CARROLL COUNTY BOARD OF DEVELOPMENTAL DISABILITIES
BEHAVIOR SUPPORT PROCEDURES

I. SUBJECT:

A. Behavior Support Procedures

II. PROCEDURE:

A. A behavioral support strategy shall never include prohibited measures. The focus of a behavioral support strategy shall be creation of supportive environments that enhance the individual's quality of life. Effort is directed at mitigating risk of harm or likelihood of legal sanction. A behavioral support strategy that includes restrictive measures will ensure that assessments, design, implementation, documentation, and review are completed as described in Rule 5123: 2-06.

B. Prohibited Measures: These interventions are never to be used by persons or entities providing specialized services or approved by a Human Rights Committee.

1. Prone restraint: a method of intervention 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. Use of a manual restraint or mechanical restraint that has the potential to inhibit or restrict an individual's ability to breathe or that is medically contraindicated.
3. Use of manual restraint or mechanical restraint that causes pain or harm to an individual.
4. Disabling an individual's communication device.
5. 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).
6. Placing an individual in a room with no light.
7. Subjecting an individual to damaging or painful sound.
8. Application of electric shock to an individual's body (excluding electroconvulsive therapy prescribed and administered by a physician as a clinical intervention to treat a diagnosed medical condition and administered by a physician or a credentialed advanced practice registered nurse).
9. Subjecting an individual to any humiliating or derogatory treatment.
10. Squirting an individual with any substance as an inducement or consequence for behavior.

11. Using any restrictive measure for punishment, retaliation, convenience of providers, or as a substitute for specialized services.

C. Restrictive Measures: These measures may be used but only as a means of last resort by persons or entities providing specialize services only when necessary to keep people safe and with prior approval by the human rights committee.

1. Manual Restraint:

a. A behavior support strategy may include manual restraint only when an individual's actions pose a risk of harm.
b. Use of a 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;
c. Includes holding or disabling an individual's wheelchair or other mobility device.
d. An individual in a manual restraint shall be under constant visual supervision by staff.
e. Manual restraint shall cease immediately once risk of harm has passed.
f. Manual restraint does not include a method that is routinely used during a medical procedure for patients without developmental disabilities.

2. Mechanical restraint:

a. A behavior support strategy may include mechanical restraint only when an individual's actions pose a risk of harm.
b. Use of a device, but never in a prone restraint, to control an identified action by restricting an individual's movement or function.
c. Mechanical restraint shall cease immediately once risk of harm has passed.
d. Mechanical restraint does not include:
    i. A seatbelt of a type found in an ordinary passenger vehicle or an age-appropriate child safety seat;
    ii. A medically necessary devices (such as a wheelchair seatbelt or a gait belt) used for supporting or position an individual's body; or
    iii. A device that is routinely used during a medical procedure for patients without developmental disabilities.

3. Time-out:

a. Confining an individual in a room or area and preventing the individual from leaving the room or area by applying physical force or by closing a door or constructing another barrier including placement in such a room or area when a staff person remains in the room or area.

i. A behavior support strategy may include time-out only when an individual's actions pose a risk of harm.

ii. Time-out shall not exceed 30 minutes for any one incident or one hour in any 24-hour period.

iii. A time-out room or area shall not be key-locked, but the door may be held shut by a staff person or by a mechanism that requires constant physical pressure from a staff person to keep the mechanism engaged.

iv. A time-out room or area shall be adequately lighted and ventilated and provide a safe environment for the individual.

v. An individual in a time-out room or area shall be protected from hazardous conditions including but not limited to sharp corners and objects, uncovered light fixtures, or unprotected electrical outlets.

vi. An individual in a time-out room or area shall be under constant visual supervision by staff.

vii. Time-out shall cease immediately once risk of harm has passed or if the individual engages in self-abuse, becomes incontinent, or shows other signs of illness.

viii. Time-out does not include periods when an individual, for a limited and specified time, is separated from others in an unblocked 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 physical barrier.

4. 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.

i. 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.

ii. If medication is 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, it is presumed to not be a chemical restraint.

iii. Chemical restraint does not include a medication that is routinely prescribed in conjunction with a medical procedure for patients without developmental disabilities.

b. Reconsideration of a medication initially presumed to not be a chemical restraint

i. When administration of a medication initially presumed to not be a chemical restraint actually results in a general or non-specific blunt suppression of behavior, the provider is to alert the individual's qualified intellectual disability professional or service and support administrator, as applicable. This party then ensures that the prescriber of the medication and the individual's team are notified.

ii. The prescriber of the medication may adjust the medication (type or dose) in an effort to abate the general or non-specific blunt suppression of behavior.

iii. When the prescriber of the medication is not inclined to adjust the medication, the individual's team is to 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).

iv. When a medication (as originally administered or as adjusted) 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 the human rights committee.

