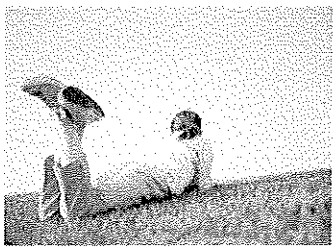
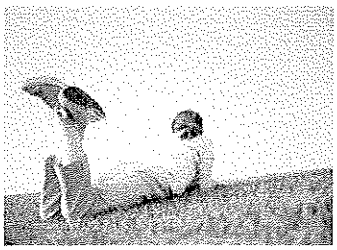
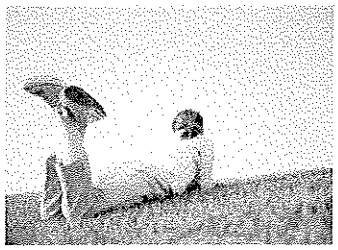




MRDD Futures Implementation

Phase One Progress Report

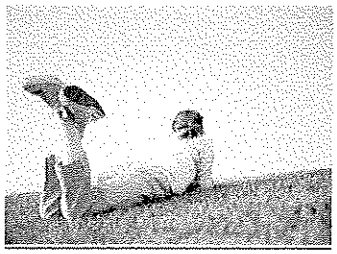
Prepared by

Ohio Department of Mental Retardation and Developmental Disabilities

August 6, 2008

The attached report represents work in process. The documents contained therein are initial drafts intended for review and comment; they are subject to revision and should not be construed as final products.

Please submit your feedback to futures-feedback@odmrdd.state.oh.us.



MRDD Futures Implementation Phase One Progress Report Deliverable 10

Implementation Team:

Services Management

Description of Deliverable:

Materials that support care providers and promote the Behavior Support Advisory Council positive intervention culture have been developed.

Primary Futures Recommendation:

1. Services/challenging behaviors

Related Futures Recommendations:

1. Expand self-determination
25. Data-driven analysis

Associated Products:

A. Materials.

A draft Information Notice regarding the Positive Intervention Culture is attached. Additional materials, including data collection instruments and the Crisis Intervention Program Assessment Tool, will be shared with system stakeholders after the Information Notice has been finalized.

B. A document that outlines implementation plan for positive intervention culture.

An implementation plan is attached.

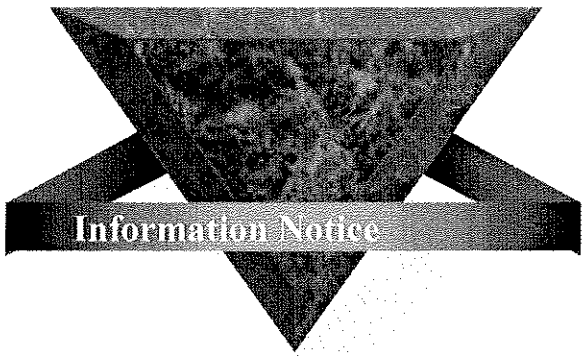
Next Steps:

A. Finalize Information Notice and disseminate to field.

B. Share additional materials for review and comment.

Ohio Department of Mental Retardation and Developmental Disabilities

Ted Strickland, Governor **John L. Martin, Director**



By: ODMRDD- Division of Community Services
Statewide Behavior Support Advisory Committee

Date:

Re: **Positive Intervention Culture**

PURPOSE:
The purpose of this Information Notice is to recommend best practices that will assist in the reduction of and eventual elimination of aversive interventions, especially timeout and restraint except where there is imminent risk to health and safety. The Positive Intervention Culture is essential for building an environment that enhances the quality of life for the individuals we support and meeting this goal.
These recommendations do not replace or supersede any existing rules or regulations (See Attachment J). The Positive Intervention Culture is supported by existing rules and regulations. This information notice does not eliminate the use of restraints as an emergency safety intervention.

