Wood County Board of Developmental Disabilities

PROCEDURE

Procedure #:	02-ALL-ALL-0622 (BS)	**Subject:**	Behavior Support Procedure
Effective Date:	02-01-02	**Last Revision:**	10/1/18, 2/22/21, 10/1/22
Person Responsible:	Director of Service and Support Administration		

Approvals/Date:

Brent C Baer 9/27/22
Superintendent, WCBDD Date

Amy Brieken 9/27/2022
Department Director Date

Procedure Overview

The Wood County Board of Developmental Disabilities (WCBDD) is committed to supporting individuals with developmental disabilities in a caring and responsive manner that promotes trust, dignity, and respect, and with recognition that they are equal citizens with the same rights and personal freedoms granted to Ohioans without developmental disabilities. The Wood County Board of Developmental Disabilities will incorporate supports that promote unique growth, strengths, interests, abilities, preferences, resources, and desired outcomes as they relate to the individual's needs, individual growth, independence, and self-management, while abiding by Rule **5123-2-06** of the Ohio Administrative Code (OAC)***(Development and Implementation of Behavioral Support Strategies)***.

The individual and their team will identify the services and supports in the Individual Service Plan (ISP), which are based upon the person-centered planning process. When developing supports, effort should be directed at creating opportunities for individuals to exercise choice in matters affecting their everyday lives and supporting individuals to make choices that promote positive outcomes. A team's development of supports for unsafe behaviors that are interfering in the individual's daily life should always be addressed by positive measures. However, if positive measures are unsuccessful, the team may determine that restrictive strategies may need to be incorporated to ensure the health and safety of the individual and/or others.

Support Specialist Referral Process

A. Pre-screen Survey:

1. A need for behavioral supports has been identified by the team process through direct observation of the individual's behaviors and review of Unusual Incidents and/or Major Unusual Incidents (MUI's) looking for trends, patterns, and motivators for the identified challenging behaviors. The following factors may be used when considering the need for behavior support:
    a. Health and safety are compromised.
    b. Personal growth is impeded.
    c. Behavior is likely to become more significant if not addressed.
    d. Behavior becomes dangerous to others.
    e. Community acceptance is threatened by the behavior.
    f. Behavior results in legal sanctions.
2. Service and Support Administrator (SSA) or school personnel completes Behavior Support Pre-Screen Referral 03-ALL-ALL-0992 and turns into Support Specialists' Manager.
3. Support Specialist Manager will review Behavior Support Pre-Screen Referral. Manager may request more information from SSA or school personnel before assigning Support Specialist.
4. Support Specialist Manager will assign Pre-screen Referral to Support Specialist based upon caseload, expertise, etc.
5. The assigned Support Specialist will communicate with SSA to review Pre-Screen/Referral to discuss next steps within 5 days of assignment.
6. Support Specialist meets with SSA and team members to discuss concerns.

B. Support Specialist Consultation:

1. The Support Specialist and individual's team will identify behaviors through the assessment process while keeping in mind what's important to and what's important for the person.
2. Support Specialist may utilize a variety of assessment tools, such as:
    a. Formal tests and assessment instruments, etc. and/or
    b. Informal tools including but not limited to interviews with caregivers, observations, training, reviews of files and documents, role modeling, data collection, direct interactions, etc.
3. While assessment activities can be formal or informal, the effectiveness of the assessment is more dependent on the quality of the process than on the specific instrument utilized.
4. After the referral has been assigned, Support Specialists will be an active team member for at least 3 meetings. The team will then meet to discuss if ongoing supports are needed (added to caseload), if additional consultation meetings are required, or the referral is closed. Support Specialist may create baseline data tracking logs, develop supports using Positive Supports First, schedule training and/or work alongside SSA to incorporate and interweave positive supports throughout the ISP.
5. When the team determines consultation or supports are no longer needed and the referral will close, the Support Specialist will complete the Consultation and Recommendations Form, and submit it to the SSA and Support Specialist's Manager.
6. If less than six months after closure, the SSA will contact the Support Specialist or Support Specialist's Manager to request that the case be opened again.
7. If documentation demonstrates that positive/non-restrictive measures have been tried and determined to be ineffective, and/or there is a direct and serious risk of physical harm to the individual or another person and/or legal sanctions (eviction, arrest, or incarceration), restrictive measures may be considered.

Behavioral Support Strategies

A. Positive Supports: The focus of a behavioral support strategy is the proactive creation of supportive environments that enhance an individual's quality of life by understanding and respecting the individual's needs and expanding opportunities for the individual to communicate and exercise choice, voice, and control through identification and implementation of positive measures such as:

1. Emphasizing alternative ways for the individual to communicate needs and to have needs met;
2. Adjusting the physical or social environment;
3. Addressing sensory stimuli;
4. Adjusting schedules; and
5. Establishing trusting relationships

B. Support Considerations: When developing positive strategies, the team will consider many factors, based upon an understanding of the individual and the reasons for their actions, including but not limited to medical causes, environmental effects, and traumatic events. An individual and their team will develop positive measures with a person-centered focus on individual growth, independence, and self-management.

