

**HOLMES COUNTY BOARD OF DEVELOPMENTAL DISABILITIES
BEHAVIOR SUPPORT POLICY**

I. SUBJECT: Behavior Support

II. PURPOSE:

This policy limits the use of and sets forth requirements for development and implementation of behavioral support strategies that include restrictive measures for the purpose of ensuring that:

1. Restrictive measures are only used when it is necessary to keep people safe.
2. Individuals with developmental disabilities are treated in a respectful manner with the same rights and personal freedoms as all Ohioans.
3. Behavior Support Strategies are developed with an understanding of the individual and the reasons for his or her actions.
4. Individuals are encouraged to exercise decision making and personal choice that will promote positive outcomes.

III. POLICY:

The focus of a behavior support strategy shall be the creation of supportive environments that enhance the individual's quality of life. Effort is directed at:

1. Mitigating risk of harm or likelihood of legal sanction;
2. Reducing and ultimately eliminating the need for restrictive measures; and
3. 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.

The use of restrictive behavior support strategies will conform strictly with the guidelines set forth in the Behavior Support Procedures. Behavior support strategies are developed in accordance with principles of person centered planning and are incorporated as an integral part of the individual service plan. Individual/parent/guardian will be involved in the development, authorization and review of behavior support strategies. Strategies shall be presented in a manner which can be understood by the individual/parent/guardian.

Each person providing specialized services to an individual with a behavioral support strategy that includes restrictive measures shall successfully complete training in the strategy prior to serving the individual.

Policies and procedures shall be available to all staff, individuals receiving services, parents, guardians and providers.

Board Approved
Board Revised 05/21/2015
Board Revised 08/25/2016

HOLMES COUNTY BOARD OF DEVELOPMENTAL DISABILITIES BEHAVIOR SUPPORT PROCEDURES

I PHILOSOPHY:

The Holmes County Board of Developmental Disabilities utilizes the principles of Person Centered planning in the development of Behavioral Support Strategies.

II. SCOPE: Procedures apply to all persons and entities that provide specialized services as defined in section 5126.281 of the Revised Code and that are subject to regulation by the ODODD, regardless of source of payment, including:

1. A contracting entity of the Holmes County Board of DD, as defined by Section 5126.281 of the Revised Code;
2. A provider of supported living under Section 5126.431 of the Revised Code;
3. A provider of respite care certified under Sections 5123.171 and 5126.05 of the Revised Code; and,
4. A provider approved to provide Medicaid services under the home and community-based services waivers administered by the ODODD.

Individuals receiving services in a setting governed by the Ohio Department of Education shall be supported in accordance with administrative rules and policies of the Ohio Department of Education.

III. DEVELOPMENT OF A BEHAVIORAL SUPPORT STRATEGY THAT INCLUDES RESTRICTIVE MEASURES.

A. Behavioral Support Strategies that include the use of restrictive measures shall only be used when risk of harm or legal sanction is present.

1. Risk of Harm- 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 individuals must be causing physical harm or very likely to cause physical harm.

B. Restrictive measures are a method of last resort that may be used by persons or entities providing specialized services only when necessary to keep individuals safe and with prior approval by the Human Rights Committee. Restrictive measures include:

1. Manual restraint- use of a hands on method, but never in 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

include holding or disabling an individual's wheelchair or other mobility device. An individual in a manual restraint shall be under constant visual supervision by staff. Manual restraint shall cease immediately when risk of harm has passed. Manual restraint does not include a method that is routinely used during a medical procedure for patients without a developmental disability.

2. **Mechanical restraint**- 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 restraint does not include:
 - a. Seatbelt found in an ordinary passenger vehicle or age appropriate child safety seat.
 - b. Medically necessary device (such as a wheelchair seatbelt or gait belt) used for supporting or positioning an individual's body or
 - c. a device that is routinely used during a medical procedure for patients without developmental disabilities.

3. **Time out** is 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 a staff person remains in the room or area.
 - a. Time out shall not exceed 30 minutes for one incident nor one hour in any 24-hour period.
 - b. 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.
 - c. An individual in a 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.
 - d. An individual in a time out room or area shall be under constant visual supervision by staff.
 - e. 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.
 - f. Time out does not include periods when an individual for limited and specified time is separated from others in an unlocked room or area for the purpose of self-regulating and controlling his/ her own actions and is not physically restrained or prevented from leaving the room by physical barriers.

4. **Chemical Restraint**- medication prescribed 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 DSM-V or medications prescribed for the treatment of a seizure disorder. Chemical restraint does not include a medication that is routinely prescribed for a medical procedure for patients without a developmental disability.
5. **Restriction of Individual's Rights** (ORC 5123.62)- A behavioral support strategy may include restriction of an individual's rights only when an individual's action poses likely risk of harm or are very likely to result in the individual being the subject of a legal sanction such as eviction, arrest, or incarceration. Absent risk of harm or likelihood of legal sanction, an individual's rights shall not be restricted (e.g. imposition of arbitrary schedules or limitation on consumption of food, beverages, or tobacco products).

