Behavior Support Services Policy Section G.3.15.1

A. The Agency recognizes that behavior support strategies and emergency safety interventions may be needed.
B. This policy reflects compliance with rules and regulations governing the provision of behavior support services across Agency programs.
C. The Agency has established procedures for compliance with Ohio Administrative Code 3301-35-15(H) (Ohio Department of Education Policy on Positive Behavior Interventions and Support, and Restraint and Seclusion) as it applies to Agency schools.
D. The Agency has also established procedures for compliance with Ohio Revised Code 5123-2-2-06 (Behavior Support Strategies that Include Restrictive Measures) as it applies to behavior support strategies that include restrictive measures. ORC 5123-2-2-06 governs all Agency locations and services which do not fall under OAC 3301-35-15(H).
E. This policy is available to those who request it and via the Agency website.
F. Consistent with rules governing behavior support services, procedures and training related to restraint and collection of data regarding the use of restraint shall be established.
G. Consistent with OAC 3301-35-15(H) and ORC 5123-2-2-06, physical restraint shall not occur except when there is risk of harm or likelihood of legal sanction. The use of prone restraint, physical restraint that obstructs the airway of the person, or any physical restraint that impacts a student's primary mode of communication is prohibited.
H. The Agency prohibits the use of seclusion as a behavior support strategy.

Hamilton County Developmental Disabilities Services

Office of Medicaid, Contracts, and SSA

Behavior Support Services Procedures for Ohio Revised Code 5123-2-2-06

Behavioral Support Strategies that Include Restrictive Measures

Definition:

At Hamilton County Developmental Disabilities Services (HCDDS), the Behavior Support Team (BST) advocates for the use of positive support strategies, choice making, and independence across all environments and circumstances. This team coaches and trains support staff and natural support persons on the application of the least restrictive forms of supports and interventions necessary to mitigate the risk of harm to a person or those around them. Simultaneously, the BST will highlight and build on a person's unique gifts, talents, strengths, hopes, dreams and preferences. The BST recognizes and considers all the factors which influence a person's behavior when determining how to best support people served.

How to Make a Request for Behavior Support Services:

1. Any Service and Support Administrator (SSA) or Habilitation Specialist (HAB II) may make a request to the BST at any time while supporting an individual on their caseload.
2. Referral should be based on a team decision to seek supports in this regard.
3. The SSA or HAB II will fill out a Behavior Support Referral form (BM101) and send the completed form to the Behavior Support Supervisor.
4. The Behavior Support Supervisor will then email the form to the appropriate Behavior Support Specialist (BSS) and copy the SSA or HAB II on the email.
5. Finally, the SSA and the BSS will work together to set up an initial consult with the individual and their team.

Structure of the Behavior Support Team:

The BST is comprised of the Behavior Support Supervisor and multiple BSS who provide services by demographics of individuals served. Services are directed at children and adults in the community, individuals with multi-systems involvement, children and adolescents at HCDDS schools and individuals at HCDDS adult centers. HCDDS psychologists also support and consult with the BST across the agency as needed.

Levels of Behavior Support:

Behavior Support Referral:

This level of support is given to people who are not currently receiving support from the BST. The supports in this level are general best practices for mitigating risk of harm. People

receiving support at this level will work with a BSS 1-3 times. If more support is needed, the individual will move from this level of support to the next. The Behavior Support Referral level of support can be utilized when supporting individuals with and without waivers.

Behavior Support Consultative:

This level of support is given to people who routinely receive support from the BST. This means that that individual and/or their team are meeting and working with a BSS on a scheduled basis (i.e., every 30 days, every 90 days) and their supports are integrated into their Individual Service Plan (ISP). This level of support meets criteria for the Behavior Support Add-On Rate. Providers are responsible for requesting the Add-On Rate. The Behavior Support Consultative level of support can be utilized when supporting individuals with and without waivers.