1. **Medical Factors-** Medical causes should be considered when changes occur in an individual's behavior. The team should consider any physical, mental, and/or medication changes that could be affecting the individual's actions.
2. **Environmental Factors-** Environmental effects should be considered when changes occur in an individual's behavior. The team should consider any sensory, schedule, and/or physical location changes that could be affecting the individual's daily functioning.
3. **Trauma Informed Care**-The individual's possible trauma history should be considered with an overview of how trauma may be related to behavior being displayed as well as implications of support development. Trauma Timelines should be considered by the individual's team.
4. **Proactive Strategies-** These are used regardless of whether behaviors are being displayed and may include schedules, routines, activity changes, environmental changes, social/interpersonal changes, educational opportunities, increased supervision, and/or positive interventions.
5. **Reactive Strategies-** These are a response to behavior that involves minimal risk to the individual and may include natural consequences, voluntary time away, environmental correction.

C. Restrictive Measures: At times, these positive non-restrictive measures may not work, and additional intervention is warranted through a restrictive measure. Restrictive measures are strategies that are unpleasant, intrusive or uncomfortable in response to challenging behaviors and are only used as a method of last resort and always in conjunction with positive measures. Restrictive measures can only occur when their actions pose a direct and serious risk of physical harm and/or legal sanctions (i.e. eviction, arrest, or incarceration) to the individual or another person. Restrictive measures require Human Rights Committee (HRC) approval and oversight. All staff, regardless of source of payment, are expected to implement approved restrictive measures will be properly trained on WCBDD Positive Supports First or specific agency sanctioned interventions. If any restrictive measure is utilized without obtaining required consent and approval, or if the use of a restrictive measure results in injury, a Major Unusual Incident (MUI) Report must be submitted. The following are considered restrictive measures:

1. **Manual restraint:**
    a. The use of 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 wheelchair or other mobility device.
    b. An individual in a manual restraint shall be under constant visual supervision by staff (A restraint will cease immediately if an individual shows signs of breathing difficulties, once the risk of harm has passed, or other health and safety issues become present).
    c. It does not include a method that is routinely used during a medical procedure for patients without developmental disabilities. UIR must be written whenever manual restraints are utilized.

2. **Mechanical restraint:**
    a. The use of a device, but never in a prone restraint, to control an identified action by restricting an individual's movement or function. Those devices used to inhibit, control, or limit the movement or normal

function of any portion of an individual's body which may include but are not limited to: helmets that cannot be easily removed by the individual or mittens securely fastened around the wrist with a small tie.

b. An individual in a mechanical restraint shall be under constant visual supervision by staff (A restraint will cease immediately if an individual shows signs of breathing difficulties, once the risk of harm has passed, or other health and safety issues become present).

c. The following are **not** considered mechanical restraints:
    i. A seatbelt found in a typical vehicle or age-appropriate safety seat.
    ii. Medically necessary device (wheelchair seatbelt, gait belt) used for support or positioning of the individual's body.
    iii. A support used in medical procedures for patients without developmental disabilities.

3. Chemical restraint:

a. The use of medication in accordance with scheduled dosing or pro re nata ("PRN" or as needed) for the purpose of causing a general or non-specific blunt suppression of behavior (i.e., the effect of the medication results in a noticeable or discernible difference in the individual's ability to complete activities of daily living) or for the purpose of treating sexual offending behavior.

b. A behavioral support strategy may include chemical restraint only when an individual's actions pose risk of harm or an individual engages in a precisely-defined pattern of behavior that is very likely to result in risk of harm.

c. A medication prescribed for the treatment of a physical or psychiatric condition in accordance with the standards of treatment for that condition and not for the purpose of causing a general or non-specific blunt suppression of behavior, is presumed to not be a chemical restraint.

d. Does not include a medication that is routinely prescribed in conjunction with a medical procedure for patients without developmental disabilities.

e. When administration of a medication initially presumed to not be a chemical restraint in accordance with paragraph (C)(1)(b) of rule results in a general or non-specific blunt suppression of behavior, the provider is to alert the individual's SSA. The SSA will then ensure the prescriber of the medication and the individual's team are notified. The team will:
    i. Consult with prescriber to see if they are willing to adjust medication (type or dose) in an effort to abate the general or non-specific blunt suppression of behavior.
    ii. If the prescriber is unwilling to adjust the medication, the individual's team will meet to consider what actions may be necessary (e.g., seeking an opinion from a different prescriber or introducing activities that may mitigate the impact of the medication on the individual's ability to complete activities of daily living).
    iii. If medication continues to cause a general or non-specific blunt suppression of behavior beyond thirty calendar days, the medication is to be regarded as a chemical restraint and submitted to HRC.