C. Behavior support strategies shall never include a prohibited measure.

Prohibited measures include:

1. Prone restraint- a method of intervention where an individual's face and/ or frontal part of his/ her body is placed in a downward position touching any surface for any amount of time.
2. Use of a manual or mechanical restraint that has the potential to inhabitant or restrict an individual's ability to breath or that is medical contraindicated.
3. Use of a manual or mechanical restraint that causes pain or harm to an individual.
4. Disabling an individual's communicative device.
5. Denial of breakfast, lunch, dinner, snacks, or beverages.
6. Placing an individual in a room with no light.
7. Subjecting an individual to damaging or painful sound.
8. Application of electric shock to an individual's body.
9. Subjecting an individual to any humiliating or derogatory treatment.
10. Squirting an individual with any substance as an inducement or consequence for behavior.
11. Using any restrictive measure as punishment, retaliation, instruction, or teaching convenience for providers or as a substitute for specialized services.

D. Behavioral Support strategies that include restrictive measures shall:

1. Be designed in a manner that promotes healing, recovery, and emotional wellbeing based on understanding and consideration of the individual's history of traumatic experiences as a means to gain insight into origins and patterns of the individual's actions;

2. Be data – driven with the goal of improving outcomes for the individual over time and describe behaviors to be increased or decreased in terms of baseline data about behaviors to be increased or decreased;
 3. Recognize the role environment plays in behavior.
 4. Capitalize on the individual’s strengths to meet challenges and needs;
 5. Specify steps to be taken to ensure the safety of the individual and others;
 6. Delineate measures to be implemented and identify those who are responsible for implementation;
 7. As applicable, identify needed services and supports to assist the individual in meeting court-ordered community controls such as mandated sex offender registration, drug-testing, or participation mental health treatment; and
 8. As applicable, outline necessary coordination with other entities (e.g. courts, prisons, hospitals, and law enforcement) charged with the individual’s care, confinement, or reentry into the community.
- E. Behavioral Support strategies that include restrictive measures require an assessment to have been completed within the past twelve months.
1. The assessment clearly describes:
 - a. The behavior that poses a risk of harm or likelihood of legal sanction;
 - b. The level of harm or type of legal sanction that could reasonably be expected to occur with the behavior;
 - c. When the behavior is likely to occur; and
 - d. The individual’s interpersonal, environmental, medical, mental health and emotional needs and other motivational factors that may be contributing to the behavior
 2. Persons who conduct assessment and develop behavior support strategies that include restrictive measures shall:
 - a. Hold a professional license or certification issued by the Ohio Board of Psychology; the state medical board of Ohio; or the Ohio Counselor, Social Worker, and Marriage and Family Therapist Board; or
 - b. Hold a certificate to practice as a certified Ohio Behavior Analyst pursuant to section 4783.04 of the Revised Code; or
 - c. Hold a bachelor’s or graduate – level degree from an accredited college or university and have at least three years of paid, full-time (or equivalent part-time) experience in developing and / or implementing behavioral support and / or risk reduction strategies or plans.
- F. When an individual and his or her team deems it necessary to use a behavioral support strategy that includes a restrictive measure, the Service and Support Administrator (SSA) shall:

1. Ensure the strategy is developed in accordance with the principles of person – centered planning and incorporated as an integral part of the individual’s service plan.
2. Submit to the Human Rights Committee documentation based upon the assessment that clearly indicates the risk of harm or likelihood of legal sanction described in observable and measurable terms and ensure the strategy is reviewed and approved by the human rights committee prior to implementation AND whenever the behavioral support strategy is revised to add restrictive measures, but no less than one time per year.
3. Secure informed consent of the individual or the individual’s guardian, as applicable.
4. Provide the individual or individual’s guardian, as applicable, with written notification and explanation of the individual’s or guardian’s right to seek administrative resolution if he or she is dissatisfied with the strategy or the process used for development of the strategy.
5. Ensure the strategy is reviewed by the individual and the team at least every 90 days to determine and document the effectiveness of the strategy and whether the strategy should be continued, discontinued, or revised. A decision to continue the strategy shall be based upon review of up to date information which demonstrates continued risk of harm or likelihood of legal sanction.
6. After securing approval from the human rights committee for a behavioral support strategy that includes restrictive measures, the SSA will complete the *Restrictive Measures Notification Form* and submit it to the ODODD electronically.

VI. HUMAN RIGHTS COMMITTEE APPROVAL PROCESS

Use of restrictive measures will be documented and approved by the Human Rights Committee prior to implementation. The Superintendent will appoint members to the human rights committee. The human rights committee will safeguard individual’s rights and protect individual’s from physical, emotional, and psychological harm.

