

**Delaware Health and Social Services
Community Services/Adult Special Populations**

Title: Behavior and/or Mental Health Support Policy

Approved By: 

Division Director

Written/Revised By: DDDS Policy and Records Committee

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I. PURPOSE

To establish a systematic approach to review support interventions which emphasizes positive supports.

II. POLICY

It shall be the policy of Community Services/Adult Special Populations (CS/ASP) that positive supports shall be the essential foundation upon which all programs and individual plans are developed.

III. APPLICATION

All Community Services/ASP employees
All Community Services/ASP contractors

IV. DEFINITIONS

- A. Approved (DDDS) Crisis Prevention/Crisis Intervention Curriculum: Provides instruction in the use of positive behavior supports, crisis prevention and crisis intervention techniques.
- B. Behavior and/or Mental Health Support Strategy: An intervention, procedure, or process implemented to modify or otherwise change the environment, the frequency or intensity of an individual's behavior/psychiatric symptom, or to modify or change a staff behavior or response to the individual's behavior/psychiatric symptom. Assistive technology used to augment the environment with the goal of increasing a person's use/control/mobility is not considered a Behavior and/or Mental Health Support Strategy. The following represents the various levels of intervention:

Positive Support Interventions shall include the following:

- Positive Behavior Supports : Any single intervention, procedure or process implemented to modify or change the environment, the frequency or intensity of an individual's behavior/psychiatric symptom, or to modify or change a staff behavior or response to the individual's behavior/psychiatric symptom. Assistive technology used to augment the environment with the goal of increasing a person's use/control/mobility is not considered a Behavior and/or Mental Health Support Strategy Positive behavior supports are both naturally occurring and non-intrusive to the individual. These may include periodic

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- praise, words of encouragement, positive comments, and other interactions that are deemed to be favorable by the recipient. Positive Behavior Supports are not required to be reviewed by the Peer Review of Behavior Intervention Strategies (PROBIS) Committee, rather, they shall be incorporated into the person's Essential Lifestyle Plan.

Behavior Support Interventions may include the following:

- Contingent Exclusion Interventions: Interventions which may limit an individual's meaningful interactions with or access to others, items, or activities. An example of such intervention may include the use of a "cooling off" place used by a person to defuse aggression or anger. Contingent exclusion interventions shall be approved by PROBIS.
- Environmental Restrictions: Includes the use of a device or other piece of equipment so as to prevent or discourage an undesirable target behavior. Examples of such an intervention may include the use of a door/window alarms (for elopement) or locks placed on generally accessible items or personal belongings such as food storage units, personal clothing, sharp objects.
- Mechanical Restraint: Any mechanical device, material, or equipment attached or adjacent to an individual's body that he/she cannot remove and that restricts freedom of movement or normal access to one's body. In order for a device, material, or piece of equipment to be considered a mechanical restraint, both the following must be true: 1) it prevents the person from freely moving or from reaching a part of his/her body; and 2) the individual cannot easily remove it. Mechanical restraint interventions shall be approved by PROBIS. (Refer to Health Related Protection policy for description of interventions used for health and safety reasons).
- Physical (Restraint) Interventions: Includes the use of approved physical techniques applied for the purpose of restricting total or partial movement of a person's body for the intent of managing behavior. Physical restraints do not include the temporary physical holding of an individual to permit him/her to participate in activities of daily living. Physical interventions shall be approved by PROBIS.

Mental Health Support Intervention shall include the following:

- Mental Health Support Interventions: Medical treatments (i.e., medication) and interventions used to treat the symptoms of an Axis I DSM IV-TR diagnosis. Mental health support interventions shall be reviewed by PROBIS initially, at which time the subsequent required review schedule shall be determined by the PROBIS.
- C. Behavior and/or Mental Health Support Plan (Support Plan): A systematic, assessment-based plan that details how staff are to implement a behavior or mental health support intervention/treatment.
- D. Chemical Restraint: A single dose of a medication administered in response to an unanticipated urgent situation, with the intent of immobilizing an individual and managing an already occurring event such as severe aggressive behavior that is placing the individual or others in imminent danger of physical harm.

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- E. Consent: A legal concept which has three elements: capacity, information, and voluntariness. Capacity is the ability to acquire or retain knowledge and the legal qualification or authority to perform an act. Information is full and effective disclosure of the nature of any procedure, its importance, and possible consequences. Voluntariness implies that the person understands they have the right to give consent, withhold consent or withdraw consent.
- F. Designated Professional Staff: A managerial level individual(s) who is designated with the responsibility of authorizing the use of restraints or restrictive interventions. This person has direct oversight responsibility of the implementation of the intervention. The designated professional staff shall be identified by DDDS (shared living homes) and the contracted agency providers and identified to staff.
- G. Emergency Crisis Intervention: The unplanned use of an intervention that is deemed necessary to control an unanticipated and already occurring event such as severe aggressive behavior that is placing the individual or others in imminent danger of physical harm. Only those crisis interventions taught in a DDDS approved crisis intervention curriculum shall be used.
- H. Essential Lifestyle Plan: A person centered plan developed with the person receiving services, his/her family or guardian, and other individuals providing support that outlines in detail the individual's preferences, support needs, and lifestyle choices.
- I. Functional Assessment: A process for gathering information to be used to develop effective Support Plans. The Functional Assessment has several purposes including, but not limited to (1) operationally defining the target behaviors, (2) identifying times and stimulus conditions where the target behavior does or does not occur; (3) defining the function (maintaining variables) of the target behavior.
- J. Health Related Protection: A material or mechanical device or equipment used to restrict the normal movement of an individual so as to prevent a fall or injury. Examples of a mechanical/material device used as a health related protection may include (but not be limited to): bed rails, seat belts, helmets, splints and bed enclosure system.
- K. Human Rights Committee (HRC): An advisory committee established as a mechanism for the protection of the rights and welfare of person receiving services from the Division of Developmental Disabilities Services.
- L. Medical Appointment Information Record (MAIR): A record that is filled out during a person's medical appointment that documents the physician's findings, recommendations, and proposed treatment regime.
- M. Medical and Behavioral Intervention Strategies (MBIS) Form: A standardized form used to document the use of medical/health related restraint or physical intervention which is included as a section of the General Event Report (GER) on the Therap system. Cross reference General Event Report Policy.
- N. Medical Clearance Form for Mechanical and Physical Restraints: A record that is completed and signed by a physician containing the following information: (1) a clear, detailed description

