

ALLEN COUNTY BOARD OF DEVELOPMENTAL DISABILITIES

POLICY 6.13

BEHAVIOR SUPPORT

A. PURPOSE

The Board recognizes the importance of ensuring that services offered to assist individuals in behavioral issues are consistent throughout the individuals' lives.

Therefore the board will ensure that:

1. Restrictive measures will be used only when necessary to keep people safe where risk of harm is present or risk of legal sanction.
2. Individuals will be supported in a caring and responsive manner that promotes dignity, respect and trust with the same rights and personal freedoms granted to all without developmental disabilities.
3. Services and supports will be based on the understanding of the individual and the reasons for his or her actions.
4. Efforts will be directed at creating opportunities for individuals to exercise choice in matters that affect their lives and support will be given to individuals that yield positive outcomes.

The Board will promote a culture where:

5. What is 'important to' (makes a person happy, content and satisfied) and 'important for' (keeps a person healthy and safe) is supported through the person centered planning process.
6. Interactions and speech reflect respect, dignity and a positive regard for the individual.
7. There is respect for the individual's privacy.
8. There is the use of person centered language instead of referring to the individual by trait, behavior, or disability.
9. There is high regard for the individual's quality of life.

B. AUTHORITY

ORC §5123.62
OAC §3301-35-15
OAC §5123: 2-2-06
OAC §5123:2-1-11
OAC §5123:2-17-02

C. DEFINITIONS

1. "Board"- Allen County Board of Developmental Disabilities.
2. "Department"- Ohio Department of Developmental Disabilities.
3. "Individual"- a person with a developmental disability and served by the Board.
4. "Individual Support Plan (ISP)"- the written description of the services, supports and activities to be provided to an individual. The ISP will be developed with input from the individual served, with a focus on what is 'important to' and what is 'important for' the person.
5. "Informed Consent"- documented written agreement to allow a proposed action, treatment or service after full disclosure provided in a manner the individual/guardian can understand with relevant facts to make a decision. This will include risks, benefits and alternative options.
6. "Risk of Harm"- 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 there is evidence they are very likely to begin causing physical harm.

D. PROHIBITED MEASURES

Prohibited measures will not be used by persons providing services or supports. The use of these measures will be reported as Major Unusual Incidents in accordance with rule 5123:2-17-02 of the Administrative Code.

Prohibited measures include:

1. Prone restraint where an individual's face and/or frontal part of his or her body is placed in a downward position touching any surface for any amount of time.
2. Manual or mechanical restraint that has the potential to inhibit or restrict breathing or is medically contraindicated. This includes any form of physical restraint that involves the intentional, knowing, or reckless use of any technique that involves the use of pinning down an individual by placing knees to the torso, head, and or neck.
3. Use of a manual restraint that causes pain or harm. This includes any use of pressure point, pain compliance, or joint manipulation techniques and dragging or lifting of the individual by the hair or ear, or another joint or extremity.
4. Disabling an individual's communication 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.
9. Any humiliating or derogatory treatment. This includes securing an individual to another student or fixed object.
10. Squirting an individual with any substance as an inducement or consequence.
11. Using restrictive measures for punishment, retaliation, instruction or teaching convenience of providers, or as a substitute for services and supports.
12. Any physical abuse of an individual, corporal punishment or any action to inflict pain.
13. Discipline by another individual who receives services.
14. Time-out in a locked time-out room or confinement in an enclosed area such as a closet, a box or similar cubicle.
15. Medication for behavior control unless it is prescribed by and under the supervision of a licensed physician who is involved in the interdisciplinary process.
16. Interventions that are frightening to the individual.
17. Child endangerment (for students) as defined in section 2919.22 of the Ohio Revised Code.

E. DEFINITION AND USE OF RESTRICTIVE MEASURES

A restrictive measure is a method of last resort that may be used by a person providing services and supports only when necessary to keep people safe and with prior approval of the Human Rights Committee (HRC). A restrictive measure is used only in those situations in which withholding it would be contrary to the best interest of the individual because there is imminent risk to the individual or others.

Restrictive measures include:

1. **Manual Restraint:** use of hands-on method to control an identified action by restricting movement or function of an individual's head, neck, torso, one or more of the limbs or the entire body, using sufficient force to cause the possibility of injury and includes holding or disabling an individual's wheelchair or other mobility device. An individual in a manual restraint must be under constant visual supervision. The manual restraint will end once the risk of harm has ceased. It does not include methods used during medical procedures that are routinely used for patients without developmental disabilities.
2. **Mechanical Restraint:** use of a device to control one's action or restrict movement. The use of a mechanical restraint must end when risk of harm has passed. It does not include a seatbelt found in a typical vehicle or an age appropriate child seat, a medically necessary

device (such as a wheelchair seatbelt or gait belt used for positioning) or a device routinely used in medical procedures for patients without developmental disabilities.

