Policy Number:
24
Effective: May 1, 2008
Revised: September 18th, 2017

Subject: Monitoring Positive Behavioral Interventions/Restraints

PURPOSE:

Camden County Developmental Disability Resources (CCDDR) shall have a policy to ensure agencies supporting clients served by CCDDR utilize appropriate Positive Behavioral Support techniques when deemed necessary by the client's planning team; agencies utilize proper crisis intervention techniques implemented by properly trained staff; and the Rolla Regional Office Client Family Preservation Team is utilized as a resource in the development of all Behavioral Support Plans. Furthermore, CCDDR Support coordination staff, through the Service Monitoring and Plan Development processes, shall ensure agencies serving persons with developmental disabilities are in compliance with adopted Division of Developmental Disabilities' and Rolla Satellite Regional Office's crisis intervention methods guidelines and policies.

POLICY:

I. Referrals To Client Family Preservation Team

The CCDDR Support Coordinator may make a referral to the Rolla Satellite Regional Office Behavioral Resource Team (BRT) under the following conditions:

1. When the Support Coordinator and other members of an individual's planning team determine that the client's behaviors put the person at risk of losing placement status, dismissed from employment, dismissed from school, etc.

2. If the individual has had incidents of behavior problems that have resulted in significant danger to self, others or property, hospitalization, involvement of law enforcement or loss of services or access to the community in the past six months, the team should consider the need for additional support services such as behavior analysis supports. The team should also consider behavioral services if the individual is requiring psychotropic medications. Applied Behavior Analysis services start with a Functional Behavior Assessment and include the development of a Behavior Support Plan, training for support persons in use of the plan strategies, monitoring the implementation of the plan and development of strategies to be used when the behavioral services are discontinued following the success of the plan. Behavior Support plans are valid only as long as behavioral services are provided to support the plan's implementation. Behavior Support plans should be attached as part of the individual support plan, and should not

be paraphrased or reworded.
3. Attempts have been made to access other community services.

II. Behavior Resource Team Referrals and Process

1. Referral Process for Waivered Clients

- BRT Referrals are to be emailed, faxed or mailed to the BRT lead at the designated Regional Office
- BRT lead will assign the referral to a BRT member
- BRT lead or BRT member will contact the SC or provider/family member and complete the Crisis Rating form, which determines priority of need – if the CRS assessment indicates the individual has shown an increase in serious behaviors in which there is police involvement, in-patient hospitalizations, restraints, or 1:1 level of supervision, the individual may be referred to Applied Behavior Analyst Services
- The BRT lead or referred BRT member will assist the Support Coordinator, as needed, with creating a BRT outcome and action steps to be included in the Individual Support Plan (ISP)
- The Support Coordinator will add the outcome and action steps to the modified ISP
- The Provider & Services Choice form and Authorization form (RRO systems page), with BRT Services identified, are completed *and signed* by the Support Coordinator and individual/guardian:
  - The Person Centered Strategies Consultation (H0004 HK ¼ hr. unit) code is used.
  - The SC, TCM TAC and BRT member can work together to determine how many units to authorize for Person Centered Strategies at current rate per unit
- Once the plan is modified and signatures are received, complete the Utilization Review (UR) Packet and submit to the TCM TAC contact – the UR packet includes a copy of the signed Provider & Services Choice form, signed Authorization (systems page) form and modified ISP and justification for service
- Once the BRT team receives confirmation back from UR, the BRT member will work with the SC on scheduling the first BRT visit:
  - If a BRT referral is received which constitutes as an emergency and requires emergency assistance from the BRT Team, the Support Coordinator will contact the BRT Lead and services will begin immediately – the BRT member will use the non-billable code until the modified ISP with outcome & action steps and signed Authorization page are received from the Support Coordinator
  - The BRT Lead will notify BRT members when the referral is an emergency and to proceed with the referral but use the non-billable code until the modified ISP with outcome & action steps and signed Authorization page has been received

2. Referral Process for Non-Waivered Clients

- BRT Referrals are to be emailed, faxed or mailed to the BRT lead at the designated Regional Office
- The BRT Lead will assign the referral to a BRT member

- The BRT Lead or BRT member will contact the Support Coordinator or provider/family member and complete the Crisis Rating form, which determines priority of need
- The BRT Lead or referred BRT member will assist the Support Coordinator, as needed, with creating a BRT outcome & action steps to be included in the individual's ISP
- The Support Coordinator will add the outcome & action steps to the ISP
- The Provider of Choice document is completed *and signed* by the Support Coordinator and the individual/guardian
- The Support Coordinator and BRT member will work together to schedule the first BRT visit
- In order to have only one contact, the modified ISP and (a scanned) Provider of Choice document may be sent to the TCM TAC

3. BRT Process for Waivered and Non-Waivered Client Referrals

A. The BRT member will schedule a team meeting with the Individual and their planning team once the environmental assessment has been completed and an action plan, based on the assessment, has been developed. The planning team will review the action plan to ensure they agree with the action steps identified. A signature page will be presented at the meeting for all parties to sign if planning team members (individual, guardian, designated provider staff member, Support Coordinator and family member) agree upon the contents of the action plan. If revisions are needed, the BRT member will email/fax or mail the planning team the revised document.