5. Rights restrictions: as enumerated in section of 5123.62 of the Revised Code.

a. A behavioral support strategy may include a rights restriction only when an individual's actions pose 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.

b. Absent risk of harm or likelihood of legal sanction, an individual's rights shall not be restricted (i.e., by imposition of arbitrary schedules or limitation on consumption of tobacco products).

F. Development of behavioral support strategies:

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

a. Emphasizing alternative ways for the individual to communicate needs and to have needs met;

b. Adjusting the physical or social environment;

c. Addressing sensory stimulus;

d. Adjusting schedules; and

e. Establishing trusting relationships.

2. A behavioral support strategy that includes restrictive measures requires:

a. Documentation that demonstrates that positive 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 or the individual's engagement in a precisely defined pattern of behavior (documented and predictable sequence of actions that if left uninterrupted, will very likely result in physical harm to self or others);

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, 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; and

v. The nature and degree of risk to the individual if the restrictive measure is implemented.

c. A description of actions to be taken to:

i. Mitigate risk of harm or likelihood of legal sanction;

ii. Reduce and ultimately eliminate the need for restrictive measures; and

iii. Ensure the individual is in environments where the individual has access to preferred activities and is less likely to engage in unsafe actions due to boredom, frustration, lack of effective communication, or unrecognized health problems.

3. A behavioral support strategy shall never include prohibited measures.

4. A behavioral support strategy that includes restrictive measure shall:

a. Be designed in a manner that promotes healing, recovery, and resilience;

b. Have the goal of helping the individual to achieve outcomes and pursue interests without the need for restrictive measures to ensure safety;

c. Describe tangible outcomes and how progress toward achievement of outcomes will be identified;

d. Recognize the role environment plays in behavior;

e. Capitalize on the individual's strengths to meet challenges and needs;

f. Delineate measures to be implemented and identify those who are responsible for implementation:

g. Specify steps to be taken to ensure the safety of the individual and others;

h. 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; and

i. As applicable, outline necessary coordination with other entities (e.g., courts, prisons, hospitals, and law enforcement) charged with the individual's care and confinement, or reentry to the community.

5. A behavioral support strategy that includes chemical restraint, manual restraint, or time-out will specify when and how the provider will notify the individual's guardian when such restraint is used.

6. Considerations for Minors:

   a. Definition: For the purposes of these procedures, a minor is defined as a person under the age of 18.

   b. Boundaries: In situations where specialized services are being provided to minors, here may be some situations where boundaries may need to be placed for proper learning to occur.

      i. These boundaries would be in keeping with expected child rearing practices and include things such as limits on screen time, bedtimes, meal schedules, and use of thinking chairs (or other acceptable time out procedures typically used with children), etc.

      ii. These types of boundaries must be used alongside positive strategies to promote overall growth and development and avoid an environment based on punishment. These strategies will not be considered rights restrictions when used in this manner.

      iii. The ISP will spell out the use of these strategies, however, they do not need to go before the Human Rights Committee as they are not considered restrictive in the context of raising children.

   c. Restrictive Measures: The use of restraints (manual, mechanical, or chemical) and rights restrictions outside of the boundaries specified above will be required to come to the Human Rights Committee for approval regardless of the age of the person.

7. Persons conducting assessments and developing behavior support strategies that include restrictive measures must:

   a. Hold professional license or certification issued by the Ohio board of psychology; the state medical board of Ohio; or the Ohio counselor, social worker, and marriage and family therapist board; or

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

c. Hold a bachelor's or graduate-level degree from an accredited college or university and have at least 3 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. Responsibilities:

1. Service and Support Administrator (SSA):

a. 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.

b. When indicated, seek input from persons with specialized expertise to address an individual's specific support needs.

c. Secure informed consent of the individual or the individual's guardian, as applicable. Informed consent includes:

i. Documented written agreement to allow a proposed action, treatment, or service after full disclosure provided in a manner the individual or his or her guardian understands, of the relevant facts necessary to make the decisions.

ii. Risks and benefits of the action, treatment, or service.

iii. The risks and benefits of the alternatives to the action, treatment, or service.

iv. The right to refuse the action, treatment or service.

v. The individual or his or her guardian, as applicable, may revoke informed consent at any time.

d. Submit to the human rights committee the strategy and documentation including the record of restrictive measures based upon an assessment that clearly indicates:

i. The justification for the proposed restrictive measure, that is:

a. When manual restraint, mechanical restraint, or time-out is proposed—risk of harm

b. When chemical restraint is proposed – 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; or

c. When rights restrict is proposed – risk of harm or how the individual's actions are very likely to result in the individual being the subject of a legal sanction.

ii. The nature and degree of risk to the individual if the restrictive measure is implemented.