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of the mechanical or physical restraint, (2) an explanation of the necessity for the mechanical or physical restraint, (3) a description of what the mechanical or physical restraint does for the person, (4) a notation of any medical risks associated with the use of the mechanical or physical restraint, (5) a procedure for monitoring the use of the mechanical or physical restraint.

- O. Psychotropic Medication- A global term used for any medication prescribed for symptoms associated with a psychiatric diagnosis.
- P. Psychiatric Appointment Information Record (PAIR): A record that is filled out during a persons' psychiatric appointment which documents the psychiatrist's findings, recommendations, and proposed treatment.
- Q. PROBIS (Peer Review of Behavioral Intervention Strategies): The DDDS Community Services/ASP approved peer review committee, appointed by the Division Director, charged with the review of Behavior and/or Mental Health Support Strategies, excluding positive behavior supports.
- R. Self-Limiting Behavior: A behavior that, when observed contextually, significantly interferes with a person's ability to acquire meaningful life skills, form and maintain relationships, and/or successfully live in his/her community and impacts the quality of the individual's life.
- S. Symptom: An indicator of the possible presence of an underlying psychological or psychosocial disorder or problem.
- T. Target Behavior: Any behavior that is a focus in a plan to increase.
- U. Surrogate: In accordance with Delaware Code, Title 16, Section 2507, surrogate shall mean the following:
 - a. A surrogate may make a health care decision to treat, withdraw or withhold treatment for an adult patient if the patient has been determined by the attending physician to lack capacity and there is no agent or guardian, or if the directive does not address the specific issue. This determination shall be confirmed in writing in the patient's medical record by the attending physician. Without this determination and confirmation, the patient is presumed to have capacity and may give or revoke an advance health care directive or disqualify a surrogate.
 - b. (1) A mentally competent patient may designate any individual to act as a surrogate by personally informing the supervising health-care provider in the presence of a witness. The designated surrogate may not act as a witness. The designation of the surrogate shall be confirmed in writing in the patient's medical record by the supervising health-care provider and signed by the witness.

(2) In the absence of a designation or if the designee is not reasonably available, any member of the following classes of the patient's family who is reasonably available, in the

descending order of priority, may act, when permitted by this section, as a surrogate and shall be recognized as such by the supervising health-care provider:

- a. The spouse, unless a petition for divorce has been filed;
- b. An adult child;
- c. A parent;
- d. An adult sibling;
- e. An adult grandchild;
- f. An adult niece or nephew.

Individuals specified in this subsection are disqualified from acting as a surrogate if the patient has filed a petition for a Protection From Abuse order against the individual or if the individual is the subject of a civil or criminal order prohibiting contact with the patient.

(3) If none of the individuals eligible to act as a surrogate under subsection (b) of this section is reasonably available, an adult who has exhibited special care and concern for the patient, who is familiar with the patient's personal values and who is reasonably available may make health care decisions to treat, withdraw or withhold treatment on behalf of the patient **if appointed as a guardian** for that purpose by the Court of Chancery.

V. STANDARDS

- A. Support Plans shall respect the person's wants and needs and shall be incorporated into or attached to the Essential Lifestyle Plan (ELP).
- B. Positive behavior supports, naturally occurring and non-intrusive interventions shall be the preferred method of support.
- C. Functional assessment/summary shall be a requirement of all Behavior and/or Mental Health Support Plans.
- D. Support Plans shall show an understanding of and address the individual's behavior/psychiatric symptoms in terms of:
 - the impact of environmental factors
 - the impact of social and interpersonal factors
 - the individual's coping skills
 - the impact of psychological/psychiatric factors
 - the individual's ability to communicate, both expressively and receptively
 - any medical condition or physical disability

