File A-21

LAKE COUNTY BOARD OF DD/DEEPWOOD

BOARD POLICY

Reviewed and Adopted by the Board:

Date: May 23, 2016

Signature on File
Elfriede Roman, Superintendent

I. SUBJECT: BEHAVIOR SUPPORT

II. PURPOSE:

The purpose of this policy is to develop and implement a system of written policies and procedures that support and assist those persons receiving services from the Lake County Board of DD/Deepwood, to manage their own behaviors. It is supported by the belief that individuals with developmental disabilities are supported in a caring and responsive manner that promotes dignity, respect and trust and with recognition that they are equal citizens with the same rights and personal freedoms granted to Ohioans without developmental disabilities. This policy will follow the guidelines of DODD's Positive Intervention Culture to achieve the ultimate goal of a restrictive measure-free approach to behavior supports.

III. REFERENCES:

42 CFR § 483.450 Conditions of Participation for ICFs/DD
42 CFR § 483.13 Resident behavior and facility practices
O.A.C. **5123:2-2-06** *Behavioral Support Strategies that Include Restrictive Measures*
LCBDD/DEEPWOOD Policy A-30, The Use of Therapeutic Intervention Techniques
LCBDD/DEEPWOOD Policy C-1, Resolution of Complaints
CARF Standards Manual, Employment and Community Services
DODD Information Notice 08-09-02
CPI Instructors Manual

IV. Definition:

Individual Plan (IP) – A written document specifying goals, measurable objectives, supports, and strategies. This plan is developed over time and is modified as needed. The IP shall include the Individual Habilitation Plan (IHP), Individual Service Plan (ISP), Individual Education Plan (IEP), and Individual Family Service Plan (IFSP).

Informed Consent means a documented written agreement to allow a proposed action, treatment, or service after full disclosure provided in a manner the individual or his guardian understands, of the relevant facts necessary to make the decision**.** Relevant facts must include the risks and benefits of the action, treatment, or service; the risks and benefits of alternatives to the action, treatment, or service; and the right to refuse the

action, treatment or service. The individual or his or her guardian, as applicable, may revoke informed consent at any time.

Positive Intervention Culture – A DODD initiative with an initial goal of eliminating timeouts and restraints, and an ultimate goal of a restrictive measure-free approach to behavior supports.

Restrictive Measure – means a method of last resort that may be used by persons or entities providing specialized services only when necessary to keep people safe and with prior approval by the Human Rights Committee in accordance with the rule. Restrictive measures include but are not limited to: Manual restraint, mechanical restraint, chemical restraint, time out, restriction of an individual's rights as enumerated in section 5123.62 of the Revised Code.

Risk of Harm means there exists a direct and serious risk of physical harm to the individual or another person. For risk of harm, the individual must be capable of causing physical harm to self or others and the individual must be causing physical harm or very likely to begin causing physical harm.

V. POLICY:

A. Behavior Support Strategy

Behavior Support Strategies will focus on the creation of supportive environments that enhance the individual's quality of life. A hierarchy of teaching and support strategies shall be developed. These strategies shall be utilized in a way that ensures the welfare, safety and personal choice of the individual. Programming shall promote behaviors which are positive and support the individual to participate in their chosen community.

The focus of a behavioral support strategy shall be creation of supportive environments that enhance the individual's quality of life. Effort is directed at mitigating risk of harm or likelihood of legal sanction, reducing and ultimately eliminating the need for restrictive measures and ensuring individuals are in environments where they have access to preferred activities and are less likely to engage in unsafe actions due to boredom, frustration, lack of effective communication, or unrecognized health problems.

Behavior support strategies shall be integrated into ongoing training and teaching as a part of the Individual Plan and be designed to provide a systematic approach to helping the person learn new, positive behaviors while reducing undesirable behaviors. Strategies to increase these new behaviors may include, but are not limited to:

- Environmental Changes
- Positive Reinforcement - Errorless learning
- Forward/ backward Chaining - Shaping
- Modeling/ imitation
- Systematic use of prompts - Rehearsal
- Token Economy

- Self-Management and Coping Techniques
- Contracts with positive consequences

Any consequence of job performance determined by the employer in a community-based employment site shall not be considered a restrictive measure intervention for the purposes of this policy.