e. 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.

f. Notification: The SSA shall communicate in writing to the individual or the individual's guardian as applicable, the determination of the human rights committee including an explanation of rejection of a strategy as well as the individuals or guardian's right to seek reconsideration when the human rights committee rejects a strategy.

g. Request for reconsideration:

i. An individual or the individual's guardian, as applicable, may seek reconsideration of rejection by the human rights committee of a strategy that includes restrictive measures by submitting the request for reconsideration with additional information provided as rationale for the request to the service and support administrator (SSA), as applicable, in writing with fourteen calendar days of being informed of the rejection.

ii. The SSA is to forward the request to the human rights committee within seventy-two hours.

iii. The human rights committee will consider the request for reconsideration and respond in writing to the individual or guardian within fourteen calendar days of receiving the request.

iv. An individual who does not reside in an intermediate care facility for individuals with intellectual disabilities or the individual's guardian, as applicable, may seek administrative resolution in accordance with rule 5123-4-04 of the Administrative Code if the individual or guardian is dissatisfied with the strategy, or the process used for development of the strategy.

h. 90-Day Reviews: Ensure the strategy is reviewed by the individual and the individual's team at least every ninety calendar days or more frequently when specific by the human rights committee to determine

and document the effectiveness of the strategy and whether the strategy should be continued, discontinued, or revised.

i. The review shall consider:

a. Numeric data on changes in the severity or frequency of behaviors that had been targeted for reduction due to a threat to safety or wellbeing;

b. New skills that have been developed which have eliminated or mitigated threats to safety or wellbeing;

c. The individual's self-report of overall satisfaction in achieving desired outcomes and pursuing interests; and

d. Observations by paid staff and/or natural supports as they relate to safety or wellbeing and the individual's achievement of desired outcomes and pursuit of interests.

ii. 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 why the manual restraint occurred and what could be done differently in the future to avoid manual restraint.

iii. A decision to continue the strategy shall be based upon review of up-to-date information justifying the continuation of the strategy. These reviews will be submitted to the human rights committee.

2. Human rights committee:

a. Composition:

i. Comprised of at least 4 persons and includes at least one individual who receives or is eligible to receive specialized services;

ii. Includes a qualified person who has either experience or training in contemporary practices for behavioral support; and

iii. Reflects a balance of representatives from both individuals or family members or guardians of individuals who receive or are eligible to receive specialized services; and county boards, intermediate care facilities providers, other providers, or other professionals.

a. Balanced representation will not only include numbers of people in each required category but will also include how the members are participating in the process. It is not enough to just have people with disabilities or families/guardians at the table if they cannot participate. All efforts will be made to assist committee members with understanding the strategies they are approving and their role as a committee member.

b. Each county will continually seek interested potential members should vacancies occur. If a committee member is chronically absent from the meeting (more than 2 times in a year), the chair or designee will have a conversation about their desire to continue to serve. If necessary, they may share their position with an alternate. This conversation will allow the committee to maintain an overall balance.

c. Given unavoidable circumstances (sickness, etc.), there will not be an expectation of equal balance at each individual meeting.

b. Confidentiality: All information and documents provided to the human rights committee and all discussions of the committee shall be confidential and shall not be shared or discussed with anyone other than the individual and his or her guardian and the individual's team.

c. Meetings: The committee will schedule quarterly to create ample opportunities to get strategies approved in a timely manner.

d. A quorum (at least half of the members) must be present to approve or deny restrictive measures.

e. Human rights committee member training:

i. Members of the human rights committee shall receive department-approved training within 3 months of appointment to the committee in: rights of individuals as enumerated in section 5123.62 of the Revised Code; person-centered planning; informed consent; confidentiality; and the requirements of this rule.

ii. Members of the human rights committee shall annually receive department-approved training in relative topics which may include but are not limited to: self-advocacy and self-determination; role of guardians and section 5126.043 of the

Revised Code; effect of traumatic experiences on behavior; and court-ordered community controls and the role of the court, the county board, and the human rights committee.

f. Emergency request: Review of strategies involving restrictive measures:

i. The request shall consist of:

a. A description of the restrictive measure to be implemented;

b. Documentation of risk of harm or legal sanction which demonstrates the situation is an emergency;

c. A description of positive measures that have been implemented and proved ineffective or infeasible;

d. Any medical contraindications; and

e. Informed consent by the individual or the individual's guardian, as applicable.

ii. Prior to implementation of a behavior support strategy submitted via the emergency request process, the strategy must be approved by:

a. A quorum of members of the human rights committee in accordance with 42 C.F.R. 483.440 for an individual who resides in an intermediate care facility for individuals with intellectual disabilities; or

b. The superintendent of the county board or the superintendent's designee for an individual who does not reside in an intermediate care facility for individuals with intellectual disabilities.