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- E. All Behavior and/or Mental Health Support Plans shall include procedures designed specifically to increase existing adaptive skills or behaviors and teach alternative/functionally equivalent skills or behaviors to replace self-limiting behaviors.
- F. Interventions shall comply with all State, Federal, and other applicable laws, rules, and regulations.
- G. Behavior Support Interventions shall be reviewed and approved by PROBIS prior to implementation. The initial PROBIS review shall require submission of the following:
 - 1. a Risk/Benefit Analysis for each proposed intervention;
 - 2. documentation of current written or verbal consent;
 - 3. a current Medical Appointment Information Record OR;
 - 4. Psychiatric Appointment Information Record;
 - 5. current Medication/Behavior History;
 - 6. a signed physician's statement/medical clearance (for planned physical and mechanical restraint);
 - 7. a completed Behavior Support Plan Review;
 - 8. a Functional Assessment Summary
- H. The Director of Adult Special Populations and/or Director of Community Services may authorize the short term temporary approval of a behavior support intervention plan for the purpose of addressing the immediate safety and health of the individual served and the public. He/she shall ensure that the plan has adequate safeguards established as a condition of temporary approval. The temporary approval is valid until the next PROBIS meeting.
 - a. The authorization shall be in writing and copied to the assigned Behavior Analyst/Psychological Assistant, PROBIS Chair and DDDS Regional Director of the Office of Quality Management.
 - b. The written authorization shall be attached to the applicable Behavior Support Plan and filed accordingly in the COR.
- I. Planned Behavior Support Interventions which include the use of physical or mechanical restraints shall require that the individual be medically evaluated as a condition of its use, in order to determine that such intervention(s) is not contraindicated. The ID team shall plan accordingly for those individuals with diagnosed with any other existing medical conditions that may affect the person's health and safety.
- J. Only staff who have been trained on the individual's Behavior Support Plan and completed DDDS approved crisis prevention/crisis intervention curriculum shall implement a Behavior Support Intervention.
- K. The PROBIS chair shall be notified, via e-mail, of proposed changes to an approved Behavior Support Interventions, prior to implementation.
- L. Mental Health Support Interventions shall be reviewed by the ID Team prior to or at the time of beginning the medication. The plan shall be submitted to PROBIS within 60 days of beginning the medication. It shall include the I. D. Team's recommendation relative to the future

monitoring of the plan as well as the proposed monitoring/review body (I. D. Team or PROBIS) and the suggested frequency of review. If PROBIS determines that the I. D. Team shall be the monitor for the Mental Health Support Intervention, the team shall assume that responsibility and no further committee reviews of the plan/program shall be necessary unless:

1. The diagnosis is changed to one not included in the major diagnostic class of the original diagnosis;
 2. The class of medication prescribed is changed to another class;
 3. The total daily dosage of the medication exceeds the recommended upper range listed in either the Physician's Desk Reference or the Nursing Drug Handbook.
- M. The use of a prescribed psychotropic or behavior altering medication may be used on an interim and time limited basis (not to exceed 45 days) in the following situations: (1) in response to a crisis or unanticipated situation which necessitates the ongoing use of medication to address the situation until which time an appropriate Behavior and/or Mental Health Support Plan can be developed; or (2) as a means to identify an appropriate medication regime during the development of a plan and its subsequent committee review.
- N. The initial PROBIS review of Mental Health Support Interventions shall require submission and presentation of the following to PROBIS prior to implementation:
1. a Risk/Benefit Analysis for each proposed intervention;
 2. documentation of current written or verbal consent;
 3. a current Medical Appointment Information Record OR;
 4. a current Psychiatric Appointment Information Record;
 5. current Medication/Behavior History;
 6. a completed Mental Health Plan Review;
 7. Functional Assessment Summary.
- O. Psychotropic medications used to decrease or otherwise manage the symptoms of a mental illness shall be considered to be a medical treatment/intervention when (1) there is a sufficient reason to believe the medication prescribed is for the sole purpose of treating the mental illness and (2) when the class of medication is one which is the typical or standard treatment for the specific mental illness.
- P. Changes to Mental Health Support Interventions shall be submitted to the PROBIS chair via e-mail/written notification prior to implementation.
- Q. Contracted agency providers who manage a PROBIS Committee shall forward their meeting minutes to the DDDS PROBIS chair within two (2) weeks of each meeting.
- R. DDDS PROBIS chair shall review the contracted agency provider's PROBIS meeting minutes at the following DDDS PROBIS meeting.
- S. Verbal informed consent for Behavior and/or Mental Health Support Plans may be obtained when written consent cannot reasonably be obtained promptly enough to avoid a delay which could compromise the health or safety of the individual. Verbal informed consent shall include the following elements:
- An understandable explanation of the proposal including risk, benefits and alternatives;