Behavior Support Restrictive:

This level of support refers to those who require strategies that include restrictive measure(s). Those receiving this level of support will meet with their BSS and team on a 30 day schedule with effort directed at mitigating risk of harm and reviewing data regarding the restrictive measure(s). Supports at this level are fully integrated into the individual's ISP. In certain circumstances, additional professional support may be sought and additional consents may be obtained if needed. This level of support meets criteria for the Behavior Support Add-On Rate. Providers are responsible for requesting the Add-On Rate. The Behavior Support Restrictive level of support can be utilized when supporting individuals with and without waivers. When the individual does not receive waiver services, restrictive measures are only applied to environments where paid staff are involved.

Behavior Support Services and the Individual Service Plan:

Behavior Support Referral:

At this level of support, the team will receive training and supplementary tools developed by the BSS. The training tools created by the BSS will be uploaded into Knowledge Lake. No revisions to the ISP are required at this level of support. The BSS will base the training on a combination of observation, interviews with support staff and the person served, and a completed functional assessment. The training tools will adhere to best practice strategies in behavior support. At this level, the team will meet 1-3 times on average. The ISP Assessment should be updated to reflect current risks on page 4 and the BSP Referral column should be checked on page 5. If additional BSS support is needed, services at the Behavior Support Consultative level become necessary.

Behavior Support Consultative:

When a person is receiving support at this level, strategies are fully integrated into their ISP. The ISP Outcomes and Action Steps will reflect behavior support strategies designed to

support the person’s skills, strengths, and dreams as well as mitigate any risk of harm that may be present. In addition, the team will receive training tools and data collection documents created by the BSS. The team will meet routinely (i.e., every 90 days) to discuss the effectiveness of the strategies provided. The ISP Assessment should be updated to reflect current risks on page 4 and the BSP Consultative column should be checked on page 5. When a person has an existing ISP and is not up for a redetermination, the ISP will be revised to integrate the behavior support strategies. The BSS will provide comprehensive training to the team on all strategies created to support the person as well as the training tools and documentation sheets.

Behavior Support Restrictive:

Supports at this level are recommended only after other, less intrusive forms of support have been ineffective in mitigating the risk of harm. The BSS will base training on a combination of observation, interviews with support staff and the person served, and a completed functional assessment. Additional information will be gathered to aid in development of both restrictive measures and positive replacement behaviors. Replacement behaviors are developed with the input of the team and with understanding of the wants and needs of the individual being supported. Effort will be directed at recognizing the role of triggers which may be affecting a person’s ability to make safe decisions about their behavior towards themselves and others. Triggers may include, but are not limited to, environmental, mental health, emotional, trauma-based, medical, interpersonal, and sensory-based factors. Restrictive measures also require that the person’s ISP be revised in order to include behavior support information and strategies.

This level of support requires that the ISP and Assessment be updated, with attention paid to pages 4, 5, and 6 of the Assessment. In addition, the ISP Outcomes and Action Steps will reflect behavior support strategies designed to support the person’s skills, strengths, and dreams as well as mitigate any risk of harm that may be present. The BSS will create training tools as well as documentation sheets to compliment the ISP. This level of support is regulated by the Ohio Revised Code (5123-2-2-06; Behavioral support strategies that include restrictive measures) and must undergo review by the HCDDS Rights Committee (RC) prior to being implemented. Consent must be secured prior to presentation at the RC. These RC presentations are the responsibility of the BSS, and the SSA or HAB II involved are encouraged to attend as well. All ISP’s with restrictive measures are reviewed with the person and their team prior to implementation. As noted above, in certain circumstances, additional professional support may be sought and additional consents may be obtained. The Ohio Department of Developmental Disabilities requires notification of all new, revised, and/or renewed restrictive measures prior to implementation.

