

CENTRAL CARE POLICY PLAN OF CARE: BEHAVIORAL HEALTH

SUBJECT:	PLAN OF CARE: BEHAVIORAL HEALTH
ANNUAL REVIEW MONTH:	June
RESPONSIBLE FOR REVIEW:	Director of Central Care
LAST REVISION DATE:	August 2010

Purpose:

To ensure that Central Care and its staff promote and reinforce socially accepted behaviors displayed by individuals.

Definitions of Non-Allowed Procedures:

Personal Restraint (also known as manual hold or manual restraint) is the application of physical force, without the use of any device, for the purpose of restricting the free movement of a individual's body. Personal restraint does not include briefly holding or supporting a resident for the purpose of safety or stabilization.

Quiet Time means the restriction of a consumer for a period of time to a designated area, from which the individual is not physically prevented from leaving, for the purpose of providing the individual an opportunity to regain self-control.

Mechanical Restraint (also known as physical restraint) means any device attached or adjacent to the individual's body that he or she cannot easily remove that restricts freedom of movement or normal access to his or her body and that is not used for a therapeutic purpose.

Chemical Restraint means drugs that are administered to manage a individual's behavior in a way that reduces the safety risk to the individual or others; that have the temporary effect of restricting the individual's freedom of movement; and that are not a standard treatment for the individual's medical or psychiatric condition.

Seclusion means the involuntary confinement of an individual alone in a room or an area from which the individual is physically prevented from leaving.

* When individuals display inappropriate behavior(s), the interventions employed will be the least restrictive and designed to promote and support socially acceptable behaviors. Such interventions will be an integral part of an Individual Support Plan (ISP) to assist the individual in developing appropriate adaptive behavior and reducing, or eliminating targeted maladaptive behavior(s). Staff implementing the techniques and strategies of an individual's Behavior Support Plans shall be trained in those strategies and the documentation of the use.

The approved interventions will be limited to the MHDDAD Behavioral Management

Guidelines approved by the Division. Techniques to manage inappropriate behaviors shall never be used for disciplinary purposes, the convenience of staff, or as a substitute for active treatment programs.

I. In the event that an individual becomes aggressive toward self or others, or damages property and cannot be controlled by on-duty staff, the least intrusive strategies shall be employed to address the behavior. The removal of the individual from the home shall be the **LAST RESORT**.

A. The Intake and Evaluation Team and the Qualified Professional will complete the assessments as needed and provide the Behavior Management Plan. This would be incorporated into the ISP goals for the consumer.

B. Central Care staff will ensure the implementation of the Behavior Support Plan and necessary documentation of implemented plans.

C. The Support Coordinator will ensure the Central Care staff are implementing the plans as written and approved.

D. The Central Care Director/Team Leader will monitor and utilize the data to analyze the trends for opportunities to improve consumer quality of life.

II. The decision to employ an emergency intervention shall be based on the following:

A. Within the first hour of occurrence:

1. If attempts to interrupt and redirect the individual have failed and
2. If attempts to remove the individual away from others and property have failed, THEN
3. The assignment of additional off-duty staff must be the strategy.
4. If however, off-duty staff cannot be located to report, then the Central Care Director will:
 - a. Redirect staff from other homes within Central Care; from Developmental Disabilities Division/CSH or, upon the recommendation of the Central Care Director/Team Leader, call 911 for assistance.

B. Within 24-48 hours of the initiation of the incident:

If the high-risk behaviors of the individual continue to persist and cannot be handled by the staff normally assigned to the home, additional decisions must be based on the following:

1. Additional staff will be assigned temporarily to the home, and

2. Behavior Specialist will be assigned to conduct a functional analysis and to make some immediate recommendations to the Team Leader and Central Care Director regarding any additional steps that would need to be taken.

C. If the assignment of additional staff is unsuccessful in managing the individual's behavior and he/she continues to create a significant disturbance in the home, the following interventions will be considered:

1. Temporary transfer of the individual to another personal care home/ Community Living Arrangement home (if available).
2. Relocating the individual to a motel for a brief period of time.
3. Transfer to Developmental Disabilities Division on a short-term basis.

D. Regardless of the decision made in addressing the emergency, the Intake and Evaluation Team, Support Coordinator, consumer, family, and provider shall be required to meet within 48 hours of the decision to develop a Behavior Support Plan that will include the strategies to enable the individual to remain in or return to the home.

APPROVED:

George Harris, LCSW
Director of Central Care

Date