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- Explanation that the verbal consent is voluntary, can be withdrawn at a later date and the duration of the requested verbal consent;
 - Be obtained with at least two (2) DDDS staff present, either in person or via telephone
 - The verbal consent shall be documented by both parties directly onto the person's applicable Risk Benefit Analysis.
- T. Emergency Crisis Interventions shall be limited to those that are taught in the DDDS-approved crisis intervention curriculum or pre-approved by a DDDS representative. Intrusive procedures shall be used only as a last resort and only after other less intrusive measures have been attempted and have failed to control an unanticipated and already occurring event where the individual and/or others are in imminent danger of physical harm.
- U. Use of all restraints and restrictive interventions shall be documented on the Medical/Behavior Intervention Strategy Record (MBIS) located within the General Event Report (GER) on the Therap web-based system.
- V. If an Emergency Crisis Intervention is used, the individual's I.D. Team must meet within five (5) business days to discuss the person's plan and the circumstances surrounding the use of the intervention and to develop or modify the Support Plan or develop an alternative plan of action.
1. Emergency Crisis Intervention:
- a. Emergency Crisis Interventions may be initiated only by staff who have successfully completed a DDDS approved crisis intervention curriculum.
 - b. Only those interventions taught in the crisis intervention curriculum may be used.
 - c. Emergency Crisis Interventions may only be used when the already occurring behavior has not responded to other less intrusive interventions or the Behavior Support Plan, if applicable, and it is necessary to keep the individual from harming himself/herself or others.
 - d. During the intervention, entries shall be made on the Medical/Behavioral Intervention Strategies Record every minute as staffing permits and preferably by an individual who is not directly involved in the implementation of the restraint. The entries shall serve to document the individual's response to the intervention.
 - e. The Designated Professional staff must be notified as soon as possible once the intervention is implemented and must immediately proceed to the location unless contraindicated by the logistics of the situation (e.g. during travel, restraint already discontinued) to assure proper implementation and documentation of the procedure.
 - f. Designated Professional Staff may authorize, in person, the continued use of the emergency crisis intervention to a maximum time, in accordance with the approved DDDS crisis intervention curriculum, after which time an alternative intervention must be provided.
 - g. The Designated Professional staff shall be responsible for the oversight of the intervention from the time of their arrival until the intervention is terminated.
 - h. The emergency crisis intervention must be terminated as soon as the person is no longer a danger to self or others and **MUST** be immediately terminated if the individual shows signs of distress as noted in Standard U of this policy.

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- i. The person's legal guardian or surrogate shall be notified of the use of an emergency physical restraint.
 2. Emergency Community Resources: The 911 emergency response system shall only be used as a last resort or as intensity requires to protect the health or safety of the person and others.
- W. Suicide threats shall be responded to as a legitimate mental health emergency by calling the appropriate emergency responder (e.g.: 911, psychiatrist, police). If a written planned intervention exists for the individual staff shall also follow that intervention.
- X. **IMMEDIATELY STOP** the implementation of a Planned Behavior and/or Mental Health Support Plan or an Emergency Crisis Intervention if the individual exhibit signs of distress (i.e.: respiratory distress, seizure activity, vomiting, bleeding, change of skin coloring, etc.). Medical treatment/interventions shall be initiated and/or sought.
- Y. Prohibited Procedures: The following procedures shall be prohibited:
1. corporal punishment or threat of corporal punishment;
 2. seclusion;
 3. chemical restraint;
 4. physical, verbal, sexual, or psychological abuse or punishment;
 5. denial of a nutritionally adequate diet (including the withholding of a meal);
 6. physical restraints which cause pressure or weight on the lungs, diaphragm or sternum causing chest compression;
 7. physical interventions which cause pain, hyper extend any part of the body beyond normal limits and any technique which puts or keeps a person off balance.
 8. individuals receiving services disciplining other individuals receiving services;
 9. techniques or procedures used for disciplinary purposes, for the convenience of staff, or as a substitute for a support program;
 10. intrusive interventions, techniques or procedures used in the absence of other relative proactive supports (e.g.: environmental modifications, teaching alternative skills/behaviors, etc)

VI. Procedures

<u>Responsibility</u>	<u>Action</u>
Interdisciplinary Team	1. Determines an individual's need for behavior and/or mental health supports.
POSITIVE BEHAVIOR SUPPORT	
Interdisciplinary Team	2. Discusses the delivery of the positive behavior support and incorporates such into the individual's ELP.
OVERSIGHT OF BEHAVIOR SUPPORT PLAN REVIEW (INITIAL)	
Psychological Assistant/Behavior Analyst	3. Presents Behavior Support Plan Review and supporting documents to PROBIS, as scheduled.

PROBIS Committee	<p>4. Reviews all presented materials. Makes request for modifications or additional information, as needed.</p> <p style="text-align: center;">OR</p> <p style="text-align: center;">Approves the clinical plan.</p>
Psychological Assistant/Behavior Analyst	<p>5. As applicable, coordinates required modifications or gathering of required information, as requested by PROBIS, by the schedule due date. Presents the aforementioned to the PROBIS chair.</p>
PROBIS Chairperson	<p>6. Signs and dates the Behavior Support Plan Review when the clinical support plan is approved.</p> <p>7. Forwards the approved Behavior Support Plan Review and supporting documents to the Human Rights Committee (HRC) Liaison.</p>
HRC Liaison	<p>8. Notifies the DDS Social Worker/Case Manager of the clinical approval of the Behavior Support Plan Review and the need to immediately pursue written informed consent from an authorized individual.</p> <p>9. Schedules the HRC review of the Behavior Support Plan Review.</p>
DDS Social Worker/Case Manager	<p>10. Submits written informed consent from an authorized individual and responses to the Human Rights Committee Questionnaire to the HRC Secretary by the scheduled due date.</p> <p>11. Presents at the scheduled HRC meeting and answer or clarifies questions relative to the informed consent and HRC Questionnaire responses.</p>
Human Rights Committee	<p>12. Requests applicable follow-up in order to achieve the requirements of informed consent or more comprehensively address the HRC Questionnaire, as applicable.</p> <p style="text-align: center;">OR</p> <p style="text-align: center;">Indicates disposition and signs/dates on the Behavior Support Plan Review.</p>
HRC Liaison	<p>13. Forwards reviewed Behavior Support Plan Review to either the Director of Community Services or Adult Special Populations, as applicable.</p>
DDS Director of Community Services or Adult Special Populations	<p>14. Reviews and signs Behavior Support Plan Review or advises ID team of decision not to approve, rationale and applicable corrective plan.</p> <p>15. Promptly returns reviewed Behavior Support Plan Review to the HRC Liaison.</p>