B. Plan Development

Medical factors and past traumatic experiences are considered in the development of Behavior Support Strategies.

2) Services and supports are based on an understanding of the individual and the reasons for his or her actions

3) Assessment:
Behavior support strategies may be selected based on the information in the functional analysis of the behavior. A functional analysis identifying factors leading to the target behaviors including: description of behavior, antecedents of behavior, function (or motivation) sustaining the behavior, medical factors, and environmental factors shall be completed prior to the writing of any Behavior Support Strategy. The analysis helps identify the causes or function of a behavior which provides the basis to form a hypothesis as to what environmental changes should be made, or replacement behaviors will be taught.
It is essential to understand that behavior is a form of communication. Facilitating the understanding of negative behaviors as communication and the use of alternate modes and methods of communication is an integral part of the Positive Intervention Culture. The analysis needs to be completed at least annually between 30-60 days prior to writing the program plan. Reviews of the Functional Analysis will only be accepted if the plan is being revised within the IP year.

4) Informed Consent:
- Prior documented, informed consent for behavior support strategies with restrictive measures is obtained from the individual receiving services from the county board program, or guardian (if the individual is eighteen years old or older), or from the parent or guardian (if the individual is under eighteen years of age);
- The written, informed consent shall be updated at least annually;
- Revisions to a behavior support strategy requiring behavior support advisory committee approval shall require written informed consent from the individual receiving services from the county board program, or guardian (if the individual is eighteen years of age or older), or from the parent or guardian (if the individual is under eighteen years of age)

- All behavior support strategies with no restrictive measures shall receive consent as part of the individual's individual plan.

5) Writing the Strategy:

When writing a Behavior Support Strategy, the tenets of the DODD's Positive Intervention Culture will be followed. This includes:

- Supporting individuals, not controlling them
- Striving to meet the needs of the individuals
- Working to understand individuals, regardless of their means of communication
- Empowering choice making
- Assisting individuals to feel and be safe

The individual's interdisciplinary team shall ensure that all interventions are incorporated into the support strategy. These interventions will include environmental needs, personal likes and dislikes relevant to the strategy and all positive practices that are known to be effective in helping the individual. The strategy shall never include prohibited measures.

The support strategy may include restrictive measures only when an individual's actions pose risk of harm or are likely to result in legal sanction and there is demonstration that positive and non-restrictive measures have been employed and have been determined ineffective. Effort is directed at creating opportunities for individuals to exercise choice in matters affecting their everyday lives and supporting individuals to make choice that yield positive outcomes. The goal/objective of the plan shall be stated in terms of a single behavioral outcome. The team shall document for goals that have restrictive measures at a minimum, the following elements:

- A case history which will include medical information, all previous strategies and positive interventions attempted and their results, successful or unsuccessful.
- The results of a current behavioral assessment showing the need for a Behavior Support Strategy.
- Baseline data, stated in the same measurement terms as the potential goal and objective, and includes restrictive measure information.
- The specific behaviors to be decreased and replacement behaviors that will be taught.
- Procedures to be used, Individuals responsible for implementation, review guidelines,
- Signature/date blocks, including space for dissenting opinions.

These interventions shall be proposed and developed by the team with the individual's informed consent. To the extent possible, they shall be

formulated with the individual's participation. The team shall designate in writing those staff that are to implement the prescribed intervention. The designated team member shall train each staff implementer in that specific intervention. Prior to implementation, documentation of training will be completed. County Board employees authoring Behavior Support Strategies will have at least a bachelor's degree. Plan authors must maintain current training as required by the county board and such training shall be documented in their personnel files. Agency Provider and Individual Provider Authors will maintain training and a minimum of one year experience in the Developmental Disabilities field and as designated by the Provider or Waiver Rules.

The team shall ensure that teaching and support strategies to manage behavior are designed and employed with sufficient safeguards and supervision as to ensure that safety, welfare, due process, civil and human rights of the person are protected. The overall goal of the intervention is self -determination and self-management on the part of the individual.

The team shall also set a written schedule to monitor the intervention for continued progress and update the intervention based on this review to ensure its continued effectiveness. Reviews shall be held at least in conjunction with individualized plan updates. The Human Rights and Behavior Support Committees may require additional reviews so that adequate safeguards are in place.

A more aggressive approach may be taken only when the individual's record documents the fact that less intrusive methods have been systematically tried and proven ineffective or that the behavior is health and life threatening.