4. Rights restriction:

a. Restrictions of an individual's rights in Section 5123.62 of the Revised Code (Bill of Rights for Individuals with Developmental Disabilities).

b. A behavior support strategy may include a rights restriction only when an individual's 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.

D. Prohibited Strategies - Implementation of prohibited strategies should be documented in an Unusual Incident Report and reported to an Investigative Agent or the SSA Director.

A behavioral support strategy shall never include prohibited measures. The following interventions are *prohibited*:

a. Prone restraint

b. Manual or mechanical restraint that could potentially inhibit or restrict the ability to breathe or is medically contraindicated

c. Manual or mechanical restrain that causes pain or harm

d. Disabling a communication device

e. Denial of breakfast, lunch, dinner, snacks, or beverages (excluding denial of snacks or beverages for an individual with primary polydipsia or a compulsive eating disorder attributed to a diagnosed condition such as "Prader-Willi Syndrome," and denial is based on specific medical treatment of the diagnosed condition and approved by the human rights committee).
f. Placing an individual in a room with no light
g. Noxious and/or painful sounds, touches, or odors
h. Application of electric shock to an individual's body (excluding electroconvulsive therapy prescribed and administered by a physician in order to treat a diagnosed medical condition)
i. Subjecting an individual to any humiliating or derogatory treatment
j. Abuse of any kind, including but not limited to physical, sexual, psychological, emotional, verbal, neglect, exploitation, violation of rights, and loss of dignity
k. Spraying or squirting of any substance, including room temperature water, on any body part
l. Discipline by another person receiving services
m. Restrictive measures are never used for punishment, retaliation, convenience of providers, as a substitute for an active treatment program, or as a substitute for specialized services
n. Child endangerment, as defined in section 2919.22 of the Revised Code
o. Seclusion and/or timeout (except the use of timeout through the Wood Lane School).

Development and Implementation of Behavioral Support Strategy that Includes Restrictive Measures

Once the team determines restrictive strategies are warranted, the following is required:

A. **Documentation:**
1. Documentation that demonstrates that positive measures have been employed and have been determined ineffective.
2. Incidents reports explaining the behavior and justification for the implementation of a restrictive measure.

B. **Behavior Assessment**:
1. Prior to the development of behavior support interventions, the individual's team will analyze the behavior utilizing the Behavior Assessment *(Form 03-ALL-ALL-0243)* tool to help identify the causes and to determine the most appropriate teaching and support strategies.
2. The Behavior Assessment includes the following information:
    a. Description of the behavior that poses risk of harm or likelihood of legal sanction or the individual's engagement in a precisely defined pattern of behavior that is very likely to result in risk of harm
    b. 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
    d. The individual's interpersonal, environmental, medical, mental health, communication, sensory, and emotional needs; diagnosis; and life history including traumatic experiences as a means to gain insight into origins and patterns of the individual's actions
    e. The nature and degree of risk to the individual if the restrictive measure is implemented.
3. An assessment will be completed at least annually and/or as revisions are necessary to ensure that it remains a valid reflection of current functioning with the full support and input of the individual's team.

C. **Strategy Development:**
1. Develop strategies based on assessment, incident reports, data collected, observations, team input, and any other information gathered. When indicated, seek input from persons with specialized expertise to address an individual's specific support needs.
2. Ensure the strategies are designed in the following manner:
    a. Promotes healing, recovery, and resilience
    b. Are data-driven
    c. Recognition of the role environment plays in behavior
    d. Capitalizing on the individual's strengths to meet challenges and needs
    e. Delineating measures to be implemented and identify those who are responsible for implementation

f. Specifying the steps needed to ensure the safety of the individual and others;
g. Identifying, as applicable, 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; and
h. Outlining, as applicable, 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.

D. **Plan Development:**
1. Support Specialist will work with SSA to ensure the strategy is developed in accordance with the principles of person-centered planning, and trauma informed care and incorporated as an integral part of the individual service plan.
2. The plan will describe tangible outcomes and goals and how progress toward achievement of outcomes and goals will be identified.
3. Full information regarding the nature and degree of risk to the individual if restrictive measures are implemented
4. A behavioral support strategy that includes chemical or manual restraints will specify when and how the provider will notify the individual's guardian when such restraint is used.
5. A description of actions to mitigate risk of harm or legal sanction; reduce and ultimately eliminate the need for restrictive measures and ensure the person has access to preferred activities in all environments the person accesses to prevent unsafe actions due to boredom, frustration, lack of effective communication, or unrecognized health problems.
6. Secure informed consent from the individual or the individual's guardian, as applicable. *Note: If consent is not given for restrictive measures, the identified risks will be interwoven into the ISP.*