OVERSIGHT OF MENTAL HEALTH SUPPORT PLAN REVIEW (INITIAL)

Psychological Assistant/Behavior analyst	16. Presents Mental Health Support Plan Review and supporting documents to PROBIS, as scheduled.
PROBIS Committee	17. Reviews all presented materials. Makes request for modifications or additional information, as needed. OR Approves the clinical plan pending receipt of written informed consent if plan is supported with all required documentation and appears to be the most appropriate intervention. Notes pending disposition on the Mental Health Support Review form.
Psychological Assistant/Behavior Analyst	18. As applicable, coordinates required modifications or gathering of required information, as requested by PROBIS, by the scheduled due date. Presents the aforementioned to the PROBIS chair.
PROBIS Committee	19. Forwards the pending approval Mental Health Support Plan Review and copy of supporting documentation to the PROBIS Consent Coordinator.
PROBIS Consent Coordinator	20. Coordinates the completion and return of the Consent Agreement, with the applicable Case Manager/Social Worker. 21. Forwards the Mental Health Support Plan Review and signed Consent Agreement to the PROBIS Chair.
PROBIS Chair	22. Signs and dates the Mental Health Support Plan Review with final disposition. 23. Sends original documents to the HIM and copies to the applicable Psychological Assistant/Behavior Analyst.
Psychological Assistant/Behavior Analyst	24. Files copies of the Mental Health Support Plan Review and supporting documents in the COR. 25. Notifies the ID team of the disposition of the Mental Health Support Plan and ensures plans are made for monitoring, as specified in the plan.
PROBIS Chair	26. Coordinates the scheduling of follow-up reviews by PROBIS if the ID team's request to self-monitor was not approved.

OVERSIGHT OF BEHAVIOR/MENTAL HEALTH SUPPORT PLAN PROGRESS REVIEW

Psychological Assistant/Behavior Analyst	27. Submits Behavior/Mental Health Support Plan Progress Review to the PROBIS chair by the requested date.
PROBIS Committee	28. Reviews all presented materials. Makes request for modifications or additional information, as needed. OR Approves continuation of the clinical plan.

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Psychological Assistant/Behavior Analyst	29. Coordinates required modifications or gathering of required information, as requested by PROBIS, by the scheduled due date. Presents the aforementioned to the PROBIS chair.
PROBIS Chair	30. Signs and dates the Behavior/Mental Health Support Plan Progress Review when the clinical support plan is approved to continue. 31. Sends original Behavior/Mental Health Support Plan Progress Review to the H.I.M. and a copy to the Psychological Assistant/Behavior Analyst for filing in the COR. Note: Most Behavior/Mental Health Support Plan Progress Reviews for the mental health purposes will be reviewed by the ID team, as specified in the Mental Health Support Plan Review. In cases when PROBIS has not released the monitoring role to the ID team, follow the same procedural steps as delineated in # 27-30, Oversight of Mental Health Support Plan Review. 32. Notifies HRC Liaison of status of review.
HRC Secretary/Liaison	33. Coordinates HRC review with PROBIS and the applicable Case Manager/Social Worker.
Case Manager/Social Worker	34. Submits written informed consent from an authorized individual and responses to the Human Rights Committee Questionnaire to the HRC Secretary by the scheduled due date. 35. Appears at the scheduled HRC meeting to support the presentation of the case and answer or clarify questions relative to the informed consent and HRC Questionnaire responses.
Human Rights Committee	36. Requests applicable follow-up in order to achieve the requirements of informed consent or more comprehensively address the HRC Questionnaire, as applicable. OR Makes disposition to either endorse or not endorse the Consent Agreement and HRC Questionnaire packet. 37. Signs and dates the HRC Questionnaire form indicating either endorsement or non-endorsement.
HRC Liaison	38. Sends original Consent Agreement and HRC Questionnaire to the H.I.M. Department and a copy to the applicable Case Manager/Social Worker for filing in the COR.

