

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES**



POLICY	
Department on Disability Services	Subject: Behavior Support
Responsible Program or Office: Developmental Disabilities Administration	Policy Number: 2013-DDA-POL008
Date of Approval by the Director: August 9, 2013	Number of Pages: 6
Effective Date: September 3, 2013	Expiration Date, if any: N/A
Supersedes Policy Dated: August 1, 2011	
Cross References and Related Policies and Procedures: Behavior Support Plan Requirements procedure; Behavior Support Plan Safeguards and Oversight procedure; Human Rights policy; Human Rights Definitions; Human Rights Advisory Committee procedure; Restrictive Control Review Committee procedure; Health and Wellness Standards; Direct Support Staff Training policy and procedure; Individual Support Plan policy; Imposition of Sanctions policy; Enhanced Monitoring procedure; Watch List procedure.	

1. PURPOSE

The purpose of this policy is to establish the standards, guidelines, and responsibilities for providing behavior support services to District of Columbia residents with intellectual and developmental disabilities to enable them to lead safe, healthy, secure, satisfied, meaningful and productive lives.

2. APPLICABILITY

This policy applies to all Department on Disability Services (“DDS”) employees, subcontractors, providers, vendors, consultants, volunteers, and governmental agencies that provide services and supports on behalf of people with disabilities who are receiving services as part of the Developmental Disabilities Administration (“DDA”) Service Delivery System funded by DDA or the Department of Health Care Finance (“DCHF”).

3. AUTHORITY

The authority for this policy is established in the Department on Disability Services as set forth in D.C. Law 16-264, the "Department on Disability Services Establishment Act of 2006," effective March 14, 2007 (D.C. Official Code § 7-761.01 *et seq.*); and D.C. Law 2-137, the "Citizens with Intellectual Disabilities Constitutional Rights and

Dignity Act of 1978," effective March 3, 1979 (D.C. Official Code § 7-1301.01 *et seq.*).

4. POLICY

- A. It is the policy of DDS to ensure that people with intellectual disabilities who would benefit from psychiatric and behavioral support interventions are supported with the most proactive, least restrictive and effective interventions.
- B. It is the policy of DDS to ensure that behavior support interventions must:
 - be developed as part of a collaborative person-centered planning process;
 - be based on an understanding of the person and the functions of his or her behaviors;
 - be ethical in design and delivery;
 - not impose undue restrictions on individual rights;
 - adhere to current standards of care and best practices in the field;
 - comply with DDS's policy and procedures; and
 - require informed consent.
- C. It is the policy of DDS to ensure that safeguards are required for the use of restrictive interventions, including psychotropic medications.
- D. DDS prohibits the use of aversive interventions in all programs funded or operated by DDS. Aversive interventions are defined as unpleasant, painful, uncomfortable or distasteful stimuli used to alter a person's behavior, including but not limited to shock therapy, white noise and bitter tasting foods procedures.

5. RESPONSIBILITY

The responsibility for this policy is vested in the Director, DDS. Implementation for this policy is the responsibility of the DDS Deputy Director for DDA.

6. STANDARDS

The following are the standards by which DDS will evaluate compliance with this policy:

- A. A BSP *shall* be developed to support a person in any of the following circumstances:
 - 1. A person exhibits behaviors that pose a threat to his or her health or safety, or to the health and safety of others.
 - 2. Psychotropic medication is prescribed to affect or alter thought processes, mood, sleep, or behavior, with the exception that a person who is prescribed a single psychotropic medication may request exemption in accordance with the criteria and protocol described below.

3. Use of any restrictive control is recommended for the person. A restrictive control is any device, procedure, protocol, or action that restricts, limits, or otherwise negatively impacts a person's freedom of movement, control over his or her own body, access to tangibles/intangibles normally available to individuals in the community or privacy.
 4. A person uses medication as sedation prior to medical and/ or dental appointments.
- B. A BSP *may* be developed to support a person in any of the following circumstances:
1. Behaviors are exhibited which interfere with the attainment of learning goals, community integration or other personal outcomes identified through the person's Individual Support Plan ("ISP") process.
 2. Behaviors are a form of communication and alternative forms of communication need to be understood and established.
- C. A BSP is not required for any person who is taking medication solely for treatment of non-psychiatric medical conditions including, but not limited, to Dementia, End of Life palliative care; Cerebral Palsy or other neurodegenerative disorders.
- D. A person who meets all of the following criteria may request exemption from the requirement that he or she have a BSP:
1. The person is taking a single medication to treat a psychiatric illness.
 2. This is the only planned non-emergency restrictive control.
 3. Each target behavior occurs 3 times or less per month.
 4. The target behaviors do not pose a danger to the person, other people, or property.
 5. There are no Serious Reportable Incidents for behavioral incidents within the past six months
 6. Based on observation, the person's psychiatric symptoms do not have a significant impact on his or her usual activities of daily living; daily activities or work; and social interactions with others.
 7. As documented in the person's current ISP, the person is receiving other mental health treatment, including but not limited to: supportive counseling; art therapy; music therapy; skill building targeted at coping with either psychiatric symptoms or target behaviors.

