

## Positive Behaviour Support Services

Sources Positive Behaviour Support Services (PBSS) offers Behaviour Consultation services, based on Positive Behaviour Support and Applied Behaviour Analysis to families whose children and adolescents have been diagnosed with an Autism Spectrum Disorder or other Neurodevelopmental Disorder and who are between the ages of 6 and 18. Sources' PBSS program provides services to families at no cost to the family through our Ministry of Children and Family Development (MCFD) funded program.

The primary objective of the PBSS program is to enhance the individual's quality of life through the use of Applied Behaviour Analysis. Behaviour Consultants conduct Functional Assessments, design Positive Behaviour Support Plans, monitor and evaluate the progress of those plans. Positive Behaviour Support Plans can be developed to decrease inappropriate or self-abusive behaviours and to teach new skills. These plans are individualized, specific to each child and their needs. The PBSS program is not a one-on-one interventionist service.

The Sources' PBSS program is connected to most areas of the province. PBSS main offices are located in Delta and Prince George. There are also outreach offices that serve remote and isolated communities in Northern B.C.

## Contacts

Sources Community Resource Society  
Tel: (604) 531-6226  
Fax: (604) 531-2316  
882 Maple St.  
White Rock, BC V4B 4M2  
www.sourcesbc.ca

PBSS - Lower Mainland  
Tel: (604) 940-0057  
Fax: (604) 940-0227  
4807 Georgia St.  
Delta, BC V4K 2T1

PBSS - North  
Tel: (250) 561-1194  
Fax: (250) 561-1195  
1596 - 3rd Avenue  
Prince George, BC V2L 3G4

Ministry of Children & Family Development\*  
Tel: (250) 565-4151  
463-1011 4th Ave.  
Prince George, BC V2L 3H9

Ministry of Children & Family Development\*  
Tel: (250) 263-0121  
10615-102nd Street  
Fort St. John BC V1J 5L3

Ministry of Children & Family Development\*  
Tel: (250) 638-2330  
400-4545 LaZelle Avenue  
Terrace, BC V8G 4E1

Ministry of Children & Family Development\*  
Tel: (250) 847-7727  
Bag 5000 2nd Flr. 3793 Alfred Ave.  
Smithers, BC V0J 2N0

Ministry of Children & Family Development\*  
Tel: (250) 992-4351  
163 Kinchant St.  
Quesnel, BC V2J 2R1

\* If you are not in one of these communities, you can call:  
1-800-663-7867

## Referral Process

MCFD Funded Program



Serving families of children and adolescents with an Autism Spectrum Disorder or other Neurodevelopmental Disabilities



POSITIVE BEHAVIOUR SUPPORT SERVICES

## Step 1: Do You Qualify?

In order to qualify for services through the PBSS program, the child or adolescent must meet all of the following criteria:

- Be 6 through 18 years old.
- Have a diagnosis of one of the following:
  - ◆ Autism
  - ◆ Developmental Disability with Autistic Characteristics and/or Behavioural Challenges.
  - ◆ Asperger's Syndrome
  - ◆ Pervasive Developmental Disorder - Not Otherwise Specified
  - ◆ Fragile X Syndrome
  - ◆ Rett Syndrome
  - ◆ Mucopolysaccharidoses
  - ◆ Tuberous Sclerosis
  - ◆ Phenylketonuria
  - ◆ Congenital Rubella Syndrome
  - ◆ Cornelia de Lange Syndrome
- The diagnosis must be given by either a Pediatrician, Neurologist, Psychiatrist or a registered Psychologist. The diagnosis must be supported by either:
  - ◆ A BCAAN Clinical Outcome (PANTER) Form.
  - ◆ A diagnostic assessment report, signed by the diagnostician(s) that clearly states the qualifying diagnosis and the supporting assessment results (such as DSM Diagnosis).

## Step 2: How Do I Refer?

Sources' PBSS program serves children and adolescents that are referred to the program by MCFD. In order to ensure proper referral to the PBSS program, the following steps must be completed:

- The family must go to the MCFD CYSN Office and discuss referring to the PBS program with a Social Worker.
- The family must sign Sources' release of information form.
- The family must complete a Sources' PBSS referral form and give it to their CYSN Social Worker along with the child or adolescent's assessment report (or BCAAN/PANTER form) and the release of information form.
- The Social Worker will pass the release of information form, referral form and diagnostic information to the MCFD Liaison.



- The MCFD Liaison will bring the referral information to the next PBSS screening meeting.
- The Screening Committee (made up of the MCFD Liaison, the Prince George MCFD Team Leader, and the PBSS Program Manager) will review the referrals to ensure that they meet the eligibility Criteria (listed in Step 1).
- The screening committee makes one of two decisions:
  - ◆ If the child or adolescent meets the eligibility criteria, they are placed onto the PBSS waitlist.
  - ◆ If the child or adolescent does not meet the eligibility criteria, the MCFD Liaison will follow up with the family's MCFD Social Worker in order to obtain the appropriate information.

## Step 3: Contact with Sources Community Resource Society

If the family has been accepted into Sources' PBSS program, the PBSS office will send the family a confirmation letter and an information package. This information package outlines the services that the family may be able to access. The PBSS Program Manager will then hold an intake meeting with each referred family.





**CONSENT FOR EXCHANGE OF INFORMATION**

Client Name: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize and give consent for  
*Client or Designate (indicate relationship)*

\_\_\_\_\_ to receive from and/or send to the following persons  
*Sources Staff*

information, reports and other materials relevant to the provision of services to me/the client named above. I understand that this information is to be exchanged only with those individuals listed below and that I may withdraw this consent at any time.

Name of Person/Position	Type of Information	Client Signature*	Date

\*This consent may be approved by the parent, guardian, or other individual with signing authority for the client.

This consent expires (initial as appropriate):

\_\_\_ 90 days from the date signed (for one time release of information)

\_\_\_ one year from the date signed (for ongoing service provision)

Signature of Sources Staff: \_\_\_\_\_ Date: \_\_\_\_\_