SCOPE:
This information notice applies to all providers of services to individuals with disabilities who receive funds directly or indirectly from the Ohio Department of Mental Retardation and Developmental Disabilities (ODMRDD) to provide a service or support to an individual eligible for County Board of Mental Retardation and Developmental Disabilities (CBMRDD) services.

INTRODUCTION:
The ODMRDD, in conjunction with the ODMRDD Statewide Behavior Support Advisory Committee challenges those within the scope of this information notice to reduce and eventually eliminate aversive interventions, especially timeout and restraint except where there is imminent risk to health and safety. This Information Notice has been developed to provide guidance to individuals and organizations as they strive to meet this challenge, which shall move Ohio toward the development of the Positive Intervention Culture.
The Positive Intervention Culture is an ODMRDD initiative with an initial goal of eliminating timeouts and restraints with an ultimate goal of an aversive free approach to behavior supports. This information notice outlines the core strategies essential in implementing a successful aversive

intervention elimination initiative. It is to provide guidance to individuals with disabilities, families, providers, advocates, and CBMRDDs.
The ODMRDD will provide awareness, education and support in the development of the Positive Intervention Culture in all 88 Counties of Ohio, as well as continue to provide technical assistance and support through the Regional Behavior Support Committees, the Statewide Behavior Support Advisory Committee, the ODMRDD Behavior Support Consultants, and other means as available (see Attachment K).
The recommendations in this Information Notice are considered by the ODMRDD to be best practices that will assist in the reduction of and eventual elimination of aversive interventions, especially timeout and restraint except where there is imminent risk to health and safety.

BACKGROUND:
The elimination of aversive interventions is a key factor in ensuring that individuals experience a quality of life that is in line with the Positive Intervention Culture. The Positive Intervention Culture centers on respect, trust, and building relationships that are safe and healthy. The use of aversive techniques as behavioral interventions continues to be a concern in Ohio and nationally due to the risk of serious injury and death, emotional harm and trauma, and the disruption of relationships with family members, peers, and direct support professionals. Except in extreme crisis situations, the ODMRDD is dedicated to the reduction of and eventual elimination of aversive interventions, especially timeout and restraint except where there is imminent risk to health and safety.
In the past 18 months, there has been significant progress in the introduction of the Positive Intervention Culture statewide. The words aversive free, Positive Intervention Culture, and positive behavior supports have been readily spread across the State.
The ODMRDD supports national and statewide efforts to eliminate the use of aversive procedures. Alternatives that will eliminate the use of aversive interventions are needed to support and improve the quality of life for each person. Behavior supports are unique to each individual and will continue to be a chief component of each person's Individual Service Plan.
The ODMRDD encourages all providers of service and supports, on an individual level and organizational level, to carefully examine the rationale for their use of restraint and timeout along with, their general approaches to positively supporting individuals with challenging behaviors.

PHILOSOPHY OF CARE AND SUPPORT:
The ODMRDD encourages all providers to focus on building a Positive Intervention Culture within their service delivery system. The Positive Intervention Culture centers on interactions that promote respect, trust, and safe, healthy relationships. The following are the tenets of ODMRDD's Positive Intervention Culture:

- To support others
- To strive to meet the needs of others
- To work to understand others regardless of communication means
- To empower choice making
- To assist all to feel and be safe

Essential to this approach is the understanding that behavior is a form of communication. Facilitating the understanding of negative behaviors as communication and the use of alternate modes and methods of communication is an integral part of Positive Intervention Culture.
The following value statements emphasize the importance of the Positive Intervention Culture and the need for it to spread through all levels of the MRDD service system:

- The individual is the central focus of the planning team.
- Creating a safe and supportive person-centered environment where the individual has choices in matters affecting his/her everyday life.
- Staff understanding and incorporating these philosophies is critical at every level, from Direct Support Professionals to Administrators, in order to create a culture that supports positive approaches. All staff members should be knowledgeable in positive practices and in the use of any aversive procedure.
- The use of positive practices that are known to be effective in helping the individual. There are various positive practice techniques that may negate the use of restraint or timeout. This type of knowledge should be integral in an organization's overall operations and training as well as being explicitly evident in each Individual Service Plan.
- Prevention and early intervention are critical parts of any plan to support the individual when reducing and eliminating restraints, timeouts, and other aversive procedures.
- All staff members should be knowledgeable about the use of positive practices specific to the individual they support and be able to demonstrate them where needed. This includes the integration of behavioral and environmental supports that have proven effective for each person.
- Teaching skills of self-monitoring and self-control to individuals receiving services and staff persons.
- Creating a culture of respect and ensuring ongoing training for staff that focuses on all forms of positive practices.

QUALITY EFFORTS:
The ODMRDD recommends that great effort be put forth by all persons involved in the MRDD service system at individual and organizational levels toward the reduction of and eventual elimination of aversive interventions, especially timeout and restraint except where there is imminent risk to health and safety. Each provider should review, assess, and analyze the specifics of all aversive techniques in an effort to better understand the specifics and reduce the need for the aversive intervention in the future. Areas that public and private providers may consider in their quality efforts to safely reduce and eventually eliminate aversive techniques may include:

- Training
    - Training should be ongoing for all staff and focus on overall supports for improving an individual's quality of life while maintaining his or her health and safety.
    - All staff should have documented, initial training specific to each individual prior to working directly that individual. Ongoing training is expected to occur within every 12 month period.
    - Acknowledging that there are providers that continue to serve and support individuals in a restraint-free environment and provide extensive training for their

staff, these guidelines are viewed as minimal expectations to help support the person and create a structure that prevents restraint and timeout.

- Training in the application of restraints is needed only for those providers who utilize restraint as part of their operating procedures. The ODMRDD does not endorse any one curriculum; however below is a list of recommended curricula content for review of and/or development of crisis programs and/or behavior support procedures:
  - Prevention strategies that include instruction on Person Centered Philosophy- elaborate staff purpose and principles to guide practical affairs, knowing the person, knowing oneself in the role of staff, relationship skills, avoidance strategies in order to decrease the probability of problem behaviors arising
  - Instruction on de-escalation strategies
  - Instruction regarding intervention strategies that include judgment to use physical intervention, safety issues, and the risks of the use of physical restraints, including the proper application of restraints appropriate to the age, weight, and diagnosis of the individual. Also, possible negative psychological effects of restraint and monitoring an individual's physical condition for signs of distress or trauma.
  - Definitions of restraint; policies on the use of restraints; the risks associated with the use of restraints; and staff experience the use of physical restraint applied to themselves. This includes debriefing techniques with the individuals they support as well as staff members.

- Policies and procedures in place that address how people are supported in emergency situations where an individual's health and safety are at imminent risk, as well as outlining positive strategies.
- Risk Assessment
  - Each organization should have a Risk Assessment Policy and Procedure that includes:
    - Emphasis on ongoing quality improvement efforts directed at the reduction of and eventual elimination of the use of aversive interventions, especially timeout and restraint except where there is imminent risk to health and safety by using their risk assessment process to review, assess, and analyze their aversive intervention use on an ongoing basis. A provider specific plan to proactively address the prevention, detection, evaluation, and correction of any environmental factors and triggers that may lead to the use of aversive interventions should also exist.
    - Use of debriefing procedures that address the needs directly following a restraint as well as a more formal debriefing session where events and strategies are discussed in greater depth and detail. The debriefing sessions should work to address trauma and minimize the negative effects of the use of restraint while addressing the following components:
      - Thorough analysis of the events that occurred before, during and after each incident.
      - Strategies to prevent or decrease the time of future restraints.