E. **Human Rights Committee (HRC) Review:**
1. Present information/forms to HRC for restrictive measures packet which may include the following: cover sheet, individual service plan and documentation sheet, team meeting sign-in and minutes, incident reports, medication log, monthly summaries, behavior assessment, consent form, restrictive measures notification, doctor's orders, restraint forms, etc.
2. These forms and data will clearly indicate the following:
    a. Risk of harm when manual restraint or mechanical restraint is proposed
    b. Risk of harm or how the individual's engagement in a precisely-defined pattern of behavior is very likely to result in risk of harm when chemical restraint is proposed; or
    c. Risk of harm or how the individual's actions are very likely to result in the individual being the subject of a legal sanction when rights restriction is proposed.
    d. The nature and degree of risk to the individual if the restrictive measure is implemented.
3. Submit packet to Administrative Assistant to disseminate to the HRC members 1 week prior to the HRC meeting date.
4. Ensure team members are notified of HRC's determination.
5. If HRC disapproves or tables the proposed strategies, the team will discuss their options. These may include: agreement with HRC to not implement the strategy, revisions to the proposed strategy, or to move forward with the appeal process (see Review for Restrictive Measures 6A below).

F. **Restrictive Measures Notification (RMN):**
1. After approval from HRC and prior to implementation, the Support Specialist will notify the Ohio Department of Developmental Disabilities (DODD), in accordance with DODD's procedures, regarding restrictive measures. This includes initial, annual, emergency, and/or revisions.
2. Any discontinued restrictive measures will require the RMN to be updated and submitted to DODD.
3. Any information pertaining to restrictive measures will be submitted to DODD upon request.

G. **Implementation and Training:** Restrictive measures will be implemented with sufficient safeguards and supervision to ensure the health, welfare, and rights of individuals receiving specialized services.

1. Following HRC approval and RMN submission, the Support Specialist will schedule and provide an in-service to the individual, provider agency and/or staff of all providers responsible to implement the plan, prior to the implementation date, and ensure provider has time to in-service additional staff, if needed.
2. All staff expected to implement approved restrictive measures will be properly trained on WCBDD Positive Supports First or specific agency sanctioned interventions.
3. Identified team members will ensure tools identified in the plan such as communication book, gait belt, weighted vest, or other materials etc. are in place prior to implementation.
4. After each incidence of manual restraint, a provider shall take any measures necessary to ensure the safety and wellbeing of the individual who was restrained, individuals who witnessed the manual restraint, and staff and minimize traumas for all involved.

H. **Monitoring:**

1. Support Specialist will oversee the collection of behavioral documentation for individual's restrictive measures from providers by the 5th of each month.
2. A summary of the behavioral documentation will be completed by the Support Specialist to track effectiveness of outcomes. All team members will receive a behavior summary by the 15th of each month.
3. When data has not been received for three consecutive months, for an ISP that includes restrictive measures, the use of the restrictive measures will be discontinued in the environment from which data was not received.
4. The team will meet at least every 90 days or more frequently when specified by HRC to determine and document the effectiveness of the strategy and whether the strategy should be continued, discontinued, or revised. The review will consider the following...
    a. Numeric data on changes in severity or frequency of behavior
    b. New skills developed by the individual
    c. Individual's self-report of overall satisfaction; and
    d. Reports from natural supports and staff regarding the individual's wellbeing.
    e. When a manual restraint has been used in the past ninety calendar days, the review shall include seeking the perspective of the individual and at least one direct support professional involved in use of the manual restraint regarding the reason the manual restraint occurred and what could be done differently in the future to avoid manual restraint.
    f. Each provider will maintain a record of the date, time, and antecedent factors regarding each event of a restrictive measure other than a restrictive measure that is not based on antecedent factors (e.g., bed alarm or locked cabinet). The record for each event of a manual restraint or a mechanical restraint will include the duration. The provider will share the record with the individual or the individual's guardian, as applicable, and the individual's team whenever the individual's behavioral support strategy is being reviewed or reconsidered.
    g. A decision to continue the strategy shall be based upon review of up-to-date information justifying the continuation of the strategy.
5. Support Specialist will work with SSA to revise the ISP in accordance with any additions or removals of restrictive measures, based upon prior team discussions.
6. Support Specialist will submit memo to HRC when the team is proposing minor changes to the ISP regarding strategies.
7. Support Specialist will attend any on-going team meetings and observations related to behavioral concerns and will send notes or detailed summaries to the team after completing any on-site visits.
8. Support Specialist may provide additional training to staff on an as-needed basis, including but not limited to: topics concerning Positive Supports First, positive supports and strategies, and/or implementation of restrictive measures.