If a manual or mechanical restraint is used at Marimor School, employees must:

- a) Implement in a manner that is age and developmentally appropriate;
 - b) Use the least amount of force necessary for the least amount of time
 - c) Continually observe the individual for indications of physical or mental distress
 - d) Have the child assessed for injury by a Nurse
 - e) Hold a debriefing meeting involving employees, parents and students 14 and older to evaluate the trigger for the incident, employee response and methods to address the behavioral needs
3. Time out (called Seclusion by ODE): 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 the door or constructing another barrier, including placement in such a room or area when an employee remains in the room or area.
- Time out may not exceed thirty minutes for any one incident.
 - Time may not exceed one hour in any twenty-four period.
 - A time out room may not be locked, but the door may be held shut by an employee or by a mechanism that requires constant physical pressure from an employee.
 - A time out room or area will have adequate light, ventilation and provide a safe environment that is free from hazardous conditions, such as but not limited to: sharp objects, unprotected light fixtures, unsafe electrical outlets.
 - An individual in time out will have constant visual supervision by employee.
 - Time out will end immediately once the 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 is separated from a group, for a limited and specified time, 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 a person or physical barriers.
 - Time out cannot be used as a form of discipline/punishment.

- Time out cannot be used as a means to coerce or retaliate.
 - Time out cannot be used for employee convenience.
 - Time out cannot be used as a substitute for an educational program.
 - Time out cannot be used as a substitute for less restrictive alternatives.
- m) Time out cannot be used as a substitute for positive behavior supports or other crisis prevention.

4. Time Out by ODE standards for students: A behavioral intervention in which a student, for a limited and specified time, is separated from the class within the classroom or in a non-locked setting for the purpose of self-regulating and controlling his or her own behavior. The student is not prevented from leaving the area by physical barriers and is not physically restrained.
5. Chemical Restraint: means a medication prescribed for the purpose of modifying, diminishing, controlling or altering a specific behavior. This does not include medications prescribed for the treatment of a diagnosed disorder identified in the "Diagnostic and Statistical Manual of Mental Disorders" or medications prescribed for 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.
6. Restriction of an individual's rights in Section 5123:62 of the Revised Code. Age appropriate limitations that are typical for a non-disabled child under the age of 18 will not be considered a rights restriction.

F. QUALIFIED PERSONNEL ASSESSING AND DEVELOPING BEHAVIORAL SUPPORT STRATEGIES

Behavioral support strategies will be developed by the Behavior Support Specialist (BSS) or other qualified person employed by the board. This person shall have the following qualifications:

1. 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
2. Hold a certificate to practice as a certified Ohio behavior analyst pursuant to section 4783.04 of the Revised Code; or
3. 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.

G. DEVELOPMENT OF BEHAVIORAL SUPPORT STRATEGIES WITH RESTRICTIVE MEASURES

1. Behavioral strategies will be developed by the individual/guardian and his or her service and support team. The team will use the person centered planning process and a combination of person centered planning tools to learn what is meaningful to the individual.
2. A behavioral support strategy shall never include prohibited strategies.
3. A behavioral support strategy may include restriction of an individual's rights only when the actions pose a 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., by imposition of arbitrary schedules or limitation on consumption of food, beverages, or tobacco products).
4. The focus of a behavioral support strategy is to create supportive environments that will enhance the individual's quality of life. The strategies will focus on:
 - a) Mitigating risk of harm or likelihood of legal sanction.
 - b) Reducing and ultimately eliminating the need for restrictive measures.
 - c) 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.
5. A behavioral support strategy that includes restrictive measures requires:
 - a) Documentation that demonstrates that positive and non-restrictive measures have been employed and have been determined ineffective.
 - b) An assessment conducted within the past twelve months that clearly describes:
 - i. The behavior that poses risk of harm or likelihood of legal sanction.
 - ii. The level of harm or type of legal sanction that could reasonably be expected to occur with the behavior.
 - iii. When the behavior is likely to occur.
 - iv. The individual's interpersonal, environmental, medical, mental health, and emotional needs and other motivational factors that may be contributing to the behavior.
6. A behavioral support strategy that includes restrictive measures shall:

- a) Be designed in a manner that promotes healing, recovery, and emotional well-being 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.
 - b) 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.
 - c) Recognize the role environment plays in behavior.
 - d) Capitalize on the individual's strengths to meet challenges and needs.
 - e) Delineate measures to be implemented and identify those who are responsible for implementation.
 - f) Specify steps to be taken to ensure the safety of the individual and others.
 - g) 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 in mental health treatment.
 - h) 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 to the community.
7. When a behavioral support strategy that includes restrictive measures is deemed necessary by the individual and his or her team, behavior support specialist or the service and support associate, as applicable, shall:
- a) Ensure the strategy is developed in accordance with the principles of person-centered planning and incorporated as an integral part of the individual support plan.
 - b) Ensure the strategy is reviewed and approved by nursing employees for content related to medications or medical conditions.
 - c) Secure informed consent of the individual or the individual's guardian, as applicable.
 - d) Provide an individual or the 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 its development.
 - e) Submit to the Human Rights Committee documentation based upon the assessment that clearly indicates 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 once per year.

- f) Ensure the strategy is reviewed by the individual and the team at least every ninety 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 indicates risk of harm or likelihood of legal sanction is still present. Marimor School children under the age of fourteen may have their guardian represent them.

H. IMPLEMENTATION OF BEHAVIORAL SUPPORT STRATEGIES WITH RESTRICTIVE MEASURES

1. Behavioral support strategies with restrictive measures shall be implemented with sufficient safeguards and supervision to ensure the health, welfare, and rights of individuals receiving specialized services.
2. Each person providing services and supports to an individual with a behavioral support strategy that includes restrictive measures will successfully complete training in the strategy prior to serving the individual.

I. MEDICAL ISSUES

1. Medication for behavior support shall not be used unless it is prescribed by and under the supervision of a licensed physician who is made aware of and provided updates on the services and supports being provided to the individual. When the use of medications meets the definition of a chemical restraint, contact with the licensed physician must be at least quarterly.
2. A nurse will review proposed emergency behavioral support strategies with restrictive measures for content in regards to medications, current medical conditions, proposed actions within the plan, and any other medical areas deemed appropriate. All plans will be reviewed by a nurse prior to Human Rights Committee approval. A nurse will sign that the plan has been reviewed and approved. If there are concerns, the nurse will work with the Behavior Support Specialist or other qualified board employees to resolve the concerns.

J. HUMAN RIGHTS COMMITTEE

The Human Rights Committee (HRC) is a committee of individuals that are committed to upholding the philosophy of the board in person centered planning practices and behavioral support. The committee will ensure the protection of individuals' rights and that individuals are free from physical, emotional, and psychological harm. Members of the HRC shall be appointed by the Superintendent with recommendations from other administrative employees and provider agencies.

1. The committee will include the following:
 - a) Be comprised of at least four persons.
 - b) Be chaired by an individual with no direct affiliation with a service provider.

- c) At least one individual who receives or is eligible to receive specialized services.
- d) Qualified persons who have either experience or training in contemporary practices of behavioral support.
- e) Reflect a balance of representatives from each of the following two groups:
 - i. Individuals who receive or are eligible to receive services and supports or family members or guardians of individuals who receive or are eligible to receive specialized services
 - ii. County boards or providers.

A person may qualify for more than one role; however, they can only serve as one role.

- 2. All information and documents provided to the Human Rights Committee and all discussions of the committee will be confidential and will not be shared or discussed with anyone other than the individual and his or her guardian and the individual's team.
- 3. The HRC will review, approve or reject, monitor, and reauthorize strategies that include restrictive measures.
- 4. The HRC will:
 - a) Ensure that the planning process outlined in this policy has been followed and that the individual or the individual's guardian, as applicable, has provided informed consent and been afforded due process.
 - b) Ensure that the proposed restrictive measures are necessary to reduce risk of harm or likelihood of legal sanction.
 - c) Ensure that the overall outcome of the behavioral support strategy promotes the physical, emotional, and psychological wellbeing of the individual while reducing risk of harm or likelihood of legal sanction.
 - d) 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.
 - e) 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.
 - f) Review at least quarterly the results of the individual's 90 day review and progress of all ongoing restrictive measures.
 - g) Communicate the committee's determination in writing to the behavior support specialist or qualified personnel submitting the request for approval.

