GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department on Disability Services

Guidance for RCRC Review of Behavior Support Plans

RCRC shall review Behavior Support Plans (BSPs) containing restrictive interventions to ensure the following. For each review topic, the committee may answer "Yes," "No," or "Yes with Recommendations for Improvement." Please note that "Yes with Recommendations for Improvement" differs from the previous option of "Approved with Qualifications." These are intended to be suggestions to improve or strengthen the plan. The provider is responsible for sharing the recommendations with the person's support team, including the BSP author, and the team may choose to accept or reject the recommendations. Plans that RCRC have approved (with or without recommendations) are acceptable as written and do not require further revision.

1. **Does the BSP include targeted behavior that is consistent with the person's diagnosis?**

   - Plans written on or after 9/3/2013: Target behaviors must be consistent with the person's diagnoses. For each target behavior provide a clear, measurable definition and data about the frequency of the target behavior in both the day and residential setting, over the last 12 months, if possible.

   - Plans written before 9/3/2013:
     - Provide a clear, measurable definition of each target behavior.
     - Include data about the frequency of target behavior over the last 12 months, if possible.

2. **Does the BSP include relevant data collection?**

   - Plans written on or after 9/3/2013: The BSP developer must provide a clear plan for tracking and collecting behavior data to review progress on behavioral developments. This must include a description of how behavioral changes will be monitored and data will be used to assess the effectiveness of the BSP.
     - The BSP must specify the professional who will review the data on a monthly basis (or more frequently if necessary) and provide quarterly progress reports to the support team.
     - The BSP must specify how often the BSP developer will participate in medication reviews to share behavioral data with the prescribing physician so the physician can make data informed prescribing decisions.
     - Include data on the use of all intervention techniques used, by whom, the duration, and the reason. For physical restraints and any hands-on intervention, staff shall document each use of physical restraint or other hands-on interventions in a person's record. For restraints, this should include the type of restraint, the time it

was initiated and concluded, and the reason for its use. Restraints may only be used in an emergency basis to prevent the person or others from imminent harm. Restraints must be removed as soon as it is safe to do so.

- Plans written before 9/3/2013:
  - Provide a clear plan for tracking and collecting behavior data to review progress on behavioral developments.
  - Include data on the use of physical restraints to include a way to determine who applied the restraint, type of restraint, duration, and the reason.
  - Describe how the data will be used to assess the effectiveness of the BSP.
  - Describe how staff that work with the individual at least on a weekly basis will be trained by the BSP developer or his/ her designee on the implementation of the BSP and data collection protocols.
  - Describe how the BSP developer or his/ her designee will verify that staff demonstrate competency to implement the plan as written(e.g., through interviews, observations, or proficiency test).
  - Specify the professional who will review the data on a monthly basis (or more frequently if necessary) and provide quarterly progress reports to the interdisciplinary team.

3. Does the BSP include demonstrated review of the data by the psychologist?

- See #2.

4. Does the BSP include procedures to address behavioral issues consistent with DDA policies?

See DDS's Human Rights and Behavior Support policies.

5. Does the BSP include a functional analysis?

- Plans written on or after 9/3/2013:
  Based upon the author's knowledge of the person, direct observation, interviews with the person for whom the plan is being developed (if possible), interviews with the people who know the subject best, , and record reviews, the functional assessment must describe the antecedents and maintaining consequences for each target behavior. It should also provide a hypothesized function for each target behavior in the setting(s) where it occurs.

  The functional assessment should describe the setting events that may predict the target behavior. Setting events are contextual events that may include mood, psychiatric status, illness, sleeplessness, time of day, absence of medication, emotional events, and staffing changes that make target behaviors more or less

likely to occur. In contrast to setting events, which occur an hour, day, or week prior to the behavior, antecedents represent more immediate influences on target behavior and occur in closer proximity to the target behavior. The BSP should include a statement about the setting events that make the target behavior more likely to occur and the setting events that make the target behavior less likely to occur.

Functional assessments must:

- List the sources of information used to conduct the functional assessment. At a minimum, procedures must include meeting and getting to know the person, direct observation, interviews with the people who know the person best, review of records, and must incorporate into the BSP the results of any assessment tool used;
- Be performed in both the residence and day setting, if applicable. For example a functional assessment would not be appropriate at a person's job site.
- Provide a clear, measurable, operational definition of each target behavior, which includes (as applicable) frequency, duration, and intensity of the behavior.
- Be based on data showing the frequency of occurrence for each target behavior (over the last 12 months if possible);
- Identify the antecedents to the target behavior and the maintaining consequences, or outcomes, that follow the behavior; and
- Propose the specific function of the target behavior in each setting where it occurs.