Supporting Children Served by the Wood County Board of Developmental Disabilities

Age-appropriate interventions will not be considered restrictive measures and therefore will not be reviewed by HRC. The use of restraint and/or other physical interventions are restrictive measures regardless of the individual's age and will follow the process outlined for the development of restrictive measures and approval by HRC.

The objectives of these procedures include:

1. The protection and advocacy of the rights of children.
2. To ensure both internal and external relevant rules, regulations, or standards governing WCBDD.
3. To ensure best practices and procedures sensitive to values, beliefs, and preferences of the child.
4. To provide guidance to staff when dealing with specific situations.
5. To ensure the rights, health and safety to those supporting children.
6. The age of the child.
7. Should be age appropriate.
8. Should promote growth, learning, and independence.

A. **Children under the age of 18-** It is understood that individuals obtain many rights upon becoming an adult at the chronological age of 18. The Wood County Board has developed Intermediate practices for those children under the age of 18. These are practices that are often used for any child whether the child has a disability or not. The Support Specialist will assist with developing these positive interventions in conjunction with SSA and team members and review progress.

Supports appropriate for use in supportive living programs with children under the age of 18.

1. Time limits on the use of electronic devices.
2. Restricted or use of parental controls for certain adult websites, music, movies or activities. Limitations of certain toys, activities that could impede a health and safety concern for the child.
3. Completion of homework or simple chores before fun/play time.
4. Limited or no access to sugary snacks or beverages due to potential for health issues for those with a physician's advice.
5. Suggested bedtimes.
6. Contingent removal of materials-removing an activity a child is involved in for, a period of time, as determined by the team.
7. Quiet area-the child is offered a different area other than common area in the home to calm oneself and ready to rejoin others. The child is to be supervised or monitored by an adult at all times as determined by the team. Not to be confused with the prohibited measure of seclusion or timeout.

B. **Students Served by the Wood County Board of Developmental Disabilities at Wood Lane School** - These procedures are reference for the behavior support policy at the Wood County Board of Developmental Disabilities (WCBDD) Wood Lane School that meet the Ohio Department of Education's (ODE) policy on positive behavior interventions and support and restraint and seclusion. While educational programs follow the rules outlined in OAC 3301-35-15, *Standards for implementation of positive behavior intervention supports and the use of restraint and seclusion*, WCBDD educational program will also follow the rules outlined in OAC 5123:2-06 *Development and implementation of behavioral support strategies* (Note: WCBDD and Wood Lane School does not govern the use of time out or seclusion as an approved restrictive measure. It is considered a prohibited measure).

Supports appropriate for use in educational programs

1. Limitations of certain toys, activities that could impede a health and safety concern for the student.
2. Limited or no access to sugary snacks or beverages due to potential for health issues for those with a physician's advice.
3. Use of vehicle seatbelts, harness, buckle guard, or age-appropriate child seat for safety in school transportation vehicles only.
4. Contingent removal of materials-removing an activity a student is involved for a period of time as determined by the team.
5. Quiet area-the student is offered a different area other than the classroom to calm oneself and ready to rejoin others. The student is to be supervised or monitored by an adult at all times as determined by the team. Not to be confused with the prohibited measure of seclusion or timeout.

6. Devices and or supports used by trained school personnel, or used by a student, for the specific and approved therapeutic or safety purposes.

Review for Restrictive Measures

Human Rights Committee - The Human Rights Committee (HRC) is a group, established by WCBDD, who provides independent oversight to safeguard the rights of people with developmental disabilities and protect them from physical, emotional, and psychological harm.

1. **Committee Membership:**
    a. Be comprised of at least four members;
    b. At least one member must receive or be eligible to receive County Board services;
    c. At least one member must be a qualified person who has experience or training in contemporary behavior support practices;
    d. Must have a balanced representation of people who receive or are eligible to receive services, or their family members or guardians, and county boards of developmental disabilities, intermediate care facilities, service providers, or other professionals.

2. **Member Expectations:**
    a. Members will receive department approved training within three months of appointment to the committee regarding rights of individuals as enumerated in section 5123.62 of Ohio Revised Code (ORC), person centered planning, informed consent, confidentiality, and the requirements of the Behavior Support Strategies rule 5123:2-06. *A member will not participate as a voting member until training is complete.*
    b. Members will receive department approved training annually on relevant topics which may include, but not limited to, self-advocacy and self-determination, role of guardians and section 5126.043 of ORC, effects of traumatic experiences on behavior, and court ordered community controls and the role of the court, the county board, or intermediate care facilities (ICF) for individuals with intellectual disabilities, and the human rights committee.
    c. All committee members will be required to sign confidentiality agreements (*Form 03-ALL-ALL-0955*) to maintain privacy for the individuals served.
    d. Members will not review or approve any restrictive measures in which they participated in the development or will participate in the implementation.
    e. Will be an active participant and attend meetings as scheduled.
    f. Must notify Committee Chairperson or designee of an absence prior to meeting.
    g. Three unapproved consecutive absences will result in dismissal from committee.