5. The HRC will review behavior support policies and procedures and make recommendations to the Superintendent annually, or more frequently if indicated.
 - a) Evidence of the review will be reflected in HRC minutes. The Superintendent shall review the recommendations and make suggestions for changes or revisions to the Board.
 - b) Ensure copies of the minutes from each meeting are forwarded to the Superintendent.
6. Members of the HRC shall receive Department-approved training within three months of appointment to the committee. The training will include rights of individuals with developmental disabilities, person-centered planning, informed consent, confidentiality, and the requirements of the Behavior Support Strategies rule 5123: 2-2-06.
7. Members of the HRC shall annually receive Department-approved training in relative topics which may include but are not limited to: self-advocacy and self-determination; the role of guardians and section 5126.043 of the Ohio Revised Code; the effect of traumatic experiences on behavior; court-ordered community controls and the role of the court, the county board, and the Human Rights Committee.

K. USE OF RESTRICTIVE MEASURES WITHOUT PRIOR APPROVAL OF THE HUMAN RIGHTS COMMITTEE

1. There is an obligation for all employees to intervene prior to a situation to protect the individual as well as others. A crisis situation is defined as an unanticipated behavioral situation that may result in injury to individual or others. Employees will intervene using the least intrusive interventions. Threatened abuse toward others or self may be considered a crisis if there is evidence that past threats have led to actual occurrences of harmful behavior.
 - a) 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 "unapproved behavior support" in accordance with rule 5123:2-17-02 of the Administrative Code.
 - b) Nothing in this policy 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.
2. If a crisis situation occurs in which a restrictive support is needed the team will meet to discuss what services and supports are needed to assist the individual. When a restrictive intervention is used without an approved restrictive support by the HRC plan a report will be made to an Investigative Agent of a Major Unusual Incident (MUI).

L. EMERGENCY PLANS

1. If there is an immediate need for change, an emergency intervention may be added to an

individual's person centered plan. At minimum, the risk of harm will be addressed, previous attempted supports, the restrictive support proposed, and strategies to be used. After the individual/guardian has given approval, a request for restrictive intervention to be added to the individual's support plan will be given to the HRC chairperson.

2. The HRC chairperson, a nurse, and the program administrator for the individual's provider, if applicable or their designee(s) will review and approve the request. The full person centered plan with the behavior support restriction(s) will be presented at the next HRC meeting. The HRC chairperson shall reserve the right to extend the timelines up to a maximum of 90 days.

M. DOCUMENTATION

1. Each provider will 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).
2. 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.

N. ANALYSIS OF BEHAVIORAL SUPPORT STRATEGIES THAT INCLUDE RESTRICTIVE MEASURE

1. The county board shall compile and analyze data regarding behavioral support strategies that include restrictive measures. This data will be provided to the Human Rights Committee.
2. Data compiled and analyzed shall include, but are not limited to:
 - a) Nature and frequency of risk of harm or likelihood of legal sanction that triggered development of strategies that include restrictive measures.
 - b) Nature and number of strategies reviewed, approved, rejected, and reauthorized by the Human Rights Committee.
 - c) Nature and number of restrictive measures implemented.
 - d) Duration of strategies that include restrictive measures implemented.
 - e) Effectiveness of strategies that include restrictive measures in terms of increasing or decreasing behaviors as intended.
3. The analysis of behavior support strategies will be retained and submitted to the department upon request.

O. QUALITY IMPROVEMENT

The Board places an emphasis on ongoing quality improvement efforts directed at the reduction of and eventual elimination of the use of restrictive measures. The Board shall review, assess,

and analyze restrictive measure use on an ongoing basis. This review proactively addresses the prevention, detection, evaluation, and correction of any environmental factors and triggers that may lead to the use of restrictive measures.

1. Debriefing

This may include individual and team involvement in a debriefing meeting that addresses the needs directly following a restrictive intervention.

- a) Debriefing sessions should work to address trauma and minimize the negative effects of the use of restrictive intervention.
- b) Thorough analysis of the events that occurred before, during and after each incident.
- c) Strategies to prevent or decrease future restrictions.
- d) Skills or methods to prevent a future crisis.
- e) Appropriate recommendations to the team for consideration in the ISP.

2. Risk assessments may be used to further analyze the need for restrictive interventions when there appear to be complicated needs, including court involvement for the individual.

3. Training

- a) Board employees will be trained annually and more frequently if needed, in appropriate positive practices, safety, de-escalation, and crisis intervention techniques.
- b) Employees will use only the restrictive intervention(s) for which they were trained.
- c) An internal method for data collection and monthly analysis of the use of restrictive interventions will be used.

P. MARIMOR SCHOOL


Any incident which involves restraint for a student who attends Marimor School shall be immediately reported to the Director of Education/designee and the parent. A copy of the incident report shall be provided to the parent within twenty-four (24) hours.

A record of the use of restraints and seclusion shall be provided to the Ohio Department of Education annually upon request.

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Chris Calvelage, Clerk of the Board

3.27.18

Date