Policy Number: 24

Effective: May 1, 2008
Revised: March 11, 2025

Subject: Monitoring Positive Behavioral Interventions/Restraints

PURPOSE:

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

POLICY:

I. Referrals To Behavior Support Review Committee

Contracted providers shall monitor and implement positive proactive strategies to reduce the likelihood that an individual will require reactive strategies or restrictive interventions. If a provider has a reactive strategy (one which is not part of the individuals plan used to maintain safety of the individual or others in the threat of imminent harm) occur, it may be used for one (1) or two (2) incidents until a planned intervention is developed in the safety crisis plan or behavior support plan. If the Reactive Strategy Threshold of five (5) or more reactive strategies within a one (1) month period is crossed, the planning team should convene within five (5) business days to complete the review and any restrictions of the supports, or other issues that might affect the individual, identify triggers, consider the need of a functional behavior assessment, and develop new or revised proactive strategies that are less likely to result in the use of reactive strategies. If an individual meets the Reactive Strategy Threshold for three (3) consecutive quarters, they should be referred to the Regional Behavior Support Review Committee. If an individual meets the Reactive Strategy Threshold five (5) or more times in a one (1) month period, the planning team should request the Support Coordinator submit a request for behavioral services.

II. Tiered Supports Team Referrals and Process

1. Referral Process for Waivered Clients

- Tiered Support Referrals are to be emailed, faxed, or mailed to the Positive Supports Lead at the designated Regional Office
- The Positive Supports lead will assign the referral to a Positive Supports Consultant
- The Positive Supports Lead or Consultant will contact the Support Coordinator or provider/family member and aid in determining the Tiered Support level needed for the

individual – if the assessment indicates the individual has shown an increase in serious behaviors in which there is police involvement, in-patient hospitalizations, restraints, or 1:1 level of supervision, the individual may qualify for Tier 3 support and be referred to Applied Behavior Analyst Services

- The Tiered Support lead or referred Tiered Support member will assist the Support Coordinator, as needed, with creating Tiered Support outcomes and action steps to be included in the behavior plan attached to the Individual Support Plan (ISP)
- The Support Coordinator will add the outcomes and action steps to the modified ISP
- The Provider & Services Choice form and Authorization form, with Tiered Support Services identified, are completed and signed by the Support Coordinator and individual/guardian:
  - The Support Coordinator, TCM TAC, and Tiered Support member can work together to determine how many units to authorize for at current rate per unit
- Once the plan is modified and signatures are received, the Utilization Review (UR) Packet will be completed and submitted to the TCM TAC contact – the UR packet includes a copy of the signed Provider & Services Choice form, signed Authorization form, modified ISP, and justification for service
- Once the Tiered Support team receives confirmation back from UR, they will begin services based on the tier level determined

2. Referral Process for Non-Waivered Clients

- Tiered Support Referrals are to be emailed, faxed, or mailed to the Positive Supports Lead at the designated Regional Office
- The Positive Supports Lead will assign the referral to a Positive Supports Consultant
- The Positive Supports Lead or Consultant will contact the Support Coordinator or provider/family member and aid in determining the Tiered Support level needed for the individual. The Tiered Support Lead or referred Tiered Support member will assist the Support Coordinator, as needed, with creating Tiered Support outcomes & action steps to be included in the behavior plan attached to the individual's ISP
- The Support Coordinator will add the outcomes & action steps to the ISP
- The Provider of Choice document is completed and signed by the Support Coordinator and the individual/guardian
- The Support Coordinator and Tiered Support member will work together to begin services based on the tier level determined
- To have only one contact, the modified ISP and Provider of Choice document may be sent to the TCM TAC

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

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

B. During the referral process, if an individual's behaviors increase in intensity to the point there is police involvement or in-patient hospitalization due to behavioral issues, the

person may need to be referred to Applied Behavior Analysis Services (ABA) or have an enhanced staffing pattern based on their Tiered Support Level needs

III. Agency Use of Behavioral Interventions/Crisis Intervention Techniques

Per Division of Developmental Disabilities guidelines and Rolla Satellite Regional Office procedures, agencies that support clients served by CCDDR and the Division of Developmental Disabilities may adopt a curriculum of Positive Behavioral Support training, subject to the Division of Developmental Disabilities and Rolla Satellite Regional Office approval. Support Coordination staff shall ensure agencies implement such behavioral intervention strategies in accordance with the Division of Developmental Disabilities and Rolla Satellite Regional Office policy. The Division provides oversight for services provided to individuals with significantly challenging behaviors through the Regional Behavior Supports Committee. The following general principles apply:

A. Physical Restraints:

In cases of imminent harm to a person or persons, agency staff may utilize physical restraint. Staff must first be trained in a nationally recognized crisis management program which must be included in the individual's crisis safety plan. Techniques other than those must be made, in writing, to the Chief Behavior Analyst of the Division. If internally developed systems are approved and utilized, a quarterly analysis of the use of the restraint procedures and strategies to eliminate the need is completed and submitted to the Chief Behavior Analyst. All specific instances of physical restraint must be documented in an Event Report form. Improper use of physical restraint techniques by agency staff or use of excessive force shall be considered abuse and cause for disciplinary action. Use of and authorization for physical restraints shall be documented in the individual's Plan by the Support Coordinator.

B. Mechanical/Chemical Restraints:

These techniques may be used to prevent a person from injuring self or others, only after other less aversive techniques have been tried, and it has been documented in the person's record by a QDDP that less restrictive alternatives do not work as a means of curbing aggressive behavior. The Support Coordinator and other team members shall design such techniques which shall be incorporated into the person's Plan as outlined in DOR 4.145.

C. Time Out:

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

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

III. Prohibited Behavioral Intervention Techniques

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

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

- Seclusion -Placement of a person alone in a locked room or area which he or she cannot leave at will; this does not include seclusion time out
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- Any reactive strategy that may exacerbate a known medical or physical condition, or endanger the individual's life or is otherwise contraindicated for the individual by medical or professional evaluation
- Containment without continuous monitoring and documentation of vital signs and status with respect to release criteria
- Use of any reactive strategy on a "PRN" or "as required" basis. Identification of safe procedures for use during a crisis in an individual's safety crisis plan is not considered approval for a restraint procedure on an as needed basis
- Any procedure used as punishment, for staff convenience, or as a substitute for engagement, active treatment or behavior support service
- Standing orders for use of Restraint Procedures–unless part of a comprehensive safety crisis plan that delineates prevention, de-escalation and least restrictive procedures to attempt prior to use of restraint
- Inclusion of a restrictive support, manual restraint procedures or chemical, mechanical restraints calling police or hospitalization as part of a behavior support plan as a contingency designed to produce a reduction or elimination of a behavior
- Reactive strategy techniques administered by other individuals who are being supported by the agency
- Corporal punishment or use of aversive conditioning–Applying painful stimuli as a penalty for certain behavior, or as a behavior modification technique
- Overcorrection –Requiring the performance of repetitive behavior as a consequence of undesirable behavior designed to produce a reduction of the frequency of the behavior. – Examples: Contingent exercise, writing sentences, over cleaning an area, repeatedly walking down a hallway after running
- Placing persons in totally enclosed cribs or barred enclosures other than cribs
- Any treatment, procedure, technique, or process prohibited elsewhere by federal or state statute

Certain physical interventions are prohibited. These include:

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

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

REFERENCES

- CARF Standards Manual
- Missouri's Department of Mental Health Tiered Support Services
- Rolla Satellite Regional Office DOR/Restraints & Time Out
- Individual Support Plan Guide, 2-15-18
- DOR 4.145
- Division of Developmental Disabilities Directive 4.300