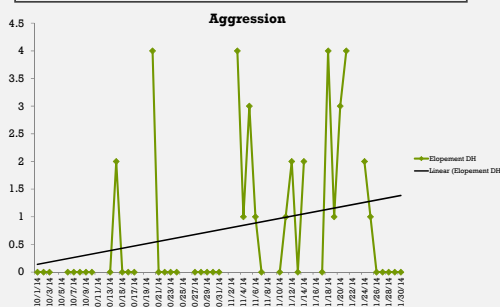
57

### FLAT/NO CHANGE-(0)



58

### INCREASING TREND (-)



59

### DECISION MAKING

#### Individual data tracking

- How can we use Behavior Rating Scale to track problem behaviors? Frequency, duration, intensity
- How often will we use the screener?
- Who will graph the data? Is the BRS sheet enough for graphing?
- How often will we share data with the team/staff?
- Do we have data rules for modifying/discontinuing plan?
- What training does staff need?

60

**“THE GOAL IS TO TURN DATA INTO INFORMATION, AND INFORMATION INTO INSIGHT.” –**  
**CARLY FIORINA**, FORMER EXECUTIVE, PRESIDENT, AND  
 CHAIR OF HEWLETT-PACKARD CO.

61

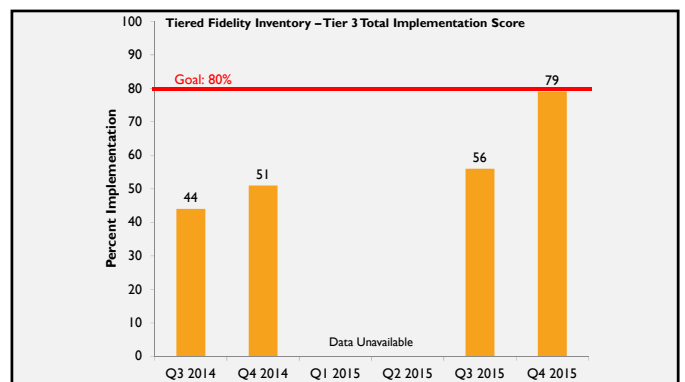
CASE SAMPLE

62

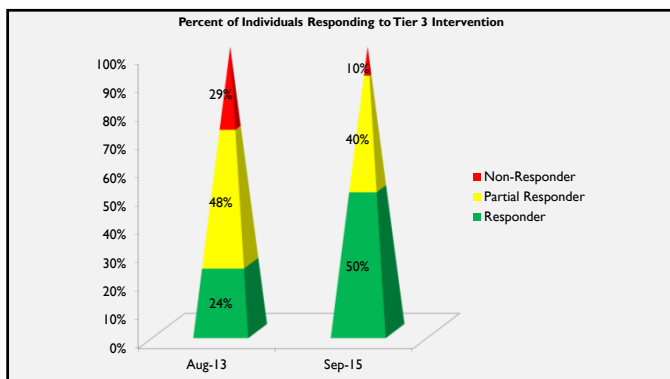
**TIER 3 OUTCOMES**

- 21 individuals
- 7 females, 14 males
- Diagnoses of ASD and other developmental disabilities
  - Some have mental health and psychiatric diagnoses
- All attend and/or live in May Institute day and residential programs

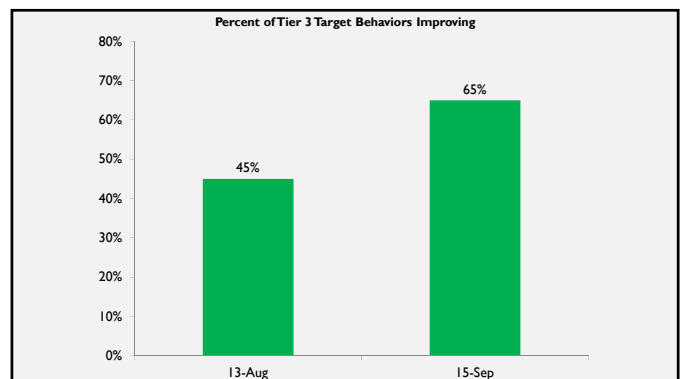
63



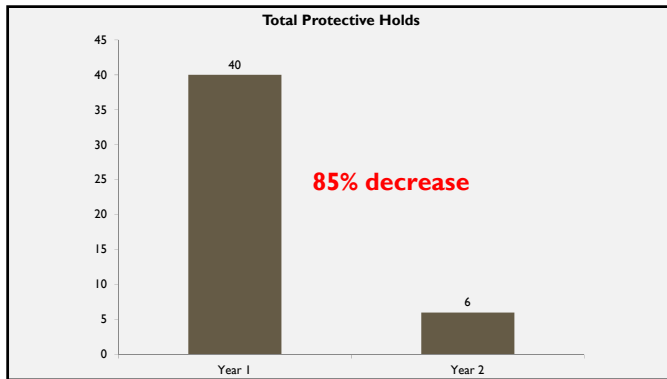
64



65



66



67

**CREDITS**

**EXCEL Data Management – 2000**  
 Illinois PBIS Initiative - Greg Dorsey and Candi Hayward 2000 Adapted by  
 Christine Downs 2006, 2011, 2015

**Quality of Universal Implementation Checklist - QUIC – 2014**  
 Massachusetts Department of Developmental Services

**Quality of Life Screener (QLS) – 2015**  
 May Institute, Inc.

**Rating Scale (BRS) (cf., Kohler & Strain, 1992)**

**Tiered Fidelity Inventory - TFI – 2015**  
 OSEP Technical Assistance Center on Positive Behavioral Interventions and  
 Supports

68

**QUESTIONS**

Christine Downs M.Ed.  
[cdowns@mayinstitute.org](mailto:cdowns@mayinstitute.org)

Bob Putnam Ph.D. BCBA-D LABA  
[bputnam@mayinstitute.org](mailto:bputnam@mayinstitute.org)

69