Monitoring:

The monitoring schedule for behavior support services is varied based on the level of support provided. As a general standard, the following applies:

Behavior Support Referral:

At this level of support, the team meets on average 1-3 times to create best practice strategies and guiding documents in order to mitigate any risk of harm involved and support the person to achieve their hopes and dreams in a positive manner. Meeting minutes will be documented through targeted case management notes.

Behavior Support Consultative:

At this level, the team meets on average every 90 days. At these meetings, the team will check in with the person served to find out how they are feeling about their services particular to behavior supports. The team will review data collected and discuss it with effort directed at recognizing trends and patterns. Successes will be celebrated at every meeting. The ISP may need to be revised to reflect the changes discussed. Meeting minutes will be documented through targeted case management notes.

Behavior Support Restrictive:

When restrictive measures are in place, the team meets every 30 days (although within rule they are required to meet every 90 days). At these meetings, the team will check in with the person served to find out how they are feeling about their services particular to behavior supports. The team will review data collected and discuss it with effort directed at recognizing trends and patterns. Effort will be directed at reducing and eliminating the need for restrictive measures while continuing to mitigate the risk of harm. Successes will be celebrated at every meeting. The ISP may need to be revised to reflect the changes discussed. Meeting minutes will be documented through targeted case management notes. Restrictive measures are reviewed quarterly with the Behavior Support Review Committee (BSRC) and renewed annually, based on need, through the RC. The BSS is responsible for conducting reviews with the BSRC and RC and for following up with the team on any feedback given by these committees. Although they are the responsibility of the BSS, the SSA or HAB II involved are encouraged to attend as well.

General Information:

1. Behavior Support Services are intended to be temporary in nature. Effort will be directed at reducing and eliminating the need for behavior support services, particularly the use of restrictive measures.
2. The BST is responsible for providing Developing Positive Relationships training for HCDDS and provider agency staff. This training focuses on the importance of positive relationships and the power of using proactive positive behavior support strategies to mitigate the risk of harm.

3. Members of the BST are Certified Instructors in Nonviolent Crisis Intervention through the Crisis Prevention Institute (CPI) and will periodically provide training on Nonviolent Crisis Intervention to both new staff and direct service staff employed by HCDDS with adherence to the standards of the CPI curriculum.
4. The BST works collaboratively with the agency's Psychology Department to provide the highest quality supports possible to the people with whom they work.

Hamilton County Developmental Disabilities Services

Office of Integrated Services

Behavior Support Services Procedures for Ohio Administrative Code 3301-35-15(H)

Ohio Department of Education Policy on Positive Behavior Interventions and Support, and Restraint and Seclusion

Definition:

The purpose of these procedures is to provide a source of reference for behavior support services in Hamilton County Developmental Disabilities Services (HCDDS) schools that meets the Ohio Department of Education's (ODE) 'Policy on Positive Behavior Interventions and Support, and Restraint and Seclusion', OAC rule 3301-35-15. Copies will be available to individuals served, families, staff and anyone else who would like a copy and will be posted on the HCDDS website.

The objectives of these procedures are:

- ✓ The protection and advocacy of the rights of students
- ✓ To ensure consistency and compliance with relevant rules, regulations, or standards (internal and external) governing HCDDS schools
- ✓ To ensure best practice and sound procedures, applied with sensitivity to cultural values and beliefs, as well as to the needs and preferences of the student
- ✓ To ensure consistent application of behavior support standards across schools
- ✓ To provide guidance to staff when dealing with ambiguous or complex situations
- ✓ To ensure the rights, health and safety of everyone involved in supporting students

HCDDS schools believe that the school environment should be one that ensures the care, safety, and welfare of all students and staff members. Efforts to promote positive interactions and solutions to potential conflict should be exhaustive. In the event that a student presents a threat of immediate harm to self or others, the use of approved physical intervention to maintain a safe environment may be used as a last resort.