USE OF RESTRAINT OR RESTRICTIVE INTERVENTIONS

<p>On-Site Staff</p>	<p>39. Practices positive behavior interventions and supports. Implements the individuals' Behavior Support Plan and principles taught in the DDDS approved Crisis Prevention/Crisis Intervention Curriculum.</p> <p>40. If the use of a restraint or restrictive intervention is required, as a last resort, because the individual or others are in imminent danger of being harmed, use techniques included in the DDDS Approved Crisis Intervention curriculum.</p> <p>41. Observes the individual during the implementation of restrictive or restraint interventions and documents as specified on the Behavior Intervention Strategies Record.</p>
<p>Designated Professional Staff</p>	<p>42. Consults with on-site staff or provider and assesses the situation. Proceeds to site as applicable to observe the individual.</p> <p>43. Directs staff/provider how to proceed.</p> <p>44. Makes determination when to terminate restraint or restrictive intervention with respect to the individual's behavior, health and safety and in accordance with Standard S.</p> <p>45. Coordinates the completion and documentation of a body check within one (1) hour of implementing a restraint or restrictive technique and twenty four (24) hours thereafter.</p> <p>46. Ensures that the individual's guardian or surrogate is contacted within twelve (12) hours of the intervention and informed of the situation.</p> <p>47. Coordinates the completion of the MBIS form, located on the GER, within twenty four (24) hours of the intervention. Ensures read and review rights are accessible to DDDS staff within (2) business days of the intervention.</p>
<p>Assigned Psychological Assistant/Behavior Analyst</p>	<p>48. Forwards MBIS form, via the GER, to the PROBIS chair within one week of receiving the electronic document.</p>
<p>PROBIS Chair/Designee</p>	<p>49. Reviews and signs MBIS.</p> <p>50. Maintains data base to track the use of MBIS and the misapplication and misuse of such.</p> <p>51. Forwards data base statistics re: above elements to the DDDS Performance Analysis Committee for the development of an analytic report and submission to the DDDS Risk Management Committee.</p>

VII. SYNOPSIS

This policy emphasizes the use of positive supports in the development of all programs and plans for individuals served. The policy further defines other interventions that may be used, the conditions in which they may be used, the parameters of the usage and the required monitoring systems.

VIII. REFERENCES

- A. O'Neill, Robert E.; Horner, Robert H.; Albin, Richard W.; Storey, Keith; Sprague, Jeffery R.. (1990) Functional Analysis of Problem Behavior, A Practical Assessment Guide
- B. DDDS Risk Management Policy
- C. DDDS Human Rights Committee Policy
- D. DDDS Consent Policy
- E. General Event Report Policy

IX. EXHIBITS

- A. Functional Assessment Guidelines
- B. Risk/Benefit Analysis Guidelines
- C. Medical Appointment Information Record (MAIR)
- D. Psychiatric Appointment Information Record (PAIR)
- E. Behavior Support Plan Review
- F. Medical Clearance Form for Mechanical and Physical Restraints
- G. Mental Health Support Plan Review
- H. Medical/Behavioral Intervention Strategies Record (Available on THERAP as part of the GER)
- I. Consent Agreement
- J. Behavior/Mental Health Support Plan Progress Review



Functional Assessment Guidelines

The Division's commitment to Positive Behavior Support

The Division embraces the philosophy of Positive Behavior Support (PBS) as a means of supporting and interacting with those it serves. Positive Behavior Support involves helping persons learn new ways of interacting with their environment. It begins with an assessment/analysis of the environmental factors governing the individual's problem behavior and includes efforts to change the environment and to actively teach more acceptable behavior.

An introduction to functional assessment

A Functional Assessment of Behavior is typically completed when an individual engages in challenging or problematic behaviors that are significant enough to interfere with their ability to live successfully in their community and/or develop and maintain interpersonal relationships.

It should be clear from the start that any systematic effort to build behavior support should begin with looking at the extent to which basic "preventative behavioral support" procedures are in place. Preventative behavioral support refers to a wide range of setting features such as the extent to which functional reinforcers are available, and the extent to which difficult behaviors are inadvertently reinforced. In addition to the preventative behavior support issues we must assess and contend with potential medical or physical conditions that may be influencing challenging behaviors. In essence, does the individual live in a world that provides opportunities to receive positive interactions and reasonable responses to their behavior; and are they free of medical or physical conditions which may be influencing their behavior?

A statement of values

Functional Assessment of behavior is value based in that:

- 1) Behavior support must be conducted with the dignity of the person as a primary regard, with the notion that unless there is a physiological reason, people do not engage in problem behaviors just because of a development disability.
- 2) The objective of functional assessment is not to define and eradicate problem behavior, but to understand the function of the behavior in order to teach and develop effective alternatives.
- 3) Functional assessment is really a process for discovering and understanding the relationships between behavior and the environment.
- 4) Intervention should be a hypothesis as to why the behavior exists.

Outcomes of a functional assessment

- 1) Operational description of the problem behavior which includes (a) a label for it; (b) a brief description of what it looks like; (c) the frequency with which it occurs; (d) the length of time the behavior continues once it begins; and (e) a description of the intensity of behavior. You will also want to note if the behaviors tend to occur together, in sequence, or if several behaviors seem to serve the same function.

2) Prediction relative to both the occurrence and non-occurrence of the problem behavior in terms of both setting events (slow triggers) and antecedents (fast triggers).

 Setting events are more distant variables that do not occur just before or just after a problem behavior but may set the stage or increase the likelihood that a problem behavior occur upon the presentation of an antecedent. Common setting events are:

- the use of medications (side effects)
- medical conditions or complications
- sleep cycles
- diet – preferences, restrictions
- daily schedule
- predictability of activities & the environment
- variety of activities – is there an adequate level of community events, exercise, and preferred options
- results of tasks/activities – does the person enjoy the activities
- density of people – large groups of people, crowding, noise levels
- staffing/support patterns – what is typical for that person and is it appropriate
- outcome monitoring – what is currently monitored

 Specific situations in which the problem behavior occurs or does not occur

- Time of day –
- Physical setting – are there certain rooms, areas, or environments
- Social control – presence or absence of specific people
- Activity – are specific activities associated with the behavior

3) Hypotheses about the functions (maintaining consequences) of the problem behavior. We assume that any behavior that occurs repeatedly is serving some useful function to the person. Behaviors serve two major types of outcomes or functions. One is to ‘obtain’ something desirable and the other is to ‘escape or avoid’ something undesirable. Some behaviors are reinforcing without requiring interaction with external objects or people while some do require interaction with the environment.

