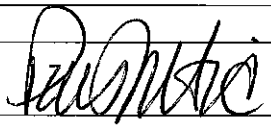
Catholic Charities Disabilities Services	
Agency Standard and Procedure	
Standard Category	Residential Services
Standard Title	Individual-Centered Behavioral Intervention
Regulations	14NYCRR 633.16
Original Issue Date	06/14/2013
Latest Revision Date	03/09/2023
Number of Pages	5
Attachments	
Approved by: Paula Jubic, Executive Director	

Standard:

Catholic Charities Disabilities Services (CCDS) is committed to providing necessary behavioral supports and interventions to the individuals it serves. These behavioral supports and interventions will be designed and monitored by appropriately credentialed staff. Behavioral supports and interventions are expected to result in the prevention or elimination of challenging behaviors, foster the development of new adaptive behaviors, increase or maximize existing adaptive behaviors, or minimize undesirable behaviors. CCDS will provide positive behavioral supports and interventions whenever possible, but also recognizes that, at times, restrictive interventions will need to be utilized. The rights of each individual in crisis will be ensured at all times. In each instance the requirements of all applicable laws and regulations, including 14 NYCRR 633.16, will be met.

Definitions:

Behavior Support Plan (BSP)—a written plan that outlines proactive strategies, warning signs, situations that may increase the likelihood of a challenging behavior, and specific interventions designed to support and develop replacement or alternative behaviors.

Emergency Situation—a situation posing an immediate risk to the health or safety of an individual in crisis or to others that is unexpected, unforeseen, or unanticipated, and for which procedures have not been specified in an individual's behavior support plan.

Functional Behavioral Assessment (FBA)—prior to implementation of a BSP, the assigned Behavior Intervention Specialist (BIS) will complete an FBA to identify and describe challenging behavior(s), identify the function(s) or purpose(s) for the challenging behavior. The FBA will also identify the specific internal or environmental stimuli or conditions that are maintaining the challenging behavior(s)..

Human Rights Committee (HRC)—a committee which has the responsibility to protect the rights of individuals whose BSP incorporates the use of any restrictive intervention and/or limitation on an individual's rights in order to prevent and/or manage challenging behavior and which exercises this responsibility through the process of reviewing and approving BSPs.

Informed Consent Committee (ICC)—a committee which has the authority to give informed consent for a behavior support plan incorporating the use of any restrictive intervention, when the individual lacks

the capacity to consent and there is no other authorized surrogate available (see Standard: Informed Consent).

Mechanical Restraining Device—any physical apparatus or equipment used to maintain the safety of an individual supported when the use of restrictive physical interventions has been previously deemed ineffective or unsafe to utilize. This apparatus or equipment cannot be easily removed by the individual and may restrict the free movement, normal functioning, normal access to a portion or portions of an individual's body, or may totally immobilize an individual. Any mechanical restraining device must be approved by HRC/ICC.

Medication Monitoring Plan (MMP)—a plan which identifies the target symptoms of a diagnosed co-occurring psychiatric disorder which are to be prevented, reduced, or eliminated. The plan specifies interventions to be used to address challenging behaviors that may occur and methods by which progress in symptom control and functional improvement will be measured, documented, and reviewed.

Program Planning Team—Staff designated to identify an individual's behavioral needs and develop an appropriate plan to address those needs. Membership on the team shall include at least a licensed clinical psychologist or licensed clinical social worker (LCSW), BIS care manager, residential staff, and a registered nurse.

Psychiatric Condition—means any of those psychiatric conditions which are recognized by the American Psychiatric Association, but does not include intellectual disability, learning disorders, motor skills disorders, communication disorders, pervasive developmental disorders, attention-deficit and disruptive disorders, and impulse control disorders.