- Skills or methods to prevent a future crisis.
- Appropriate recommendations (additions, deletions, modifications) to an individual's ISP.
- An internal review committee responsible for the review of post-emergency restraint follow-up and the outcomes of that follow-up.
- An internal method for collection of aversive interventions data required to be reported to the CBMRDD and/or the ODMRDD

- Administrative Review
  - Each public and private agency provider should appoint a committee to review the organization's policies and procedures pertaining to the use of aversive interventions at least annually to assure the policies and procedures continue to meet the best practice standards established in this Information Notice and applicable rules and regulations established by ODMRDD in the area of Behavior Supports.
  - Upon scheduled review, the ODMRDD Office of Provider Standards and Review will review each CBMRDD, licensed provider, and certified provider's policies and procedures on behavioral supports, aversive procedures, and restraint use in order to ensure that they comply with current ODMRDD rules and regulations.

REDUCING RESTRAINT AND AVERSIVE PROCEDURES:

As a way to reduce, and eventually eliminate aversive techniques, especially timeout and restraint except where there is imminent threat to health and safety it is recommended that providers consider the following standards are met before they use any restraint:

- Providers train staff in appropriate positive intervention techniques, safety, de-escalation, and crisis intervention techniques.
- Staff use only the restraint(s) for which they were trained.
- An internal method for data collection and monthly analysis of the use of aversive interventions is in place.
- Timeout and restraint are only used with behaviors that are destructive to self or others and only when all conditions required by 5123:2-1-02 (J) are met. Property destruction, where there is no imminent threat to any person's health and safety is not considered to be destructive to self or others.
- Timeout and restraint are always last resort, emergency responses to protect an individual's health and safety.
- Individual and team involvement in a post-restraint debriefing occur. It is critical to determine how future situations can be prevented. It is important, as part of the ongoing planning process to review each occurrence of restraint. Information from the debriefing sessions should, at minimum, be included in the 30 day reviews. These discussions can be separate and distinct with the intended purpose of determining what could have been done differently to avoid the restraint. Any changes determined by the team as a result of these discussions will be documented in the Individual Service Plan and/or Behavior Support Plan.
- Consideration should be given to the potential for trauma related issues. A trauma assessment and training in trauma informed care would be of great benefit in addressing future incidents.

It is recommended that all providers develop agency wide policies and procedures for the reduction and eventual elimination of restraints and timeout. These policies and procedures should outline specific steps to be taken for the elimination of restraint components in any individual plan as well as general policies and procedures promoting the Positive Intervention Culture.
For providers working toward the Positive Intervention Culture it is recommended that within one year from the date of this Information Notice, person centered aversive elimination strategies containing the following positive components be incorporated into all individuals Individual Service Plans/Behavior Support Plans. People that have experienced restraint in the past year should also have these positive components in their plans:

- The Individual Service Plan should reflect an overall strategy to support and provide services for the person without the need for restraint. If it is felt the individual exhibits behavior that may put the individual at risk of injury to themselves or others, the ISP should reflect strategies that will reduce the likelihood of aversive interventions and protect the person.
- Information about undesireable behavior and what specific positive practices can be used to prevent future occurrences. This includes several suggested teaching strategies and intervention techniques that de-escalate or redirect the individual's behavior, as well as information regarding what positive components are currently effective.
- Justification that the proposed plan contains the most effective methods of helping the person deal with the problem behavior while promoting the safety of the individual and others.
- Information regarding what procedures were unsuccessful in the past and what other positive alternatives might be incorporated in the future if the current alternatives are proven ineffective.
- A review of situations that potentially could have resulted in restraint but did not due to positive support strategies that were successful in preventing the need for restraint to protect the health and safety. These situations should be viewed as learning tools and communicated amongst the team.
- The types of procedures to be used in any situation where an aversive intervention may still be necessary.