8. The person, or his or her substitute decision-maker, has given informed consent to the use of the psychotropic medication and to this request for an opt-out of behavior support services.

This request must be reviewed and approved annually by the provider HRC. Additionally, the DDS RCRC must review and approve the exemption before it is granted for the first time.

- E. Whenever possible, proactive strategies should be used to prevent undesirable behavior, rather than relying solely on reactive strategies that respond to a behavior after it has occurred.
- F. The decisions to develop a BSP and to use restrictive interventions must be part of a collaborative person-centered planning process involving the person and his or her Support Team.
- G. BSPs must be reviewed on at least an annual basis by the person and his or her Support Team, and be updated as needed by the BSP developer.
- H. All provider staff who are working with people who have a BSP must be trained in accordance with the DDS Direct Support Training policy and procedure.
- I. In addition to all of the prohibited practices listed in the DDS Human Rights policy, DDS expressly prohibits the use of the following:
 1. Any restrictive control for managing or changing behavior that is not part of an approved behavior support plan, except as described in the DDA Behavior Support policy and Behavior Support Plan procedure.
 2. Any behavioral treatment strategies that are not supported by empirical evidence.
 3. The implementation of one person's behavior program by another person served by DDA.
 4. The use of psychotropic medications under the following circumstances:
 - a. PRN psychotropic medications;
 - b. The use of a psychotropic medication without a formal assessment and diagnosis of a corresponding mental health disorder shall be considered a chemical restraint and is expressly prohibited; or
 - c. The use of a psychotropic medication that impairs the person's ability to engage in his or her usual activities of daily living by causing disorientation, confusion, or impairment of physical or mental functioning.

- J. Restitution may only be used in the following circumstance:
1. The person has a current BSP that includes the use of restitution, and the BSP has been approved in accordance with this policy and its procedure.
 2. The person has a sufficient understanding of the restitution protocols and the purpose so that he or she can learn from restitution.
 3. The person or his or her substitute decision-maker agrees with the use of restitution.
 4. The restitution protocols are clear and not arbitrary.
 5. The restitution protocols were in place when the behavior occurred and are not being retroactively applied.
 6. The property damage is not due to provider negligence.
- K. BSPs shall be developed by a licensed psychologist, clinical social worker, licensed professional counselor, or behavior management specialist. A behavior management specialist is a person who has training and experience in the theory and technique of changing the behavior of individuals to enhance their learning of life skills, adaptive behaviors, and to decrease maladaptive behaviors, and works under the supervision of a licensed practitioner, usually a psychologist.
- L. The person, or his or her substitute decision-maker, must give written informed consent to any restrictive intervention and any BSP, if applicable.
- M. BSPs must be based on an understanding of the person, include a functional analysis or functional assessment of target behaviors, and must be based on the least restrictive and most effective interventions to address those behaviors.
- N. BSPs must clearly identify the proactive strategies that will be used to minimize the need for restrictive control procedures.
- O. BSPs must contain a fade plan for each restrictive element.
- P. All BSPs containing restrictive interventions shall be reviewed by a human rights committee. Additionally, for people on one psychotropic medication who do not have a BSP, the provider HRC must review the use of that psychotropic medication. When a person has a residential service provider, the residential provider is responsible for the HRC review. The person's day support provider is responsible for participating in the residential provider's HRC reviews. For a person who lives with his or her family or independently, the day program is responsible for the HRC review, if the person attends a day program. If he or she does not, the service

coordinator is responsible for requesting review by the DDS Human Rights Advisory Committee.

- Q. In addition to review by the provider HRC, the DDS RCRC shall review:
1. All BSPs involving individualized staffing due to behavioral health concerns.
 2. All BSPs involving non-crisis use of physical restraint.
 3. All BSPs that involve the use of any other restrictive control.
 4. All BSPs involving the use of psychotropic medications.
 5. All initial requests for exemption from having a BSP.
 6. Any BSP or request for exemption that is referred to the RCRC by the person, a member of his or her support team, or by the provider HRC.
- R. All community provider agencies shall have and implement written policies and procedures for behavior support that use person-centered positive behavior support techniques, prohibit aversive practices, and include safeguards for the use of restrictive interventions.
- S. DDS may sanction providers who do not comply with the requirements of this policy and its related procedure.



Laura L. Nuss, Director



Approval Date