

 <b>Seniors and People with Disabilities</b>  <b>State Operated Community Program (SOCP)</b> <b>Policies and Procedures</b>	Supersedes: July 1, 2004	Policy Number: 3.001
	Effective Date: March 1, 2005	
	Approval Signature:	
Subject: Behavior Support		

**REFERENCE:**

    OAR 411-325-0340; 411-325-0350; 411-325-0360; 411-345-0170

**POLICY:**

SOCP believes in the principles of respect, dignity and worth of each individual and that all actions towards any person must demonstrate respect for him/her as a human being. SOCP values the individual's ability to participate in community life, gain and maintain satisfying relationships, express preferences and make choices in everyday life, have privacy and exercise control over their personal belongings, have opportunities to fulfill respected roles, to live with dignity, and to develop personal competencies. When the individual's medical, behavioral or physical needs change to the point that they cannot be met by SOCP, the Services Coordinator will be notified immediately and that notification documented in the individual's Progress Notes.

SOCP will follow the framework of behavior intervention strategies outlined in the Oregon Administrative Rule (OAR) 411-325-0340 through 411-325-0360. SOCP will use the current "best practice" standards of person-centered, positive behavior support techniques, non-aversive behavior intervention, and individualized behavior supports. Behavior support strategies will not be developed for behaviors that are an annoyance to staff, or a non-dysfunctional idiosyncrasy of the individual. Furthermore, SOCP prohibits abusive practices.

"Best practice" includes developing behavior support strategies around concepts of self-determination and person-centered support. "Best practice" also includes a thorough assessment process to determine the communicative function of the behavior and to develop functionally alternative behaviors. Exceptions (excluding items cited as prohibited) to this policy may be made on an individualized emergency basis based on the needs of the individual with the involvement and agreement of the Service Coordinator, the guardian, if applicable, and the Program Administrator.

SOCP views the use of psychotropic or other behavior-modifying medication as a sophisticated and complex intervention. Medications for use in behavior management shall be used in accordance with OAR 411-325-0360 and only if the harmful effects of the behavior clearly outweigh the potentially harmful effects of the medication.

Physical interventions will be used only in situations to protect the individual or others from imminent injury or harm. The decision to implement a physical intervention will be based on a comparison of the risk of injury associated with the intervention used against the risk of

using a less intrusive method, or not physically intervening at all. All physical interventions will be implemented in accordance with OAR 411-325-0530.

SOCP will utilize a Behavior Management Review Committee (BMRC) to assure the implementation of "Best Practice" in each individual's behavior treatment strategy. Committee members will include the Clinical Supervisor (permanent/chair) and rotating members (Program Administrator, Trainer/Behavior Specialist or Program Representative and one community professional). Each term is about 3 months each.

Employees required to complete Functional Assessments (FA) and write Behavior Support Plans (BSP) must pass the competency-based BSP Basic Training as a part of their assigned duties. This training must be completed prior to the completion of these documents for an individual.

<b>Responsibility</b>	<b>Action</b>
Trainer/ Behavior Specialist	Establish and maintain a FA (Attachments A & B) and BSP (Attachment C) document format/content and training curriculum that include the requirements of the OAR's and Oregon Intervention System (OIS) Curriculum.
Clinical Services Manager and BMRC	<p>Chair and coordinate the agency BMRC.</p> <p>Review all BSP's in SOCP annually. The BMRC reserves the right to review a sample of the BSP's if a complete review is not possible.</p> <p>Review BSP's for completeness, effectiveness, whether unduly restrictive and/or infringes on the rights of the individual.</p> <p>Establish a schedule for review will be established for each calendar year projecting due dates for BSP packets, the actual review date and at least one site review date per house.</p> <p>Meet approximately twice a month with two site reviews a month.</p> <p>Provide written feedback to each Program Administrator, Site Manager and Trainer/Behavior Specialist or Program Representative within 30 days of the review. Feedback will include: Required Action, Recommendations, and Kudos.</p>
Trainer/ Behavior Specialist or Program Rep.	<p>Complete the following document for each individual entering SOCP:</p> <ol style="list-style-type: none"><li>1. BSP before an individual enters SOCP if at all possible, but no later than 30 days after placement.</li><li>2. Renews BSP annually thereafter for the ISP following the timelines outlined for the ISP process.</li><li>3. Each time a targeted maladaptive behavior is added or substantially revised update/complete the FA and the BSP based on the FA recommendations.</li></ol>

**Responsibility****Action**

Develop an individualized BSP to alter a person's behavior in accordance with OAR 411-325-0340(4)(5)(6) and 411-325-0350.