In all Board operated programs a Manager will review and verify that all individual plans follow this Behavior Support Policy, ensuring that no restrictive measures are in the individual plan unless all appropriate consents, approvals and steps have been taken.

C. Restrictive measures

The goal of the Positive Intervention Culture is to eliminate restraint and time out, with an ultimate goal of a restrictive measure-free approach to behavior support. Restrictive measure methods may only be used when positive or non-restrictive measure behavior support methods have been shown to be ineffective and/or if a risk of serious harm to the individual can be demonstrated. Property destruction where there is no imminent threat to any person's health and safety is not considered to be destructive to self or others. Manual, mechanical or chemical restraints may only be used as a last resort, emergency response if a risk of serious, imminent harm to the individual or others can be demonstrated. Restrictive measure behavior support methods are to be employed in a planned

and systematic manner as part of the Individual Plan. Restrictive measure methods, including restraint and time out may be reviewed as determined by the team, but shall be reviewed at least every thirty days. Restrictive measure behavior support methods not employed in a planned manner or not included in the Individual Plan are to be reported as Major Unusual incidents.

Systematic, planned intervention using manual, mechanical or chemical restraints shall be used only when an individual's actions pose a risk of harm or are very likely to result in the individual being arrested or subject of a legal sanction such as eviction, arrest or incarceration. Absent risk of harm or likelihood of legal sanction, individual's rights shall not be restricted (e.g. by imposition of arbitrary schedules or limitation on consumption of food, beverages or tobacco products) and any intervention may have a restrictive measure implication depending on the Individual and the application.

Restrictive measures means a method of last resort that may be used by persons or entities providing specialized services only when necessary to keep people safe and with prior approval by the human rights committee . Restrictive measures may include, but are not limited to the use of the following procedures:

1) Manual restraint – use of a hands on method but never in a prone restraint to control an identified action by restricting the movement or function of an individual's head, neck, torso, one or more limbs or entire body. Using sufficient force to cause the possibility of injury and includes holding or disabling an individual's wheel chair or other mobility device. An individual in a manual restraint shall be under constant visual supervision by staff. Manual restraint shall cease immediately once risk of harm has passed. Manual restraint does not include a method that is routinely used during a medical procedure for patients without developmental disabilities.
2) Mechanical restraint means use of a device, but never in a prone restraint, to control an identified action by restricting an individual's movement or function. Mechanical restraint shall cease immediately once risk of harm has passed. Mechanical restraints do not include standard seat belts in ordinary passenger vehicles, medically necessary devices such as a wheel chair seat belt for supporting or positioning a person's body or devices used for routine medical procedures for people without developmental disabilities.
3) Time out means confining an individual in a room or area and preventing the individual from leaving the room or area by applying physical force or by closing a door or constructing another barrier, including placement in such a room or area when staff person remain in the room.
   Time out shall not exceed 30 minutes for one incident nor one hour in any twenty-four our period.

A time-out room or area shall not be key locked, but the door may be held shut by a staff person or by a mechanism that requires constant physical pressure from a staff person to keep the mechanism engaged.

A time out room or area shall be adequately lighted and ventilated and provide a safe environment for the individual.

An individual in time out room or area shall be protected from hazardous conditions including but not limited to, sharp corners and objects, uncovered light fixtures or unprotected electrical outlets.

An individual in time out room or area shall be under constant visual supervision by staff.

Time out shall cease immediately once risk of harm has passed or if the individual engages in self abuse, becomes incontinent or shows other signs of illness.

Time out does not include periods when an individual, for a limited and specified time is separated from others in an unlocked room or area for the purpose of self regulating and controlling his or her own behavior and is not physically restrained or prevented from leaving the room or area by physical barriers.

4) Restriction of an individual's rights as enumerated in the section 5123.62 of the Revised Code.

5) Time out for less than one hour per incident, involving the required removal of the individual to another area of the room or to a different room which is a less reinforcing environment and away from a positively reinforcing situation; and in which egress is prevented, not to exceed a total of one (1) hour. Systematic, planned interventions using time out shall not be used contingently except for behaviors that are destructive to self or others, and only when all other required conditions are met. Time out shall not exceed 2 hours in a 24-hour time period.

