POLICY	
Department on Disability Services	Subject: Behavior Support
Responsible Program or Office: Quality Assurance and Performance Management Administration	Policy Number: 2026-QAPMA-POL00X
Date of Approval by the Director:	Number of Pages: 6
Effective Date:	Expiration Date, if any: N/A
Supersedes Policy Dated: September 3, 2013	
Cross References and Related Policies and Procedures: ;Behavior Support Plan Oversight Procedure; Human Rights policy; Provider Human Rights Committee Procedure; Human Rights Definitions; Human Rights Advisory Committee procedure; Restrictive Control Review Committee procedure; Level of Need Assessment and Screening Tool Policy; Person-Centered Modifications Procedure; Person Centered Thinking Tools Procedure; Privacy and Lockable Spaces Policy; Most Integrated Community Based Setting Policy; Health and Wellness Standards; Provider Training policy and procedure; Individual Support Plan policy; Imposition of Sanctions policy; Enhanced Monitoring procedure.	

1. PURPOSE

The purpose of this policy is to establish the standards, guidelines, and responsibilities for providing behavior support services to District of Columbia residents with intellectual and developmental disabilities to enable them to lead safe, healthy, secure, satisfied, meaningful and productive lives.

2. APPLICABILITY

This policy applies to all Departmental on Disability Services ("DDS") employees, subcontractors, providers, vendors, consultants, volunteers, and governmental agencies that provide services and supports on behalf of people with disabilities who are receiving services as part of the Developmental Disabilities Administration ("DDA") Service Delivery System funded by DDA or the Department of Health Care Finance ("DCHF").

3. AUTHORITY

The authority for this policy is established in the Department on Disability Services as set forth in D.C. Law 16-264, the "Department on Disability Services Establishment Act of 2006," effective March 14, 2007 (D.C. Official Code § 7-761.01 *et seq.),* as amended*;* D.C. Law 2-137, the "Citizens with Intellectual Disabilities Constitutional Rights and Dignity Act of 1978," effective March 3, 1979 (D.C. Official Code § 7-1301.01 *et seq.)* as amended.

4. POLICY

A. It is the policy of DDS to ensure that people with intellectual and developmental disabilities who would benefit from psychiatric and behavioral support interventions in the community are supported with the most proactive, least restrictive, and effective person-centered interventions necessary to achieve meaningful social outcomes, increase learning, and enhance quality of life.

B. Behavior support interventions shall:
   1. be developed as part of a collaborative person-centered planning process;
   2. be based on an understanding of the person and the functions of their behaviors;
   3. utilize trauma informed interventions where applicable;
   4. be ethical in design and delivery;
   5. not impose undue restrictions on individual rights;
   6. adhere to current standards of care and best practices in the field;
   7. comply with DDS's policy and procedures; and
   8. require informed consent.

C. It is the policy of DDS to ensure that safeguards are required for the use of restrictive interventions, including psychotropic medications.

D. DDS prohibits the use of aversive interventions in all programs funded or operated by DDS. Aversive interventions are defined as unpleasant, painful, uncomfortable or distasteful stimuli used to alter a person's behavior, including but not limited to shock therapy, white noise and bitter tasting foods procedures.

5. RESPONSIBILITY

The responsibility for this policy is vested in the Director, DDS. Implementation for the policy is the responsibility of the DDS Deputy Director for the Quality Assurance, Performance Management Administration (QAPMA).

6. STANDARDS

The following are the standards by which DDS will evaluate compliance with this policy:

A. A BSP *shall* be developed to support a person in any of the following circumstances:

   1. A person exhibits behaviors that pose a threat to their health, safety, or property or to the health, safety, or property of others.

2. Psychotropic medication is prescribed to affect or alter thought processes, mood, sleep, or behavior, with the exception that a person who is prescribed a single psychotropic medication may request exemption in accordance with the criteria and protocol described below in D.

3. The person requires individualized housing, which is a single occupancy residential setting to ensure the safety of the person and others.

4. Use of any restrictive control is recommended for the person, which may include but is not limited to court ordered restrictions. Restrictive controls are defined in the Human Rights Policy as any device, procedure, protocol, or action that restricts, limits or otherwise negatively impacts a person's freedom of movement, control over their own body, privacy, and/or integration within, or full access to the greater community along with anything that would typically be available to people in the community.

B. Restrictive controls include but are not limited to:
   1. The use of psychotropic medications
   2. Staffing in which the ratio of staff to people supported exceeds 1:2;
   3. Modifications of the physical environment that limit or prevent access to places, persons, and objects; and,
   4. Individualized housing due to behavioral concerns.

C. A BSP *may* be developed to support a person in any of the following circumstances:

   1. Behaviors are exhibited which interfere with the attainment of learning goals, community integration or other personal outcomes identified through the person's Individual Support Plan ("ISP") process.

   2. Behaviors are a form of communication and alternative forms of communication need to be understood and established.

D. A BSP is not required for any person who is taking medication solely for treatment of non-psychiatric medical conditions including, but not limited, to Dementia, End of Life palliative care; or neurocognitive disorders. Medication prescribed to treat the extrapyramidal side effects of psychotropic medications are not considered psychotropic medications.