- A. The human rights committee shall:
 1. Be comprised of at least four people;
 2. Includes at least one individual who receives or is eligible to receive specialized services;
 3. Includes qualified persons who have either experience or training in contemporary practices for behavioral support; and
 4. Reflect a balance of representatives from each of the following two groups:

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- a. Individuals who receive or are eligible to receive specialized services or family members or guardians of individuals who receive or are eligible to receive specialized services; and
 - b. County boards or providers
 - B. All information and documentation provided to the human rights committee and all discussions of the committee shall be confidential and shall not be shared or discussed with anyone other than the individual and his or her guardian and the individual's team.
 - C. The human rights committee shall review, approve or reject, monitor and reauthorize behavioral support strategies that include restrictive measures. In this role the human rights committee shall:
 1. Ensure the planning process outlined in this procedure was followed and the individual or individual's guardian, as applicable has provided informed consent and been afforded due process;
 2. Ensure that the proposed restrictive measures are necessary to reduce risk of harm or likelihood of legal sanction;
 3. Ensure that the overall outcome of the behavioral support strategy promotes the physical, emotional, and psychological wellbeing of the individual while reducing the risk of harm or likelihood of legal sanction;
 4. Ensure that a restrictive measure is temporary in nature and occurs only in specifically defined situations based on risk of harm or likelihood of legal sanction;
 5. Verify that any behavioral support strategy that includes restrictive measures also incorporates actions designed to enable the individual to feel safe, respected, and valued while emphasizing choice, self-determination, and an improved quality of life;
 6. Communicate the committee's determination in writing to the Service and Support Administrator (SSA) submitting the request.
 - D. Members of the human rights committee shall receive department approved training within three months of appointment to the committee in: rights of individuals as enumerated in section 5123.62 of the Revised Code, person-centered planning, informed consent, confidentiality, and the requirements of Administrative Code 5123:2-2-06.
 - E. Members of the human rights committee shall annually receive department approved training, relative topics such as self – advocacy and self – determination; role of guardians and section 5126.043 of the Revised Code; effect of the traumatic experiences on behavior; and court-ordered community controls and the role of the court, the county board and the human rights committee.
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VII. IMPLEMENTATION OF BEHAVIORAL SUPPORT STRATEGIES WITH RESTRICTIVE MEASURES

- A. Restrictive measures shall be implemented with sufficient safeguards and supervision to ensure the health, welfare, and rights of individuals receiving specialized services.
- B. Each person providing specialized services to an individual with a behavioral support strategy that includes restrictive measures shall successfully complete training in the strategy prior to serving the individual.
- C. Use of a restrictive measure without prior approval by the human rights committee.
 - 1. Use of a restrictive measure, including use of a restrictive measure in a crisis situation (e.g. to prevent an individual from running into traffic), without prior approval by the human rights committee shall be reported as an “unapproved behavior support” in accordance with rule 5123:2-17-02 of the Administrative Code.
 - 2. Nothing in 5123:2-2-06 of the Administrative Code shall be construed to prohibit or prevent any person from intervening in a crisis situation as necessary to ensure a person’s immediate health and safety.

VIII. REPORTING OF BEHAVIORAL SUPPORT STRATEGIES THAT INCLUDE RESTRICTIVE MEASURES

- A. Each provider shall maintain a record of the date, time, duration, and antecedent factors regarding each use of a restrictive measure other than a restrictive measure that is not based on antecedent factors (e.g. bed alarm or locked cabinet). The provider shall share the record with the individual and the individual’s team whenever the individual’s behavioral support strategy is being reviewed or reconsidered or as requested by the individual or the individual’s guardian or team.
- B. The SSA will complete a 90-day review and submit it to the SSA Supervisor and human rights committee.

IX. ANALYSES OF BEHAVIOR SUPPORT STRATEGIES THAT INCLUDE RESTRICTIVE MEASURES

- A. The SSA Supervisor will compile and analyze data regarding behavior support strategies that included restrictive measures and furnish data and analysis to the HRC. Data compiled and analyzed shall include at minimum:
 - 1. Nature and frequency of risk of harm or likelihood of legal sanction that triggered the development of strategies that included restrictive measures;

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2. Nature and number of strategies reviewed, approved, rejected and reauthorized by the human rights committee;
 3. Nature and number of restrictive measures implemented; and
 4. Duration of strategies that include restrictive measures implemented and
 5. Effectiveness of strategies that include restrictive measures in terms of increasing or decreasing behaviors as intended
- B. The SSA Supervisor will present the data to the Human Rights Committee twice annually.
- C. The SSA Supervisor will make the analysis available for review by ODODD as requested.

Board Revised: 05/21/2015
Board Revised: 08/26/2016