6) Chemical Restraint is defined as a prescribed medication for the purpose of modifying, diminishing, controlling, or altering a specific behavior. Chemical restraint does not include medications prescribed for the treatment of a diagnosed disorder identified in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition or medications prescribed for the treatment of a seizure disorder. Chemical restraint does not include a medication that is routinely prescribed in conjunction with a medical procedure for patients without developmental disabilities.

D. Risk of Restraints (from the *Instructor Manual for the Nonviolent Crisis Intervention Training Program*. pg. 47-49)

There are risks involved in any physical intervention. Therefore, physical interventions should only be considered when the danger presented by the acting-out individual outweighs the risks of physical intervention, and when all other options have been exhausted.

Even in those moments, an assessment is still necessary to determine the best course of action. There may be times when other strategies, such as continuing verbal intervention, removing dangerous objects, using personal safety techniques, and calling for further assistance would precede and possibly prevent any physical interventions.

The events leading up to a crisis situation and the struggling that occurs during a restraint can result in a lot of stress for the individual being restrained. This negative stress is sometimes called distress. Consequently, it is not unusual for a restrained individual to show signs of distress, both physically and emotionally.

Keep in mind that the acting-out person might have health problems. As such, everyone being restrained should be considered at risk. It is also important to understand that in some cases, restrained individuals have gone from a state of no distress to death in a matter of moments.

There is also a psychological danger in using restraints. Being restrained can be a frightening – even traumatic- experience. Restraints can interfere with the relationship between caregivers and the person being restrained. If people are restrained too often, they may begin to feel that they have no control over their lives.

For these reasons and others, restraints should only be used when a person's behavior is MORE dangerous than the danger of using restraints.

Because of the risks associated with restraint, the individual must be monitored every 15 minutes for one hour following the restraint. The monitoring staff will be looking for signs of distress that may be cardio-pulmonary, neurological, or musculoskeletal in nature.

E. Debriefing

Following each restraint, whether in an approved plan or not, a debriefing session will be held. This debriefing session should work to address the needs of the individual and staff, as well as to address any trauma and minimize the negative effects of the use of restraint while addressing the following components:

- Thorough analysis of the events that occurred before, during, and after each incident
- Strategies to prevent or decrease the time of future restraints
- Skills or methods to prevent a future crisis

The debriefing shall take place within 24 hours of the restraint, and include all of the staff members assigned to the area (cluster, wing unit, classroom, etc.) during the time of the restraint. The results will be written, and the information given to the appropriate manager. A copy will be sent to the Master Records Clerk to be

included with the restrictive measure data sheets. These reports should be reviewed in conjunction with the IP reviews, and any changes determined by the team as a result of the debriefing will be documented in the IP and/or Behavior Support Strategy.

Restraint or Time Out shall be discontinued if it results in serious harm or injury to the individual or does not achieve the desired results as defined in the Behavior Support Strategy.

F. Prohibited Interventions

Prohibited interventions shall never be used in the daily course of activity or as part of a program plan. No strategies to manage behavior may be used for disciplinary purposes, punishment, for staff convenience, or as a substitute for active treatment. Prohibited abusive interventions are to be reported as Major Unusual incidents according to the administrative code and agency policy.

Prohibited measures shall include but not be limited to the following methods and SHALL NOT BE PERMITTED:

1) Any physical abuse of an individual such as striking, spitting on, scratching, shoving, paddling, spanking, pinching, corporal punishment, or any action to inflict pain.
2) Actions that result in loss of dignity.
3) Idiosyncratic restrictive measures that are frightening to the individual.
4) Sexual abuse of an individual.
5) Medically or psychologically contraindicated procedures.
6) Any psychological/verbal abuse such as threatening, ridiculing, or using abusive or demeaning language.
7) Placing an individual in a room with no light
8) Subjecting the individual to damaging or painful sounds.
9) Denial of breakfast, lunch or dinner.
10) Squirting an individual with any substance as a consequence for a behavior.
11) Time out in a time out room exceeding one hour for any one incident, and exceeding more than two hours in a twenty-four hour period.
12) Behavioral restraints (systematic, planned interventions using manual, mechanical or chemical restraint shall not be used contingently except for behaviors that are destructive to self, others or property and only when all other required conditions are met.)
13) Medications for behavior unless prescribed by and under the supervision of a licensed physician involved in the interdisciplinary process.
14) Unsupervised exclusionary time-out.
15) Individuals disciplining individuals.
16) Requiring an individual to stand.