1. Revise as required by the "Alteration Criteria" set forth in the plan, as determined by the individual's ISP Team, and annually in conjunction with the FA.
2. Complete annual update as a part of the ISP preparation process following the timelines outlined for the ISP process and must be done before the ISP meeting for review with the team.

ISP Team

If reasonable and documented efforts to remedy a specific behavior have been unsuccessful through the above procedures consider the use of aversive consequences paired with positive interventions to develop a functional alternative behavior.

1. If an aversive consequence is to be used, the least intrusive option will be selected.
2. The plan will be specific to the individual, time-limited, approved by the ISP Team, and consented to by the individual or his/her guardian.
3. The plan will be evaluated monthly to determine the progress and effectiveness of the program.
4. If an individual cannot provide informed consent and has no guardian, the ISP Team will review the need for an additional person, such as an advocate, to review the proposed program prior to its implementation.

Possible aversive options will not be listed here, however, this program will not use or condone the use of the following:

1. Physical punishment and/or abuse;
2. Seclusion in a locked room or time out;
3. Ridicule, coercion, threats or humiliation directed towards individuals;
4. Withholding of shelter, meals, clothing or aids to physical functioning;
5. Punishment of one individual by another; or
6. The use of chemical or mechanical restraints except as ordered by a physician in response to a temporary and specific need while awaiting medical assistance.

Attachment A & B: Functional Assessment

Attachment C: Behavior Support Plan

Attachment D: Behavior Support Plan Data Form

Attachment E: Daily/Monthly Behavior Graphs

Attachment F: Two-Year Behavior Record

Attachment G: Restraint Debriefing



# Oregon

John A. Kitzhaber, MD, Governor

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**DATE:** February 24, 2011  
**TO:** Site Managers, BVS1's, BVS2's, Central Mgmt Team  
**FROM:** Sandy Rowell, Support Services Manager  
**SUBJECT:** Suicide Risk Assessment

Currently there are individuals within the program teams have determined to be at risk of suicide by attempts, gestures or threats.

Teams are to revisit and determine the severity and risk to the person on whether a suicide risk assessment needs to be put into place.

To assist teams the following process will be followed when suicide by attempts, gestures or threats is marked 'yes' on the Risk Tracking Record:

- ❖ Add suicide risk to ISP Agenda
- ❖ Suicide Risk Assessment currently addressed in BSP
  - ✓ Note "addressed in BSP" on agenda.
  - ✓ Team does not need to complete a discussion.
- ❖ Suicide Risk Assessment NOT currently addressed in BSP
- ❖ Discussion Record to address
  - ✓ Is a risk assessment needed
  - ✓ What does the risk look like
  - ✓ Decision reached by team
  - ✓ RTR #66 notes updated of outcome of discussion record

CC:

## State Operated Community Program

4/28/08

Policy updates in progress

### **3.001 Behavior Support – begin circulation 4/28/08**

**Policy** - basic information pulled from 2005 draft into new templates for review  
(Brad / Managers meeting Tuesday April 29, 2008)

#### **Procedures for review**

Behavior Support Review Committee (BSRC)  
Functional Behavior Assessment (FBA)  
Physical Intervention Procedures  
Physical Intervention Documentation

#### **Forms and Attachments for review**

**Attach A:** Functional assessment of Behavior 4 pgs 3/05  
**Attach B:** Functional Assessment Interview Grid 3 pgs 3/05  
**Attach C:** Behavior Support Plan 2 pgs 7/04  
**Attach D:** Behavior Support Plan Data Form 7/04  
**Attach E:** Daily/Monthly Behavior Graph  
**Attach F:** Two Year Behavior Record  
**Attach G:** Restraint Debriefing 7/04  
**SDS 0807** Physical Restraint RN Assessment 1/05  
**DHS 4615** Monthly Summary Report 4/07  
Client Room Inspection Guidelines 1 pg 4/08  
Client Room Check Inspection Documentation 2 pgs 4/08