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| Policy Number: 24 Effective: May 1, 2008 Revised: September 18 th , 2017, February 14 th , 2023 |
| <hr/> 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 and agencies utilize proper crisis intervention techniques implemented by properly trained staff. 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 Behavior Support Review Committee

The Support Coordinator may make a referral to the Behavior Support Review Committee 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, are dismissed from employment, are dismissed from school, etc.
2. If the individual 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. Tiered Supports Team Referrals and Process

1. Referral Process for Waivered Clients

- Tiered Support Referrals are to be emailed, faxed, or mailed to the Positive Supports Lead at the designated Regional Office
- The Positive Supports lead will assign the referral to a Positive Supports Consultant
- The Positive Supports Lead or Consultant will contact the Support Coordinator or provider/family member and aid in determining the Tiered Support level needed for the individual – if the 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 qualify for Tier 3 support and be referred to Applied Behavior Analyst Services
- The Tiered Support lead or referred Tiered Support member will assist the Support Coordinator, as needed, with creating Tiered Support outcomes and action steps to be included in the behavior plan attached to the Individual Support Plan (ISP)
- The Support Coordinator will add the outcomes and action steps to the modified ISP
- The Provider & Services Choice form and Authorization form, with Tiered Support Services identified, are completed and signed by the Support Coordinator and individual/guardian:
 - The Support Coordinator, TCM TAC, and Tiered Support member can work together to determine how many units to authorize for at current rate per unit
- Once the plan is modified and signatures are received, the Utilization Review (UR) Packet will be completed and submitted to the TCM TAC contact – the UR packet includes a copy of the signed Provider & Services Choice form, signed Authorization form, modified ISP, and justification for service
- Once the Tiered Support team receives confirmation back from UR, they will begin services based on the tier level determined

2. Referral Process for Non-Waivered Clients

- Tiered Support Referrals are to be emailed, faxed, or mailed to the Positive Supports Lead at the designated Regional Office
- The Positive Supports Lead will assign the referral to a Positive Supports Consultant
- The Positive Supports Lead or Consultant will contact the Support Coordinator or provider/family member and aid in determining the Tiered Support level needed for the individual. The Tiered Support Lead or referred Tiered Support member will assist the Support Coordinator, as needed, with creating Tiered Support outcomes & action steps to be included in the behavior plan attached to the individual's ISP
- The Support Coordinator will add the outcomes & 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 Tiered Support member will work together to begin services based on the tier level determined

- To have only one contact, the modified ISP and Provider of Choice document may be sent to the TCM TAC

3. Tiered Support Process for Waivered and Non-Waivered Client Referrals

- A. The Tiered Support member will schedule a team meeting with the individual and the individual's 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/or family member) agree upon the contents of the action plan. If revisions are needed, the Tiered Support member will email, fax, or mail the planning team the revised document.
- B. During the referral process, if an individual's behaviors increase in intensity to the point there is police involvement or in-patient hospitalization due to behavioral issues, the person may need to be referred to Applied Behavior Analysis Services (ABA) or have an enhanced staffing pattern based on their Tiered Support Level needs

III. Agency Use of Behavioral Interventions/Crisis Intervention Techniques

Per Division of Developmental Disabilities 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 the Division of Developmental Disabilities and Rolla Satellite Regional Office approval. Support Coordination staff shall ensure agencies implement such behavioral intervention strategies in accordance with the Division of Developmental Disabilities 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 (two-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 the Support Coordinator.

B. Mechanical/Chemical Restraints:

These techniques may be used to prevent a person from injuring self or others, only after other less aversive techniques have been tried, and it has been documented in the person's record by a QDDP that less restrictive alternatives do not work as a means of curbing

aggressive behavior. The 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 the 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.

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. Prohibited Behavioral Intervention Techniques

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 of Developmental

Disabilities and for which the staff person has not received Division of Developmental Disabilities approved training

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, shall be reported to the proper authorities per CCDDR's Abuse/Neglect reporting policy.

REFERENCES

- CARF Standards Manual, Section 2A
- Missouri's Department of Mental Health Tiered Support Services
- Rolla Satellite Regional Office FOR/Restraints & Time Out
- Individual Support Plan Guide, 1/1/2017
- DOR 4.145
- Division of Developmental Disabilities Directive 4.300