3. **Roles and Responsibilities:** HRC will review, approve or reject, monitor, and reauthorize behavioral support strategies that include restrictive measures for a determined period of time, not to exceed 365 days per initial implementation date. In this role the HRC will:
    a. Ensure the planning process outlined in rule 5123:2-06 has been followed and that the individual or the individual's guardian has provided informed consent.
    b. Ensure that the proposed restrictive measures are necessary to reduce risk of harm or likelihood of legal sanction;
    c. When indicated, seek input from persons with specialized expertise to address an individual's specific support needs.
    d. 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;
    e. 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;
    f. Verify that any behavioral support strategy that includes restrictive measures also incorporates positive measures designed to enable the individual to feel safe, respected, and valued while emphasizing choice, self-determination, and an improved quality of life.

g. Committee will communicate determination in writing, if rejected will provide written explanation, to the SSA/Support Specialist or Qualified Intellectual Disability Professional (QIDP) submitting the request.

4. **Routine Request/ HRC Meetings:**
   a. HRC meets at least once per month.
   b. A minimum of four voting members must be present in order for quorum to be reached.
   c. An individual or the individual's guardian, as applicable, will be notified, at least seventy-two hours in advance of the date, time, and location of the HRC meeting, at which the individual's behavior support strategy will be reviewed. Notification will indicate that individual and/or guardian has the right to attend to present related information in advance of the human rights committee commencing its review.
   d. Persons who are responsible for writing behavior supports and outcomes attend the committee meeting to provide information and to facilitate incorporation of required changes.

5. **Emergency Request/Interim Approval:** In the event the individual's behavior presents an immediate danger of physical harm to themselves or another person or the individual being the subject of a legal sanction and all available positive measures have proved ineffective or infeasible, emergency request can be sought from HRC.
   a. **Interim approval requires:**
      i. A description of the restrictive measures to be implemented;
      ii. Documentation of risk of harm or legal sanction which demonstrates the situation is an emergency;
      iii. A description of positive measures that have been implemented and provided ineffective or infeasible;
      iv. Any medical contraindications, and
      v. Informed consent by the individual or the individual's guardian, as applicable.
      vi. Individuals who receive waiver services must obtain written approval from a minimum of 2 committee members or the superintendent. Individuals who reside in an ICF must obtain a quorum of HRC members as identified in 42 C.F.R 483.440.
      vii. A behavioral support strategy approved via the emergency request/interim approval process must be reviewed and approved by the HRC at their next regularly scheduled meeting, but not to exceed 45 calendar days, for continued implementation.

6. **HRC Appeal Process:** If the individual or the individual's guardian, as applicable, is not satisfied with HRC's determination, they have the right to seek reconsideration of the decision as follows:
   a. The person's SSA/Support Specialist will notify the person or their guardian of the HRC's determination regarding proposed behavioral support strategies.
   b. A person or their guardian may seek reconsideration of HRC's decision by submitting a request for reconsideration. The request for reconsideration must include additional information provided as rationale for the request. The person or their guardian will submit their request for reconsideration in writing to the SSA/Support Specialist within 14 days of being informed of the rejection.
   c. After receiving the request for reconsideration, the SSA/Support Specialist will forward the request to HRC within 72 hours.
   d. The HRC will consider the request for reconsideration and respond in writing to the individual or guardian, as applicable, within 14 days of receiving the request.
   e. A person or their guardian may seek administrative resolution in accordance with rule 5123-4-04 of the Administrative Code if the person or their guardian is dissatisfied with the strategy, or the process used for development of the strategy.

7. **Use of a Restrictive Measure Without Prior Approval by HRC:**
    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 HRC shall be reported as "unapproved behavior support" in accordance with rule 5123:2-17-02 of the Administrative Code.
    b. Nothing in this procedures 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.