iii. A behavioral support strategy approved via the emergency request process may be in place for a period not to exceed forty-five calendar days. Continuation of the strategy beyond the initial forty-five calendar days requires approval by the human rights committee in accordance with the process for a routine request.

g. Routine request: Review of strategies involving restrictive measures:

i. Absent an emergency, a human rights committee shall review a request to implement a behavioral support strategy that includes restrictive measures.

ii. An individual or guardian, as applicable, is to be notified at least seventy-two hours in advance of the date, time, and location of the human rights committee meeting at which the individual's behavioral support strategy will be reviewed. The individual or guardian has the right to attend to present related information in advance of the human rights committee commencing its review.

iii. In its review of an individual's behavioral support strategy, the human rights committee is to:

a. Ensure the planning process outlined in this policy has been followed and that the individual or their guardian, as applicable, 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 behavior 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 the restrictive measure is temporary in nature and occurs only in specifically defined situations based on:

1. Risk of harm for manual restraint, mechanical restraint, or time out;

2. Risk of harm or an individual's engagement in a precisely defined pattern of behavior (documented and predictable sequence of actions that if left uninterrupted) is very likely to result in risk of harm for chemical restraint; or

3. Risk of harm or likelihood of legal sanction for a rights restriction

f. 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;

g. Determine the period of time for which a restrictive measure is appropriate and may approve a strategy that includes restrictive measures for any number of days not to exceed three hundred sixty-five.

h. Approve in whole or in part, reject in whole or in part, monitor, and when indicated, reauthorize behavioral support strategies that include restrictive measure.

i. Communicate the committee's determination including an explanation of its rejection of a strategy in writing to the qualified intellectual disability professional or service and support administrator that submitted the request for approval.

3. Provider of Service:

a. Restrictive measures shall be implemented with sufficient safeguards and supervision to ensure the health, welfare, and rights of individual receiving specialized services.

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

c. After each incidence of manual restraint, a provider shall take any measures necessary to ensure the safety of the individual, staff, and witnesses and minimize trauma for all involved.

d. Use of a restrictive measure including use of a restrictive measure in a crisis situation (i.e., 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.

e. 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.

f. Providers shall maintain a record of the date, time, and antecedent factors regarding each use of a restrictive measure other than a restrictive measure that is not based on antecedent factors (i.e., bed alarm or locked cabinet). The record for each event of a manual restraint or a mechanical restraint will include duration. 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.

4. The Carroll County Board:

   a. Restrictive Measures Notification: The Carroll County Board shall enter information regarding behavioral support strategies that include restrictive measures in the department's restrictive measures notification system.

      i. After securing approval and prior to implementation of a behavior support strategy that includes restrictive measures; and

      ii. When a restrictive measure is discontinued.

   b. Annual Analysis: The Carroll County Board shall annually compile and analyze aggregate data regarding behavioral support strategies that include restrictive measure and furnish the data and analyses to the human rights committee by March fifteenth of each year for the preceding calendar year. Data compiled and analyzed shall include, but are not limited to:

      i. Nature and frequency of risk of harm or likelihood of legal sanction that triggered development of strategies that include restrictive measures;

      ii. Number of strategies that include restrictive measure by type of restrictive measure (i.e., chemical restraint, manual restraint, mechanical restraint, rights restriction, and time-out) reviewed, approved, rejected, and reauthorized by the human rights committee;

      iii. Number of restrictive measures by type of restrictive measure (i.e., chemical restraint, manual restraint, mechanical restraint, rights restriction, and time-out) implemented;

      iv. Number of strategies that include restrictive measures that have been discontinued and the reasons for discontinuing the strategies; and

      v. An in-depth review and analysis of ether:

         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 the rule.

c. Data and analyses will be made available to the department upon request.

5. Department of Developmental Disabilities:

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: suspension of a behavioral support strategy not developed, implemented, documented, or monitored in accordance with this policy or where trends and patterns of data suggest the need for further review; provision of technical assistance in development or redevelopment of a behavior support strategy; and referral to other state agencies or licensing bodies as indicated.

b. 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. May periodically select a sample of behavioral support strategies for review to ensure strategies are developed, implemented, documented and monitored in accordance with established rules.

d. Shall conduct reviews of county boards and providers as necessary to ensure the health and welfare of individual and compliance with rules and regulations.

e. For good cause, the director of the Ohio Department of Developmental Disabilities may waiver a condition or specific requirement of the rule except that the director shall not permit use of a prohibited measure as defined in the rule. The director's decision to waive a condition or specific requirement of this rule shall not be contrary to the rights, health, or safety of individuals receiving services. The director's decision to grant or deny a request is not subject to appeal.

Adopted: Mathual J. Campbell, Superintendent, Effective Date: 10-29-2021

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