Other useful information that must be obtained and reviewed includes:

- the efficiency of the problem behavior – the more efficient it is the more likely it will be performed
- how the person typically communicates is important information to others in the environment, as well as receptive ability
- identification of effective reinforcers is essential, especially those the person seeks spontaneously
- what other ‘functional alternative’ behaviors does the person already know
- understand the history of the problem behaviors and any previous programs which have been attempted.



DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

Risk/Benefit Analysis Guidelines

DIRECTIONS: This document is intended to serve as guidelines as to what information needs to be included in the Risk/Benefit Analysis statement. The Team may choose to present the information in this format or in narrative form. It may be written on the Psychiatric Appointment Information Record (PAIR), the Medical Appointment Information Record (MAIR) or an I.D. Note.

The following information must be included:

- Date
- Name
- Case No
- Date of birth
- Area
- Team members present/absent members who were contacted for approval (if applicable)
- Intervention (a separate Risk/Benefit Analysis must be written for each proposed intervention)
- Risks associated with not providing the intervention
- Benefits of the proposed intervention
- Risks associated with the proposed intervention
- Protective measures taken to minimize risk of proposed intervention
- Team's resolution (i.e. After review of the above considerations, Team agrees that the benefit of (proposed intervention) outweighs the risk associated with the use of the intervention.

New Castle Regional Office
2540 Wrangle Hill Road, 2nd floor
Bear, DE 19701
PH: (302) 836-2100

Kent Regional: Office, Thomas Collins Bldg,
540 S. DuPont Hwy., Suite 8
Dover, DE 19901
PH: (302) 744- 1110

Sussex Regional Office, Stockley
Center:
26351 Patriots Way
Georgetown, DE 19947
PH: (302) 933-3100



Delaware Health & Social Services
Division of Developmental Disabilities Services

Medical Appointment Information Record [MAIR]

Name: _____ MCI#: _____ Date: _____

Ht: _____ Wt: _____ BP: _____ P: _____ Temp: _____

Doctor seen: _____ Specialty: _____

Known Drug Allergies: _____

Symptoms Present: _____

Physical findings: _____

Tests Done: _____

Diagnosis and Prognosis: _____

Restrictions: _____

Prescriptions & Treatment: _____

Return Appointment Date _____

Signature of Doctor: _____

Address: _____

Phone: _____

Name of Individual: _____

MEDICAL APPOINTMENT CHECKLIST

This form must be completed and taken on every doctor's appointment:

• **The following items must accompany you on this appointment:**

<input type="checkbox"/> Medical Appointment Information Record	<input type="checkbox"/> COR (Client Oriented Record)
<input type="checkbox"/> Current MAR	<input type="checkbox"/> Physical Exam form and Standing Medical Orders (for annual physical only)

• **The following questions must be answered prior to the doctor's appointment:**

What is the nature (purpose) of this appointment?

- An annual physical
- A follow up appointment
- An illness

What symptoms are being experienced? How long have the symptoms been present? (Include when the illness started, how often does it occur and how long does it last? _____

Has this occurred before? YES NO If yes when and what was done for it?

What has been done for the individual to help with this condition?

Signature/Title: _____ Date: _____

At the end of the appointment, these questions should be asked of the doctor:

What care is being ordered? _____

If medication is prescribed, what is the medication supposed to do? (What is the desired effect?) _____

Are there any side effects that we should be concerned about? _____

Signature/Title: _____ Date: _____



**DELAWARE HEALTH & SOCIAL SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES**

PSYCHIATRIC APPOINTMENT INFORMATION RECORD

Name: _____ MCI #: _____ Date: _____
Initial Appointment _____ or Return Visit _____

Presenting Problem/Current Diagnosis:

Axis I: _____
Axis II: _____
Other: _____

Current findings/recommendations: _____

Symptoms/Targets to be tracked: _____

Specific Staff responses/supports you are requesting: _____

Medication/Dosage	Purpose	suggested range/maximum (therapeutic range or dose)

Titration discussed (if applicable): _____

Testing done (e.g.: AIMS) or requested (e.g.: Lab work): _____

Next Appointment: _____ Physician's Signature: _____

Consent Statement

_____ has the capacity to give consent to the above prescribed
Individual's Name medications/treatments.

Please check one: _____ YES _____ NO Physician's Signature: _____

RISK/BENEFIT ANALYSIS

(To be filled out by the I. D. Team)

DATE: _____

Procedures/Interventions discussed (list each, such as medications, behavioral intervention strategies, etc):

Risks of not providing the procedure/intervention: _____

Benefits of proposed procedure/intervention: _____

Risks of proposed procedure/intervention: (e.g.: medication side effects, impact of behavioral intervention, etc): _____

Protective measures taken to minimize the risk of proposed procedure/intervention (e.g.: periodic lab work, AIMS, etc): _____

Titration Plan:

IDT Members having input & Signatures:

Verbal Consent was received on _____ by _____, for the
Date *Name & Relationship*
medication prescribed and so noted in the above PAIR. The Risk-Benefit of the prescribed medication(s) was fully explained and questions were answered.