Qualifications of Persons Responsible to Develop Behavior Support Interventions and Complete Assessments

1. Persons responsible for developing behavior support strategies and completing assessments must meet the following minimum criteria:
2. Hold a valid license issued by the Ohio board of psychology
3. Hold a valid license issued by the Ohio counselor, social worker and marriage and family therapist board
4. Hold a valid physician license issued by the state medical board of Ohio; or
5. 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

Analysis of Behavioral Support Strategies that include Restrictive Measures:

A. WCBDD will compile, analyze, and furnish aggregate data, by March 15th of each year for the preceding calendar year to the Human Rights Committee. Data compiled and analyzed shall include, but are not limited to:

    1. Nature and frequency of risk of harm or likelihood of legal sanction that triggered development of strategies that include restrictive measures
    2. Number of strategies by type of restrictive measures (i.e., chemical restraint, manual restraint, mechanical restraint, rights restriction, and time-out) reviewed, approved, rejected, implemented, and discontinued and reasons for discontinuing the strategies
    3. An in-depth review and analysis of either:
        a. Trends and patterns regarding strategies that include restrictive measures for purposes of determining methods for enhancing risk reduction efforts and outcomes, reducing the frequency of restrictive measures, and identifying technical assistance and training needs; or
        b. A sample of implemented strategies that include restrictive measures for purposes of ensuring that strategies are developed, implemented, documented, and monitored in accordance with this rule.

B. WCBDD will make the data and analyses available to the department upon request.

Department oversight

A. The department will take immediate action as necessary to protect the health and welfare of individuals which may include, but is not limited to:
    1. Suspension of a behavioral support strategy not developed, implemented, documented, or monitored in accordance with this rule or where trends and patterns of data suggest the need for further review
    2. Provision of technical assistance in development or redevelopment of a behavioral support strategy; and
    3. Referral to other state agencies or licensing bodies, as indicated.

B. The department will compile and analyze data regarding behavioral support strategies for purposes of determining methods for enhancing risk reduction efforts and outcomes, reducing the frequency of restrictive measures, and identifying technical assistance and training needs. The department will make the data and analyses available.

C. The department may periodically select a sample of behavioral support strategies for review to ensure that strategies are developed, implemented, documented, and monitored in accordance with this rule.

D. The department will conduct reviews of county boards and providers as necessary to ensure the health and welfare of individuals and compliance with this rule.

E. Failure to comply with this rule may be considered by the department in any regulatory capacity, including certification, licensure, and accreditation.

Forms:	03-ALL-ALL-0103: Human Rights Cover Sheet and Approval 03-ALL-ALL-0243: Behavior Assessment 03-ALL-ALL 0334: Internal Staff Development Training Report 03-ALL-ALL-0587: Informed Consent – ISP with Restrictive Measures 03-ALL-ALL-0955: Human Rights Committee Confidentiality of Records and Information
Policies:	01-ALL-ALL-0123
Attachments:	Appendix A – Glossary of Terms

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Appendix A: Glossary of Terms

ABUSE
Abuse may include, but is not limited to: physical, verbal, emotional, sexual, neglect, exploitation, violation of individual's rights, and loss of dignity. Refer to Abuse/Neglect Procedure 02-ALL-ALL-0222 for current definition.

ADVOCATE
A person who supports or acts on behalf of an individual receiving services.

BASELINE
The level or amount of behavior prior to the introduction of an intervention. Baseline data is usually expressed in numerical terms of rate, frequency, percent, or duration. Interventions are introduced only after sufficient baseline data has been collected through behavior assessment.

BEHAVIOR ASSESSMENT
A collaborative problem-solving process that is used to describe the function or purpose that is served by the individual's behavior. Understanding the function that is and impeding behavior serves for the individual assists directly in designing and developing behavior support plans with the high likelihood of success.

BEHAVIOR SUPPORT
Behavior support is the implementation of growth-enhancing strategies that shall actively promote an individual's ability to choose, to express individuality, self-determination, self-management and to engage in personalized interactions.

BLUNT SUPPRESSION
The effect of the medication results in a noticeable or discernible difference in the individual's ability to complete activities of daily living.

CHILD
A human being below the age of 18 years unless under the law applicable to the child.

CRISIS
Defined as an unexpected emergency that necessitates the need for an immediate, one-time response, including the use of restrictive measures, to protect individuals from potential serious harm to self, others, or to prevent the likelihood of legal sanctions. Only staff who have successfully completed positive supports training will implement those strategies approved. All crisis situations will be reported immediately to the Department Director or designee and will be reported as an unusual incident for immediate review as a potential major unusual incident. As indicated continued implementation of such strategies will be incorporated into the ISP if not already identified/addressed if necessary.

DE-ESCALATION TECHNIQUES
Strategically employed verbal and non-verbal interventions used to reduce the intensity of threatening behavior before a crisis situation occurs.

DIRECTOR
The director of Service and Support Administration.

GUARDIAN
Any individual appointed by the Probate Court to have the care and management of the individual, the estate, or both.

INDIVIDUAL
A person with developmental disabilities.