Philosophy of Support:

The purpose of behavior support is to help students to exercise choice in ways that foster positive academic and functional outcomes by promoting positive relationships that are achieved through supportive action. The student must feel safe, cared about and be actively

engaged with the people in his/her life for these relational supports to be effective. HCDDS schools seek to develop such meaningful relationships in the lives of students. This effort is based on the general fact that people crave relationships with one another. We are all created to be socially connected. When we are not connected, different and sometimes maladaptive "behaviors" emerge. It is important that each person has at least one relationship where he/she feels safe and well cared for. Forming such a relationship begins with a genuine interest in the other person. Using warm words and gentle, non-intrusive physical touch are ways to communicate care for another person. The greatest gift one person can give to another is one's time and attention. Words and actions should express warmth and tenderness and result in the person feeling safe and cared for. This includes reassuring the person often of his/her safety in your presence, speaking slowly and gently, and speaking of good things that honor and uplift the person. Useful resources for guiding the successful development of positive relational supports include www.dimagine.com and www.gentleteaching.com.

Definitions:

Aversive Behavioral Intervention* – means an intervention that is intended to induce pain or discomfort to a student for the purpose of eliminating or reducing maladaptive behaviors, including interventions such as: application of noxious, painful and/or intrusive stimuli, including any form of noxious, painful or intrusive spray, inhalant or tastes.

Chemical Restraint – means a drug or medication used to control a student's behavior or restrict freedom of movement that is not:

> **A.** Prescribed by a licensed physician, or other qualified health professional acting under the scope of the professional's authority under State law, for the standard treatment of a student's medical or psychiatric condition; and
>
> **B.** Administered as prescribed by the licensed physician or other qualified health professional acting under the scope of the professional's authority under State Law.

De-Escalation Techniques – means strategically employed verbal or non-verbal interventions used to reduce the intensity of threatening behavior before a crisis situation occurs.

Functional Behavior Assessment— means a collaborative problem-solving process that is used to describe the "function" or purpose that is served by a student's behavior. Understanding the "function" that an impeding behavior serves for the student assists directly in designing educational programs and developing behavior plans with a high likelihood of success.

Mechanical Restraint – means:

> **A.** Any method of restricting a student's freedom of movement, physical activity, or normal use of the student's body, using an appliance or device manufactured for this purpose; and

B. Does not mean devices used by trained school personnel, or used by a student, for the specific and approved therapeutic or safety purposes for which such devices were designed and, if applicable, prescribed, including:

1. Restraints for medical immobilization;

2. Adaptive devices or mechanical supports used to allow greater freedom of mobility than would be possible without the use of such devices or mechanical supports; or

3. Vehicle safety restraints when used as intended during the transport of a student in a moving vehicle.

Physical Escort – means the temporary touching or holding of the hand, wrist, arm, shoulder, waist, hip, or back for the purpose of inducing a student to move to a safe location.

Physical Restraint – means the use of physical contact that immobilizes or reduces the ability of a student to move their arms, legs, body, or head freely. Such term does not include a physical escort, mechanical restraint, or chemical restraint. Physical restraint does not include brief, but necessary physical contact for the following or similar purposes: to break up a fight; to knock a weapon away from a student's possession; to calm or comfort; to assist a student in completing a task/response if the student does not resist the contact; or to prevent an impulsive behavior that threatens the student's immediate safety (e.g., running in front of a car).

Positive Behavior Support Plan – means the design, implementation, and evaluation of individual or group instructional and environmental modifications, including programs of behavioral instruction, to produce significant improvements in behavior through skill acquisition and the reduction of problematic behavior.

Prone Restraint* – means physical or mechanical restraint while the student is in the face down position.

Timeout – means a behavioral intervention in which a student, for a limited and specified time, is separated from the class within the classroom or in a non-locked setting for the purpose of self-regulating and controlling his or her own behavior. In a timeout, the student is not physically restrained or prevented from leaving the area by physical barriers.

Seclusion* – means the involuntary isolation of a student in a room, enclosure, or space from which the student is prevented from leaving by physical restraint or by a closed door or other physical barrier.