E. The Citizens with Intellectual Disabilities Constitutional Rights and Dignity Act of 1978, as amended, specifically excludes intellectual disability and other developmental disorders (like Autism Spectrum Disorder) from the definition of

mental illness. Therefore, the use of psychotropic medication for a person with autism or ID, without a co-occurring diagnosed mental health disorder is prohibited.

F. A person who meets all of the following criteria may request exemption from the requirement that he or she have a BSP:

1. The person is taking a single medication to treat a psychiatric illness.

2. Psychotropic medication is the only restrictive control being used on a regular basis.

3. Each target behavior occurs 3 times or less per month.

4. The target behaviors do not pose a danger to the person, other people, or property.

5. There are no Serious Reportable Incidents for behavioral incidents, or equivalent behavioral concerns, within the past six months.

6. Based on observation from the person's support team, the person's psychiatric symptoms do not have a significant impact on their usual activities of daily living; daily activities or work; and social interactions with others.

7. As documented in the person's current ISP, the person is receiving person-centered supports, mental health supports, or skill building supports targeted at coping with psychiatric symptoms or target behaviors.

8. The person, or his or her substitute decision-maker, has given informed consent for the use of the psychotropic medication and has requested to opt-out of behavior support services.

9. The person does not reside in an ICF/IDD. People residing in ICF settings are not eligible for BSP exemption.

The request for an exemption must be reviewed and approved annually by the provider HRC. Additionally, the DDS Office of Rights and Advocacy must review and approve the exemption before it is granted for the first time.

G. The decisions to develop a BSP and to use restrictive interventions must be part of a collaborative person-centered planning process involving the person and their Support Team.

H. BSPs must be reviewed on at least an annual basis by the person and their support team and be updated as needed by the BSP developer.

I. All provider staff who are working with people who have a BSP must be trained in accordance with the DDS Provider Training policy and procedure.

J. In addition to all of the prohibited practices listed in the DDS Human Rights policy, DDS expressly prohibits the use of the following:

1. Any restrictive control for managing or changing behavior that is not part of an approved behavior support plan, except as described in the DDA Behavior Support policy, Behavior Support Plan Oversight procedure, and Person Centered Modifications Procedure.

2. Any behavioral treatment strategies that are not supported by empirical evidence.

3. The implementation of one person‘s behavior program by another person served by DDA.

4. The use of psychotropic medications under the following circumstances:
   a. PRN psychotropic medications
   b. Use of psychotropic medication as punishment or for the convenience of staff.
   c. The use of psychotropic medication that impairs the person‘s ability to engage in his or her usual activities of daily living by causing disorientation, confusion, or impairment of physical or mental functioning except where the use of psychotropic medication is the standard treatment for the person’s medical or psychiatric condition.

K. BSPs shall be developed by a psychiatrist, psychiatric nurse practitioner, licensed clinical psychologist, licensed clinical social worker, a licensed professional counselor, or a behavior management specialist supervised by a licensed professional. A behavior management specialist is a licensed Professional Counselor; Licensed Independent Social Worker (LISW); a licensed Graduate Social Worker (LGSW); a board Certified Behavior Analyst; a board Certified Assistant Behavior Analyst; or a registered nurse.

L. The person, guardian, or the person's substitute decision-maker, must give written informed consent to any restrictive intervention and any BSP, if applicable.

M. BSPs must be based on an understanding of the person, include a functional analysis or functional assessment of target behaviors, and must be based on the least restrictive and most effective interventions to address those behaviors.

N. BSPs must clearly identify the proactive strategies that will be used to minimize the need for restrictive control procedures.

O. BSPs must contain a fade plan for each restrictive element.

P. All BSPs containing restrictive interventions shall be reviewed by a human rights committee. Additionally, for people on one psychotropic medication who do not have a BSP, the provider HRC must review the use of that psychotropic medication. When a person has a residential service provider, the residential provider is responsible for the HRC review. The person's day support provider is responsible for participating in the residential provider's HRC reviews. For a person who lives with his or her family or independently, the day program is responsible for the HRC review, if the person attends a day program. If the person does not, the service coordinator is responsible for requesting review by the DDS Human Rights Advisory Committee.

Q. In addition to review by the provider HRC, the DDS RCRC shall review:

1. All BSPs involving individualized staffing due to behavioral health concerns.
2. All BSPs involving individualized housing due to behavioral health concerns.
3. All BSPs involving use of physical restraint.
4. All BSPs that involve the use of any restrictive control except for psychotropic medication(s).
5. Any BSP or request for exemption that is referred to the RCRC by the person, a member of his or her support team, or by the provider HRC.

R. All community provider agencies shall have and implement written policies and procedures for behavior support that use person-centered positive behavior support techniques, prohibit aversive practices, and include safeguards for the use of restrictive interventions.

S. DDS shall conduct regular and targeted reviews of provider policies and procedures, and audit BSPs and BSP required documents in order to assure compliance with this policy and its related procedure.

T. DDS may sanction providers who do not comply with the requirements of this policy and its related procedure.

Andrew P. Reese, Director

Date