17) Prone restraints means a method of intervention where an individual's face and or frontal part of his other body is placed in a downward position touching any surface for any amount of time.
18) Use of a manual restraint or mechanical restraint that has the potential to inhibit or restrict an individual's ability to breathe or that is medically contraindicated.
19) Disabling an individual's communication device.
20) Use of a manual or mechanical restraint that causes pain or harm to an individual.
21) Application of electric shock to an individual's body
22) Subjecting an individual to any humiliating or derogatory treatment.
23) Using restrictive measure for punishment, retaliation, instruction or teaching, convenience of providers or as a substitute for specialized services.

It is the policy of the Lake County Board of DD/Deepwood that an individual must not discipline another individual, except as part of an organized system of self-government (5123:2-1-02 (J)(2)(k);

"As needed programs" for the control of behavior are also prohibited. A standing or as needed program refers to the use of a negative consequences or emergency intervention as the standard response to an individual's behavior without developing a Behavior Support Strategy for the individual as required by this policy and the rules.

Use of any of these interventions toward any persons served through the Lake County Board of DD/Deepwood shall not be tolerated by the Board and shall result in immediate administrative investigation and may result in appropriate disciplinary action if charges are substantiated.

G. Behavior Support Advisory Committee

The Board will maintain a Behavior Support Advisory Committee. The committee shall include persons knowledgeable in behavior support strategies, including administrators, and direct service providers. Committee members will not review programs for individuals who they are directly involved with. The authors of Behavior Support Strategies may attend the committee meeting to provide information and to facilitate incorporation of suggested changes. The superintendent, on an annual basis, shall make appointments to the Behavior Support Advisory Committee. This committee's purpose is to:

1) Review all Behavior Support Strategies and data on all restrictive measure programs.
    a) To determine that all restrictive measures contain the required components as listed in the Behavior Support Rules and LCBDD/DEEPWOOD Administrative Procedures.

b) To approve all Behavior Support Strategies using restrictive measure procedures when the individual' s records show that less restrictive methods have been systematically tried and failed or that the Behavior is health or life threatening.

c) To reject all Behavior Support Strategies using restrictive measure procedures when the individual's record does not show less restrictive methods have been tried and failed or that the behavior is not health or life threatening.

d) To ensure the continued use of a restrictive measure is justified and effective, data will be periodically reviewed.

Private ICF-DD's are responsible for taking their restrictive measure Behavior Support Strategy through their own Behavior Support and Human Rights Committees. If the private ICF-DD is requesting LCBDD/DEEPWOOD Day Service Program to implement a restrictive measure in their plan, the Day Habilitation Provider needs <u>all</u> copies of approvals, consents, training logs, data collection and methods.

The private ICF-DD will be responsible for sending any Behavior Support Strategy that includes a Restraint or Time-Out to DODD. Lastly, the private ICFDD' s are responsible for sending the restrictive measure data, as implemented at the LCBDD/DEEPWOOD Day Hab Program, on a monthly basis to the LCBDD/DEEPWOOD Master Records Clerk.

To ensure best practice, a representative from the LCBDD/DEEPWOOD will attend the private ICFDD Behavior Support Committee when it is reviewing/approving Behavior Support Strategies that requires LCBDD/DEEPWOOD Day Service Provider to implement.

H. The Behavior Support Advisory Committee shall review the Behavior Support Policy annually and make recommendations for changes as needed. Once all provisions of the rule are met the Behavior Support Advisory Committee will submit the plan to the Human Rights Committee for final approval.

VI. DISTRIBUTION:

Board Members
All Management Staff
All Staff (via Department Managers)
LEADD President
Behavior Support Advisory Committee Members
Human Rights Committee Members
Individuals receiving Services (at enrollment via admitting SSA)
Parents of minor children (at enrollment via admitting SSA)
Legal Guardians (at enrollment via admitting SSA)
Providers (at enrollment via admitting SSA)

VII. REVIEWED:
5/16, 4/15, 2/11, 2/09, 2/08, 2/06, 7/04, 5/04, 10/03, 10/01, 2/01, 1/98, 4/93, 8/90

APRC REVIEWED:
2/14