B. The BRT member will schedule an exit meeting with the individual and their planning team when BRT services have been completed. BRT member will discuss the person centered support recommendations/completion of the action plan at the exit meeting. A signature page will be brought to the exit meeting for all designated parties to sign if they approve of the person centered support recommendations and completion of the identified action steps. If revisions are needed, the BRT member will email/fax or mail the planning team the revised document.

C. During the referral process, if an individual's behaviors increase in intensity to the point there is police involvement, in-patient hospitalization due to behavioral issues, the person may need to be referred to Applied Behavior Analysis Services (ABA).

III. <u>Agency Use of Behavioral Interventions/Crisis Intervention Techniques</u>

Per Division of DD guidelines and Rolla Satellite Regional Office procedures, agencies that support clients served by CCDDR and the Division of Developmental Disabilities may adopt a curriculum of Positive Behavioral Support training, subject to Division and Rolla Satellite Regional Office approval. CCDDR Support coordination staff shall ensure that agencies implement such behavioral intervention strategies in accordance with Division and Rolla Satellite Regional Office policy. The following general principles apply:

A. Physical Restraints:

In cases of imminent harm to a person or persons, agency staff may utilize physical

restraint. Staff must first be trained in either Mandt (2-day training) or NCI. The Rolla Satellite Regional Office PMAG Committee shall review specific restraint techniques proposed to be used by agency staff during crisis situations. All specific instances of physical restraint must be documented in an Event Report form. Improper use of physical restraint techniques by agency staff or use of excessive force shall be considered abuse and cause for disciplinary action. Use of and authorization for physical restraints shall be documented in the individual's Plan by CCDDR Support Coordinator.

B. Mechanical/Chemical Restraints:

These techniques may be used to prevent a person from injuring self or others, and only after other less aversive techniques have been tried, and it has been documented in person's record by a QDDP that less restrictive alternatives do not work as a means of curbing aggressive behavior. The CCDDR Support Coordinator and other team members shall design such techniques which shall be incorporated into the person's Plan as outlined in DOR 4.145. The Rolla Satellite Regional Office PMAG Committee must review/approve all plans that propose the use of Mechanical/Chemical restraints.

C. Time Out:

This may only be used under conditions set out in a written behavioral modification program (incorporated into Person Centered Plan), and shall meet guidelines set out in DOR 4.145. The Rolla Satellite Regional Office PMAG Committee shall review/approve all plans that propose time out as part of the due process review. The Rolla Satellite Regional Office
PMAG Committee shall review all instances of restraint to assess the appropriateness of restraints.

CCDDR Support coordination staff shall determine if the agency has a "no-restraint" policy, and if so, what emergency procedures are in place should a client served by the agency become a danger to himself or others.

III. <u>Prohibited Behavioral Intervention Techniques</u>

CCDDR Support coordination staff shall ensure that agencies do not use techniques that are strictly prohibited per Division of Developmental Disabilities policy as methods of behavioral support.

The following is a general list of behavioral interventions ***not approved*** by the Division of Developmental Disabilities:

- Seclusion
- Seclusionary time out
- Denial of basic medication
- Restraints

- Corporal punishment
- Overcorrection
- Mechanical restraints
- Aversive conditioning
- Any treatment, procedure, technique or process prohibited elsewhere by federal or state statute.

Certain physical interventions are prohibited. These include:

- Physical restraint techniques that interfere with breathing;
- Prone restraints
- Restraints which involve staff lying/sitting on top of a person
- Restraints that use the hyperextension of joints
- Any technique which has not been approved by the division, and for which the staff person has not received division-approved training

CCDDR Support coordination staff, through Service Monitoring and review of Event Reports, shall determine if any of the above unauthorized methods are being implemented by agency staff as a means of crisis intervention. Referrals shall be made to the Regional Office Provider Relations Team as needed, or, if abuse or neglect is suspected by the Support Coordinator, this shall be reported per CCDDR's Abuse/Neglect reporting policy.

REFERENCES

- CARF Standards Manual, Section 2A
- Division of DD BRT referral process
- Division of DD Approval Process For Positive Behavioral Support Curriculum
- Rolla Satellite Regional Office FOR/Restraints & Time Out
- Individual Support Plan Guide, 1/1/2017
- DOR 4.145
- Division of DD Directive 4.300