***Aversive Behavioral Intervention, Prone Restraint and Seclusion are not permitted in HCDDS schools.**

Positive Behavior Intervention and Support (PBIS):

PBIS describes a school-wide systematic approach to utilizing evidence-based practices and data-driven decision-making to improve school climate and culture, resulting in improved academic and social outcomes and increased learning for all students. PBIS encompasses a wide range of systemic and individualized positive strategies to reinforce desired behaviors, diminish reoccurrences of challenging behaviors and teach appropriate, effective behavior to students.

All staff who support students directly are trained in crisis management and de-escalation techniques. Written or electronic documentation on training provided and lists of participants in each training is maintained. All student personnel shall be trained annually on the requirements of this policy, Ohio Administrative Code 3301-35-15, and HCDDS policies and procedures regarding restraint, which will include training student personnel as necessary to implement positive behavior intervention and supports on a system-wide basis.

Components of PBIS

The PBIS prevention-oriented framework or approach applies to all students, all staff, and all settings. Components of a system of PBIS include:

1. Trained school staff to:
- **a.** Identify where, under what conditions, with whom and why specific inappropriate behavior may occur;
- **b.** Conduct preventative assessments, which should include:
  - **i.** A review of existing data;
  - **ii.** Interviews with parents, family members and students, and;
  - **iii.** Examination of previous and existing behavioral intervention plans.
- **c.** Develop and implement preventative behavioral interventions and teach appropriate behavior through:
  - **i.** Modifying the environmental factors that escalate the inappropriate behavior;
  - **ii.** Supporting the attainment of appropriate behavior, and;
  - **iii.** Use verbal de-escalation to defuse potentially violent dangerous behavior.

2. PBIS is a system that will:
- **a.** Support students' efforts to manage their own behavior;
- **b.** Implement instructional techniques in how to self-manage behavior,
- **c.** Decrease the development of new problem behaviors;
- **d.** Prevent worsening of existing problem behaviors, and;
- **e.** Redesign learning/teaching environments to eliminate triggers and maintainers of problem behavior.

3. PBIS includes family involvement as an integral part of the system.

PBIS and use of Restraint

Every effort should be made to prevent the need for the use of restraint. The use of an effective non-aversive behavioral system such as Positive Behavioral Intervention and Supports (PBIS) shall be used to create a learning environment that promotes the use of evidence-based behavioral interventions, thus enhancing academic and social behavioral outcomes for all students.

Restraint shall not occur, except when there is an immediate risk of physical harm to the student or others, and shall occur only in a manner that protects the safety of all children and adults at school. Every use of restraint shall be documented and reported in accordance with the requirements set forth below.

Any incident of restraint shall be immediately reported to building administration and the parent. Any incident of restraint shall be documented in a written report that is made available to the parent within twenty-four hours. The report is maintained by the school in the student file. One report may be made to notify parents of multiple restraints within the same school day. HCDDS shall annually report information regarding its use of restraint and seclusion to the Ohio Department of Education in the form and manner as prescribed by the department.

Requirements for use of Restraint

Physical restraint might be applied only in the case of immediate physical harm to the student or others and where no other safe and effective alternative interventions are available or possible. If physical restraint is applied in such cases, staff must:

- ✓ Implement restraint in a manner that is age and developmentally appropriate;
- ✓ Ensure safety of other students and protect the dignity and respect of the student involved;
- ✓ Combine use with other approaches (non-physical interventions are always preferred) that will diminish the need for physical intervention in the future;
- ✓ Use verbal strategies and research based de-escalation techniques in an effort to help the student regain control;
- ✓ Use the least amount of force necessary, for the least amount of time necessary;
- ✓ Be appropriately-trained;
- ✓ Continually observe the student in restraint for indications of physical or mental distress;
- ✓ Make appropriate emergency contacts according to crisis policy if, at any point, the staff assesses that the intervention is insufficient to maintain safety of all involved;
- ✓ Remove the student from physical restraint immediately when the immediate risk of physical harm to self or others has dissipated;

i. Following the use of physical restraint, the individual should be assessed for injury or psychological distress and monitored as needed following the incident