- Plans written before 9/3/2013: Based on the functional behavior assessment summarize the proposed function for each target behavior.

6. Are there proactive, positive strategies identified in the BSP?

- Plans written on or after 9/3/2013:
  For each target behavior describe the positive proactive strategies that will be used to prevent the behavior from occurring. Proactive strategies are defined as:
  - Environmental modifications or attempts to identify and change those features of the person's physical environment, interpersonal environment or service environment that might contribute to target behavior.
  - Positive Programming strategies for teaching new replacement skills and new competencies that provide a more effective/appropriate way of achieving the same function as the target behaviors. New skills are taught through direct instruction shaping, prompting, chaining, role play, or modeling/ imitation, etc.
  - Focused Support strategies that use differential reinforcement strategies to increase the use of alternative behaviors the person currently has in his or her repertoire and decrease the frequency of target behaviors.

- Plans written before 9/3/2013: (Described as alternative behaviors and replacement skills)
  - Describe the proactive (i.e. preventive) positive strategies including staff responses and modifications to the environment, to prevent the occurrence of target behaviors and promote appropriate behaviors.
  - Identify alternative behaviors that the individual can use instead of target behaviors.
  - Describe the replacement stills that will be taught for each target behavior.
  - Describe the goals for increasing adaptive, positive behavior(s) to replace the target behavior(s).
  - Propose a time frame over which the increase in the demonstration of adaptive, positive behavior(s) is projected to occur.

7. Is there a rationale for using the restrictive interventions?

- Plans written on or after 9/3/2013: Any plan with restrictive control procedures must include an explanation of the necessity for each restrictive control and specific criteria and plan for reducing, fading, or eliminating the restriction. Restrictive components (also called restrictive interventions and restrictive controls) include, but are not limited to 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; or access to anything that would typically be available to people in the community, including privacy.

- Plans written before 9/3/2013: Any plan with restrictive control procedures must include an explanation of the necessity for each restrictive control and specific criteria and plan for reducing, fading, or eliminating the restriction.

8. Are there benchmarks for reducing the restrictive interventions including a titration plan for medications (or statement of lowest effective dose based on prior attempts to reduce)?

- Plans written on or after 9/3/2013: See # 7 and:
  - The criteria for reducing, fading or eliminating the restrictive control procedures must be weighed against the dangerousness of the behavior and the restrictiveness of the control, and may not be punitive.
  - Criteria for possible medication titration shall be developed jointly between the prescribing psychiatrist and the BSP developer and shall be included in both the BSP and the medication plan. Titration plans for medication must be developed unless it is clinically determined that titration is contraindicated (e.g. documented evidence from previous titration attempts that titration was ineffective).

- Plans written before 9/3/2013: See # 7 and:

- Describe a clear plan for reducing, fading or eliminating the use of restrictive control procedures, including psychotropic medications.
- The criteria for reducing, fading or eliminating the restrictive control procedures must be weighed against the dangerousness of the behavior and the restrictiveness of the control, and be non-punitive.
- Criteria for possible medication titration shall be developed jointly between the prescribing psychiatrist and the BSP developer and shall be included in both the BSP and the medication plan. Such titration plans for medication must be developed unless there is specific documented evidence from previous titration attempts that titration is contraindicated.

After reviewing and discussing each BSP and supporting materials, the Committee shall approve, defer or reject each plan. As part of the review, the RCRC may also make recommendations for changes to the contents of the BSP to ensure that the BSP comports with DDA policy and that the interventions used are the least restrictive and most appropriate interventions to meet the person's behavioral needs.

- **The Committee shall "approve" a BSP that meets all the criteria discussed above and meets professional standards.** This is true even when the RCRC has recommendations for improvement. <u>These recommendations are not required and corresponding revisions do not require review by the RCRC</u>. Approvals are time limited and can be up to 12 months for *Evans* class members and up to 24 months for non-class members. The Committee shall be specific in the length of approval, and, if appropriate, align the BSPs expiration with the person's Individual Support Plan ("ISP"), so that the person's BSP and ISP dates align.

- **The Committee shall "defer" making a determination on a BSP when it does not have all of the information needed for the review.** For plans that are deferred, the Committee shall make specific recommendations about information needed and set a date for the plan to come back to the Committee for review.

- **The Committee shall "reject" a plan when it does not meets the criteria discussed above.** For plans that are rejected, the Committee shall make specific recommendations for improvement that are targeted around policy or procedural requirements that have not been met (for example, the BSP is missing essential information). The RCRC shall set a date for the revisions to come back to the Committee for review. <u>These recommendations are required and do require further review by the RCRC so that the BSP can be approved.</u>