Please contact Ginger Curtiss or Heidi Taylor, ODMRDD Behavioral Support Consultants via phone at 877-464-6733 or via email at behavior.support@odmrdd.state.oh.us for information on joining your local Regional Behavioral Support Committee or for further information on additional support in your area.

c: Ted Strickland, Governor
John Martin, Director, ODMRDD
Ohio State Department Directors
ODMRDD Deputy Directors
Dan Ohler, Executive Director, OACBMRDD
Maryann Chamberlin, President, OASCBMRDD
Michael Kirkman, Executive Director, OLRS

Carolyn Knight, Interim Executive Director, ODDC
Mark Davis, OPRA
Susan Dlouhy, OAAS
Gary Tonks, The Arc of Ohio
Ron Kozlowski, APSI
Mary Vaughan, Executive Director, ADA-Ohio
Shawn Henry, Executive Director, OCALI
Tanya Marie Fernandez-Mote, Chairperson, Governor's Council
People First
John Corlett, ODJFS
ODMRDD Central Office
ODMRDD DC Superintendents

Resources:

Ohio Administrative Code 5123:2-1-02 County Board Administration

Commonwealth of Pennsylvania, Department of Public Welfare, Office of Mental Retardation
MR Bulletin 00-06-09 Elimination of Restraint Through Positive Practices

Relevant Websites:

http://www.gentleteaching.com/ - Gentle Teaching International- John McGee

http://www.thenadd.org/ - The National Association for the Dually Diagnosed

http://www.dimagine.com/ - Imagine- David Pitonyak

Positive Intervention Culture
Implementation Plan

Phase I - Initiated presently through 6/09

I. Statewide Behavior Support Advisory Committee (SBSAC) appointed
   A. Action Planning Subcommittee
      1. Developed the ODMRDD Positive Intervention Culture Statement
      2. Designed subcommittees that would guide the Positive Intervention Culture
      3. Set objectives for the subcommittees
   B. Data Collection Subcommittee
      1. Data Collection Tool - Newly developed statewide tool that identifies trends and patterns of restraint and timeout that will assist in developing training strategies to promote the Positive Intervention Culture
   C. Unapproved Behavior Support Subcommittee
      1. Tracked Unauthorized Behavior Support Major Unusual Incidents (MUIs)
      2. Reviewed, summarized, made recommendations to the full committee
         a. Challenge to decrease based upon results and recommendations
   D. Crisis Intervention Subcommittee
      1. Crisis Intervention Program Assessment Tool (CIPAT) - New developed statewide tool designed to probe a Crisis Intervention Program for the presence of components based on the values of a culture of positive intervention
   E. Work Force Subcommittee
      1. SBSAC nominated MRDD service personnel to spearhead local teams to develop training and resource materials that support PIC

II. Regional Behavior Support Committees (RBSCs) established statewide
   A. Provide local support for one another in the Behavior Support arena

III. Positive Intervention Culture Training
   A. Positive Behavior Support Training- Methodology #1
      1. Training in state quadrants
      2. Individual Consultations
      3. State of Ohio Leadership Forum

IV. Positive Intervention Culture Zone
   A. Establish protocol for a Positive Intervention Culture Zone
   B. Develop application for county boards to apply to become a pilot Positive Intervention Culture Zone following completion of all Methodology #1 quadrant trainings

V. Positive Intervention Culture Information Notice

VI. Recommend the elimination of prone restraints

VII. Determine rule changes necessary to support the advancement of the Positive Intervention Culture

Phase II - Expected Initiation 7/09

I. Expand the Positive Intervention Culture via specific requirements and initiatives developed by the SBSAC

II. Launch the Positive Intervention Culture Zones

III. Expand the supports and membership of the RBSCs

IV. Determine specific aversive interventions to recommend for elimination

V. Determine rule changes necessary to support the advancement of the Positive Intervention Culture

Phase III - Expected Initiation 7/10

I. Expand the PIC via specific requirements and initiatives developed by the SBSAC

II. Expand the Positive Intervention culture Zones

III. Expand the supports and membership of the RBSCs

IV. Determine specific aversive interventions to recommend for elimination

V. Determine rule changes necessary to support the advancement of the Positive Intervention Culture

VI. Begin to target other specific providers of service to individuals with disabilities to include in the initiative
   A. State of Ohio Developmental Centers
   B. Other Intermediate Care Facilities for the Mentally Retarded