Hardin County Board of Developmental Disabilities
POLICY

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Title: Behavior Support		
Regulatory Authority: OAC 5123:2-2-06 DODD		
Effective Date: 11-20-19, Annual Review Date: May 20, 2025		
Reviewer/Job Title: Superintendent or designee		

BEHAVIOR SUPPORT

(A) PURPOSE

(1) The Hardin County Board of Developmental Disabilities, (HCBDD), recognizes that the purpose of behavior support is to ensure that individuals are supported in a caring and responsive manner that promotes dignity, respect, and trust. The HCBDD stresses that the use of positive teaching and support strategies occur in the least restrictive environment (LRE).

(2) The HCBDD, through the implementation of the behavior support policy and procedures, will:

(a) Promote the growth, development and independence of the individual;

(b) Create supportive environments that enhance the individual's quality of life;

(c) Address the extent to which individual choice will be accommodated in daily decision-making, emphasizing self-determination and self-management, to the extent possible;

(d) Specify the individual's conduct to be allowed or not allowed;

(e) Be available to all staff, the individual, parents of minor children, legal guardians, and providers;

(f) To the extent possible, be formulated with the individual's participation;

(g) Ensure that an individual must not discipline another individual, except as part of an organized system of self-government.

(B) BEHAVIOR SUPPORT PROGRAMS

(1) Behavior support programs shall:

(a) Be integrated into individual program plans;

(b) Provide a systematic approach to helping the individual learn new, positive behaviors while reducing undesirable behaviors;

(c) Will take into consideration the medical factors of the individual; and

(d) Be created after a structural and functional analysis of the behavior is completed.

(C) IMPLEMENTATION OF BEHAVIOR SUPPORT PROGRAMMING

(1) The hierarchy of implementation of behavior programming shall be from the most positive (least intrusive) to the least positive (most restrictive).

(2) Positive programming and non-restrictive measures must be proven ineffective prior to the consideration of more restrictive methods.

(3) Restrictive measures must be data driven and describe behaviors to increase or decrease in terms of baseline data. Initial programs should therefore be positive in nature.

(4) The use of a restrictive behavioral intervention may be considered only as a measure of last resort and to keep people safe. If the restrictive measure involves restriction of an individual 's rights, this can occur only when the individual's actions pose risk of harm or are very likely to result in legal sanction.

(5) Techniques to support behavioral change must never be used for disciplinary purposes, for staff convenience, or as a substitute for positive programming. Standing or as needed Behavior Support programs are prohibited.

(6) The HCBDD maintains that the teaching and support strategies designed to support behavioral changes must be employed with sufficient safeguards and supervision as to insure at all times the care, welfare, safety and security of the individual as well as HCBDD employees.

(D) PROHIBITED BEHAVIOR SUPPORT MEASURES

(1) "Prohibited measure" means a method that shall not be used by persons or entities providing specialized services. "Prohibited measures" include"

(a) Prone restraint. "Prone restraint" means a method of intervention where an individual's face and/or frontal part of his or her body is placed in a downward position touching any surface for any amount of time;

(b) Use of a manual restraint or mechanical restraint that has the potential to inhibit or restrict an individual's ability to breathe or that is medically contraindicated;

(c) Use of a manual restraint or mechanical restraint that causes pain or harm to an individual;

(d) Disabling an individual's communication device;

(e) Denial of breakfast, lunch, dinner, snacks, or beverages;

(f) Placing an individual in a room with no light;

(g) Subjecting an individual to damaging or painful sound;

(h) Application of electric shock to an individual's body;

(i) Subjecting an individual to any humiliating or derogatory treatment;

(j) Squirting an individual with any substance as an inducement or consequence for behavior; and

(k) Using any restrictive measure for punishment, retaliation, instruction or teaching, convenience of providers, or as a substitute for specialized services.

(E) BEHAVIOR SUPPORT PROCEDURES

(1) Behavior support procedures shall:

(a) Be person–centered by promoting the growth, development, and independence of individuals;

(b) Promote individual choice in daily decision making, emphasizing self-determination and self-management.

(c) Ensure individuals are in environments where they have access to preferred activities and are less likely to engage in unsafe actions due to boredom, frustration, lack of effective communication or unrecognized health problems.

(F) HUMAN RIGHTS COMMITTEES

(1) The HCBDD will establish, or join an existing human rights committee to safeguard individuals' rights and protect individuals from physical, emotional, and psychological harm. The human rights committee shall:

(a) Be comprised of at least four persons;

(b) Include at least one individual who receives or is eligible to receive specialized services;

(c) Include qualified persons who have either experience or training in contemporary practices for behavioral support; and

(d) Reflect a balance of representatives from each of the following two

groups:

(i) Individuals who receive or are eligible to receive specialized services or family members or guardians of individuals who receive or are eligible to receive specialized services; and

(ii) County boards or providers.

(2) All information and documents provided to the human rights committee and all discussions of the committee shall be confidential and shall not be shared or discussed with anyone other than the individual and his or her guardian and the individual's team.

(3) The human rights committee shall review, approve or reject, monitor and reauthorize strategies that include restrictive measures.

(4) Members of the human rights committee shall receive DODD approved training within three months of appointment to the committee in: rights of individuals, person-centered planning, informed consent, confidentiality, and the requirements of OAC rule.

(5) Members of the human rights committee shall annually receive DODD approved training in topics related to behavior support and OAC rule.

(6) Use of a restrictive measure, including use of a restrictive measure in a crisis situation without prior approval by the human rights committee shall be reported as an "unapproved behavior support".

(7) Nothing in this rule shall be construed to prohibit or prevent any person from intervening in a crisis situation as necessary to ensure a person's immediate health and safety.

(8) After securing approval by the human rights committee and prior to implementation of a behavioral support strategy that includes restrictive measures, the HCBDD shall notify DODD of the restrictive measure.

(G) RECORD KEEPING REQUIREMENTS

(1) The HCBDD will compile and analyze data regarding behavioral support strategies that include restrictive measures and furnish the data to the human rights committee. Data will include but is not limited to:

(a) Nature and frequency of risk of harm or likelihood of legal sanction that triggered development of strategies that include restrictive measures;

(b) Nature and number of strategies reviewed, approved, rejected and reauthorized by the human rights committee;

(c) Nature and number of restrictive measures implemented;

(d) Duration of strategies that include restrictive measures implemented; and

(e) Effectiveness of strategies that include restrictive measures in terms of increasing or decreasing behaviors as intended.

(2) The HCBDD will make the data and analyses available to the department upon request.

(H) **THE ENVIRONMENT FOR BEHAVIOR SUPPORT**

(1) The environment for behavior support is characterized by:

(a) Interactions and speech that reflect respect, dignity, and a positive regard for the individual;

(b) The setting of acceptable behavioral limits for the individual;

(c) The absence of group punishment;

(d) The absence of demeaning, belittling or degrading speech or punishment;

(e) Staff speech that is even-toned made in positive and personal terms and without threatening overtones or coercion;

(f) Conversation with the individual rather than about the individual while in the individual's presence.

(g) Respect for the individual's privacy by not discussing the individual with someone who has no right to the information;

(h) The use of people-first language instead of referring to the individual by trait, behavior, or disability.

(2) All HCBDD approved plans will be compliant with the Ohio department of developmental disabilities (DODD), guidelines as well as local, state and federal regulations.