Restrictive Intervention—Any intervention that restricts freedom of movement in order to interrupt challenging behavior that is posing an immediate risk to the health or safety of the individual in crisis or others and involves holding an individual in crisis in a standing position, holding an individual in crisis in a seated position, taking an individual in crisis from a standing position to the floor, holding an individual in crisis on the floor, the use of time out, and the use of any mechanical restraining device is considered a restrictive intervention.

Rights Limitations—any restrictions placed on the constitutional rights of an individual supported which may include but may not be limited to access to mail, telephone, visitation, personal property, electronic communication devices, program activities and/or equipment, items commonly used by members of a household, travel to/in the community, privacy, or personal allowance.

Procedure:

1. Prior to the development of a BSP to address challenging behavior, a functional behavioral assessment must be completed. The assessment must consider multiple sources of data, including information gathered from discussions with the individual supported, caregiver, or other relevant service providers as well as a review of available clinical, medical, behavioral, or other data from the record of the individual supported and other sources.

2. All BSPs must be written by a BIS, licensed clinical psychologist, or LCSW, and be implemented under the supervision of a licensed clinical psychologist or LCSW.

Standard: *Individual-Centered Behavioral Intervention, 2013.06.14.*

3. All BSPs must be developed in consultation, as clinically appropriate, with the individual supported and/or other parties who will be involved with the implementation of the BSP plan.

4. All BSPs will include a specific description of the challenging behavior, include a hierarchy of evidence-based behavioral approaches to address the challenging behavior; include a personalized plan for actively reinforcing and teaching replacement behaviors; include the least restrictive or least intrusive strategies and supports; provide a method for collection of data with which progress may be evaluated; and include a schedule to review the effectiveness of the BSP.

5. BSPs which incorporate a restrictive intervention and/or a limitation on an individual's rights must include a description of the individual's challenging behavior that justifies the use of the restrictive intervention and/or limitations on a person's rights; a description of all positive, less intrusive, and/or other restrictive approaches that have been tried; designation of the interventions in a hierarchy of implementation, ranging from the most positive or least intrusive to the least positive or most restrictive; the criteria to be followed regarding postponement of other activities of services if necessary; a specific plan to minimize and/or fade the use of each restrictive intervention and/or limitation of an individual's rights; a description of how each use of an intervention or rights limitation is to be documented; and a schedule to review and analyze the effectiveness of the BSP.

6. BSPs will be reviewed by the BIS no less frequently than semi-annually. The outcome of the review will be documented in the record.

7. Prior to the implementation of a BSP which incorporates a restrictive intervention and/or a limitation on an individual's rights, the BSP must be approved by the HRC and written, informed consent must be obtained.

8. Staff and supervisors of such staff responsible for the support of an individual who has a BSP must be trained in the implementation of that plan. If the BSP authorizes the use of a restrictive intervention staff and their supervisor must be trained in the use of that intervention prior to its use.

9. Staff and supervisors of such staff responsible for the support of an individual who has a BSP that incorporates the use of any restrictive intervention must meet current OPWDD standards for training.

10. In an emergency, restrictive interventions may be used without prior authorization from the HRC or inclusion in a BSP.

11. When a restrictive intervention is used in an emergency, the care manager and the individual's family, guardian or advocate must be notified within two business days.

12. The use of any restrictive intervention must be terminated when it is judged that the challenging behavior which necessitated the use of the intervention has diminished sufficiently or ceased, any safety concerns have been resolved, or if the individual experiences any sort of medical issue. The continuous duration for applying a restrictive intervention for a single

behavioral episode must not exceed 20 minutes (excluding mechanical restraining devices. See #21 below).

13. The use of any restrictive intervention must only be in response to an individual in crisis engaging in challenging behaviors that pose an immediate risk to the health or safety of others.

14. The use of any restrictive intervention shall be documented on both a T-Log and General Event Report (GER). This documentation will include a description of the challenging behavior; the intervention used including a description of the technique(s); the date, time, location and duration of the intervention; the reason the intervention was deemed necessary; whether or not the intervention was in accord with the BSP or was in response to a behavioral emergency; and the outcome of the intervention.