Signature & Title of Staff Witness to Verbal Consent

Date

Signature & Title of Staff Witness to Verbal Consent

Date

Name and Relationship of Person Who Gave Verbal Consent: _____

Address of Person Who Gave Verbal Consent: _____

Phone Number of Person Who Gave Verbal Consent: _____

Reviewed and Approved by PARC on 11/15/04

Revised: 12/23/10

Form #: 13/Admin

4. Which targets (behaviors or skills) are you attempting to teach as functional equivalents?

5. List previous interventions and outcomes:

6. Expected outcome of this intervention:

7. Describe plans for fading/eliminating the interventions:

8. Is a body check required following use of the intervention? (Required for all restraints and hands on restrictives)

Yes _____ No _____

9. Please attach the following (as applicable):

Functional Assessment Summary
Risk/Benefit Analysis
Medication /Behavior History

Support Plan or Essential Lifestyle Plan
Current PAIR/MAIR/psych consult
Medical Clearance form

Documentation of Verbal or Written Consent

10. Additional comments (as needed):

Signature: Psychological Assistant/Behavior Analyst

Signature: Case Manager/ Social Worker

Signature: Nurse Consultant

PROBIS Committees

Clinically Approved
DATE

Clinically Disapproved
DATE

PROBIS Decision/Recommendations/Outcome: _____

Signature: _____ *PROBIS Committee Chairperson* _____ *Date*

HRC Committee: The HRC has reviewed the responses to the HRC Questionnaire and written informed consent. Based on this information, the HRC offers the following disposition:

_____ Endorsed _____ Not Endorsed
DATE *DATE*

If not endorsed, please explain reason(s): _____

Signature: _____ *Human Rights Committee Chairperson* _____ *Date*

Signature: _____ *Director of Community Services or Adult Special Populations* _____ *Date*



Medical Clearance Form for Mechanical and Physical Restraints

Name of Individual: _____

MCI #: _____

Residence: _____

Describe the mechanical or physical restraint to be applied :

Describe the reason that the physical/mechanical restraint is necessary: _____

Describe what the physical/mechanical restraint will do for the individual: _____

Describe any medical risks (including bone density risk) associated with the use of the proposed mechanical or physical restraint:

Describe safeguard techniques to be implemented during the restraint: _____

Describe the schedule/procedure for release/monitoring of the physical/mechanical restraint: _____

Signature of Physician/Psychiatrist/Dentist:

Date of Signature



DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

Mental Health Support Plan Review

Name: _____ MCI#: _____ Date: _____
Residence: _____ DOB: _____

- 1) Diagnosis: _____
2) Physician: _____
3) Medication (s) & dosage: _____

4) Has a written Functional Assessment of Behavior been completed:
YES (SUBMIT) _____ NO _____

5) Additional comments (as needed): _____

6) Team Request (e.g.: who should review this plan & at what minimal frequency): _____

- 7) Please attach the following:
Support Plan or Essential Lifestyle Plan
Current PAIR/MAIR/Psych consult
Current Consent Agreement
Risk/Benefit Analysis
Current Medication /Behavior History

8) Submitted by: _____
Signature: Psychological Assistant/Behavior Analyst

Signature: Case Manager/Social Worker
Signature: Nurse Consultant



Division of Developmental Disabilities Services
Community Services/Adult Special Populations

Medical/Behavioral Interventions Strategies Record

Name: _____ Date of Intervention: _____

MCI #: _____ Residence: _____

Observations must be entered at one-minute intervals for the use of restraints or hands on restrictives. Documentation of observations when other interventions are used will be specified by the designated professional staff authorizing the procedure. Immediately following termination of an intervention, the designated professional staff, will complete a preliminary visual check of the person, to identify if there are any injuries.

I. Authorization:

Person Implementing Intervention: _____ Time: _____ AM/PM
Signature/title

Person Authorizing Intervention: _____ Time: _____ AM/PM
Signature/title

II. Describe Intervention Used : _____
Date: _____ Time: _____ AM/PM

III. Description of behavior and event necessitating the use of a restraint or restrictive intervention (who, what, where and when):

IV. Description of crisis prevention and intervention techniques used to avoid, re-direct and/or re-direct the situation that necessitated the use of a restraint or restrictive procedure.

Justification for the use of a restraint or restrictive intervention:



DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

CONSENT AGREEMENT

Name: _____ MCI #.: _____ Date: _____

Residence: _____ DOB: _____

I, _____, consent for _____ to participate
in/receive the following program, procedure or intervention: _____

I have received a written copy of the program, procedure, or intervention. An explanation of the program/procedure/intervention, any alternative procedures, possible benefits, side-effects, and risks have been provided to me (*verbally, in writing*).

This consent is given voluntarily and without coercion. I understand that I may withdraw my consent at any time.

This consent automatically ends on _____.

Signature of Individual Giving Consent

Relationship to Individual

Date of Consent

8. Team's Request (continue or discontinue) and justification: _____

9. PROBIS Decision/Recommendations: _____

DATE Approve

DATE Not Approved

Signature PROBIS Chairperson

Date