✓ Complete all required reports and document staff's observations of the student.

ii. An incident report shall be completed upon each occurrence of physical restraint
iii. Completion of the form must occur by the end of that school day
iv. A copy must be made available to parent/guardian within 24 hours
v. Additionally, staff should attempt to contact parent/guardian on the day of the incident

✓ De-brief, include all involved staff, student and parents; evaluate the trigger for the incident, staff response, and methods to address the student's behavioral needs;

vi. Debrief utilizing the incident report
vii. A copy of the form must be sent to building administration
viii. During the debrief, if this behavior is noted as a pattern of dangerous behavior that leads to the use of restraint, a Functional Behavior Assessment, and if necessary a Behavior Intervention Plan should be completed

Prohibited Practices for Use of Restraints

✘ Staff members are not to use any physical restraints for which they have not been trained.

✘ Staff members are not to use any unauthorized physical restraints. This includes but is not limited to:

a. Prone restraint;
b. Any form of physical restraint that involves the intentional, knowing, or reckless use of any technique that involves the use of pinning down a student by placing knees to the torso, head, and or neck of the student;
c. Using any method that is capable of causing loss of consciousness or harm to the neck or restricting respiration in any way;
d. Uses pressure point, pain compliance, or joint manipulation techniques;
e. Corporal punishment;
f. Dragging or lifting of the student by the hair or ear or by any type of mechanical restraint;
g. Child endangerment, as defined in section 2919.22 of the Revised Code;
h. Deprivation of basic needs;
i. Seclusion or restraint of preschool children in violation of paragraph (D) of Rule 3301- 37-10 of the Revised Code;
j. Chemical restraint;
k. Mechanical restraint (that does not include devices used by trained school personnel, or by a student, for the specific and approved

therapeutic or safety purposes for which such devices were designed and, if applicable, prescribed);

l. Using other students or untrained staff to assist with the hold or restraint;

m. Securing a student to another student or fixed object;

n. Any physical restraint that impacts a student's primary mode of communication;

o. Aversive behavioral interventions; or

p. Seclusion in a locked room or area.

Monitoring and Complaint Procedures:

HCDDS will establish a monitoring procedure as part of the behavior support process to ensure practices are implemented as set forth in policy. As part of its complaint process, HCDDS shall have policies and procedures that include:

1. A procedure for a parent to present written complaints to the building administration team. If additional administrative resolution is indicated, further review may occur by administrators up to and including the Superintendent, and;
2. HCDDS will respond to the parent's complaint in writing within thirty (30) days of the filing of a complaint regarding an incident of restraint.

IDEA Complaint Procedures:

The parent of a student with a disability may choose to file a complaint with the Ohio Department of Education, Office for Exceptional Children, in accordance with the complaint procedures available concerning students with disabilities. In accordance with the consent order entered in *Doe v. State of Ohio*, complaints alleging the improper use of restraint on a student with a disability will be investigated by the Ohio Department of Education, Office for Exceptional Children, if the complaint otherwise falls within the procedures concerning state complaints under IDEA as set forth in Ohio Administrative Code Rule 3301-51-05(K)(4)-(6). Complaints alleging injuries to a student with a disability or the use of restraints shall not be deemed insufficient on the face of the complaint if they are framed within the context of IDEA, including:

1. A pattern of challenging behaviors that are related to the student's disability;

2. Whether the student has had or should have had a functional behavioral assessment (FBA) and a positive behavior support plan (PBSP);

3. Whether the FBA and PBSP are appropriate;

4. Whether the student's behavior and interventions are addressed or should have been addressed in the IEP, and;

5. Whether staff has been sufficiently trained in de-escalation and restraint techniques.