INDIVIDUAL EDUCATION PLAN
An Individualized Education Program (IEP) is a formal document that is developed, reviewed, and revised and details a student's disability, goals, and services that relate to receiving specialized instruction in school (also known as special education). This document is legally binding and must be followed by teachers and staff

INDIVIDUAL SERVICE PLAN
An individual service plan (ISP) will be developed with the participation of all individuals receiving services, parents of minor children, and legal guardians on at least an annual basis. Services and supports will be provided to enhance the quality of life as they determine and to promote the growth, development and independence while increasing their capabilities in daily decision-making with an emphasis in self-determination and self-management, encompassing what is important to and important for the individual.

INFORMED CONSENT
Means a documented written agreement to allow a proposed action, treatment, or service after full disclosure provided in a manner an individual or the individual's guardian, as applicable, understands, of the relevant facts necessary to make the decision. Relevant facts include the risks and benefits of the action, treatment, or service; the risks and benefits of the alternatives to the action, treatment, or service; and the right to refuse the action, treatment, or service. An individual or guardian, as applicable, may withdraw informed consent at any time.

INTERMEDIATE CARE FACILITY
Intermediate Care Facilities for individuals with Intellectual disabilities (ICF/ID) is an optional Medicaid benefit that enables states to provide comprehensive and individualized health care and rehabilitation services to individuals to promote their functional status and independence. Although it is an optional benefit, all states offer it, if only as an alternative to home and community-based services waivers for individuals at the ICF/ID level of care.

INVESTIGATIVE AGENT
An individual who conducts investigations pursuant to section 5126.313 of the Revised Code.

PARENT
A biological or adoptive parent; a guardian generally authorized to act as a child's parent or authorized to make decisions for the child (but not the state if the child is a ward of the state); an individual acting in the place of the biological or adaptive parent (including grandparents, step parents, or other relative) with whom the a child lives, or an individual who is legally responsible for a child's welfare; a surrogate parent who has been appointed in accordance with rule 3301-51-05(E) of the administrative Code; or any individual identified in a judicial decree or order as a parent of a child or the person with authority to make decision of the child.

PERSON-CENTERED PLANNING
An ongoing process directed by an individual and others chosen by the individual to identify the individual's unique strengths, interests, abilities, preferences, resources, and desired outcomes as they relate to the individual's support needs.

POSITIVE SUPPORTS FIRST
Positive Supports First encompasses positive supports and techniques on: relationships, communication, and crisis prevention and intervention. It is a dynamic approach and assures that an individual who may experience behavioral challenges is the center of evolving supports and strategies. It is a concept that incorporates the tools and skills necessary to influence, not control, behavior while sustaining a goal for those served to learn to control their own behavior.

PRECISELY-DEFINED PATTERN OF BEHAVIOR
A documented and predictable sequence of actions that if left uninterrupted, will very likely result in physical harm to self or others.

PROHIBITED MEASURES
A method that shall not be used by persons or entities providing specialized services.

PRONE RESTRAINT
An individual's face and/or frontal part of an individual's body is placed in a downward position touching any surface for any amount of time.

PROVIDER
Any person or entity that provides specialized services.

QUALIFIED INTELLECTUAL DISABILITY PROFESSIONAL
Staff who is responsible for integrating, coordinating, and monitoring each individual's treatment and who possesses at least one year of experience working directly with people with developmental disabilities.

REDIRECTION
Encouraging an individual to remove him/herself from a situation or direct to an alternative activity. Can include light physical touch, verbal direction, light physical prompts, hands on/hands off.

REINFORCEMENT
Reinforcement should be individualized. Find out what motivates the individual. It can be verbal, gestural, tangible, or natural. Reinforcement should always be specific, genuine, enforceable, and realistic.

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 individual must be causing physical harm to self or others or very likely to begin causing physical harm.

SCHOOL PERSONNEL
Teachers, principals, counselors, social workers, school resource officers, teacher's aides, psychologists, or other school staff who interact directly with students.

SECLUSION
Involuntary isolation of an individual/child in a room, enclosure, or space from which an individual/child is prevented from leaving by physical restraint or by a closed door or other physical barrier.

SERVICE AND SUPPORT ADMINISTRATOR
A person, regardless of title, employed by or under contract with a county board to perform the functions of service and support administration and who holds the appropriate certification in accordance with rule 5123:2-5-02 of the Administrative Code.

SPECIALIZED SERVICES
Any program or service designed and operated to serve primarily individuals with developmental disabilities, including a program or service provided by an entity licensed or certified by the department. If there is a question as to whether a provider or entity under contract with a provider is providing specializing services, the provider or contract entity may request that the director make a determination. The director's determination is not subject to appeal.

STUDENT
A child or adult aged twenty-one enrolled in a school district.

TEAM
Team has the same meaning as in rule 5123-4-02 of the Administrative Code or means an "interdisciplinary team" as that term is used in 42 C.F.R. 483.440.

TIME OUT
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 a staff person remains in the room or area.