15. After the use of any restrictive intervention, staff must complete a body check on the individual supported for any injuries. An RN must conduct an assessment within 24 hours or the next business day. The outcome of the observation is to be documented on both the T-log and GER. The RN must document the results of their assessment in the comments section of the GER(See Standard: Review of Physical Interventions)

16. The BIS will review the circumstances surrounding the restrictive intervention and record any recommendations in the Comment section of the GER. (See Standard: Review of Physical Interventions)

17. Quality Assurance staff will review the GER to ensure that staff involved in the intervention possessed the requisite training and carried out the intervention in accordance with that training. (See Standard: Review of Physical Interventions)

18. The use of any restrictive intervention and the outcome of the physical observation will be reported to OPWDD in the format and manner specified when necessary.

19. The limitation of an individual's rights must be on an individual basis, for a specific period of time, and for clinical purposes only. The limitation of an individual's rights, except in an emergency, must be part of an approved BSP which has been reviewed by the HRC.

20. In an emergency, an individual's rights may be limited on a temporary basis. A clinical justification must be clearly noted in the record of the individual supported with the anticipated duration of the limitation or criteria for removal specified.

21. Mechanical restraining devices to prevent or modify challenging behavior may only be used in accordance with a BSP. The BSP must specify the facts justifying the use of the device, staff action required when the device is used, criteria for application and removal and the maximum time period for which it may be continuously employed, how the use of the device will be monitored to ensure the safety and comfort of the individual supported, and a description of how the use of the device is expected to be reduced and eventually eliminated.

22. A physician's order is required for the use of a mechanical restraining device as part of a BSP. The order shall be renewed no less frequently than every six months. The physician's order shall

specify the type of device to be used, the date of expiration of the order, and any special consideration related to the use of the device based upon the individual's medical condition.

23. If the use of a mechanical restraining device is required by a BSP, the residential program will develop a specific procedure regarding the sanitizing, and storage of the device, as well as methods of limiting access to the device. The procedure will be approved by the Director of Residential Services and will be posted in the residence.

24. Medication to prevent or modify challenging behavior must be administered only as an integral part of a BSP, in conjunction with other interventions which are specifically directed toward the potential reduction and eventual elimination of any challenging behaviors.

25. Medication used to prevent or reduce symptoms of a co-occurring psychiatric condition must be administered only as an integral part of a MMP, in conjunction with other interventions which are specifically directed toward the potential reduction and eventual elimination of any challenging behavior associated with the co-occurring psychiatric condition.

26. The use of medication to treat a co-occurring psychiatric condition shall be specified and documented in a written MMP. The MMP should specify how progress reflected in symptom reduction and relevant functional improvement, or lack of progress, will be measured and documented.

27. If medication is being used to treat a co-occurring psychiatric condition, no comprehensive functional assessment or BSP will be required.

28. The use of medication shall have a documented positive effect on the individual's challenging behavior to justify its ongoing use. The effectiveness of the medication shall be re-evaluated at least semi-annually at the program plan reviews by the program planning team in consultation with a licensed psychologist, LCSW, or BIS, and a registered nurse.

29. "PRN" orders for medication to prevent or modify challenging behavior are considered planned use and must be incorporated in and documented as part of a BSP or a MMP.

30. The use of any "PRN" medication to prevent or modify challenging behavior is to be reported to OPWDD in the manner and format specified when necessary.

31. If any PRN medication is administered on more than four separate days in a fourteen day period, the individual's program planning team, in consultation with the licensed psychologist, LCSW, or BIS and a Registered nurse, must reassess the appropriateness of continuing the PRN medication or consider recommending that it be incorporated into the individual's regular drug regimen.

32. If any PRN medication is not administered during a six month period, the individual's program planning team, must review the BSP and develop a recommendation regarding the appropriateness of continuing the PRN medication as part of the plan. If the order is continued, a clear justification is to be documented in the record.