

**Delaware Health and Social Services  
Division of Developmental Disabilities Services  
Dover, Delaware**

*The Division is in the process of converting from the use of P.E.A.C.E. training to MANDT training, hence the reference to both curriculums throughout this policy.*

Signed Copy in Office

of PARC Chair

**Title:** Behavior/Mental Health Support Policy

**Approved By:** \_\_\_\_\_

*Division Director*

**Written/Revised By:** DDDS Policy and Records Committee

**Date of Origin:** March 20, 2006

**Implementation Date:** April 20, 2006

**I. PURPOSE**

To establish a systematic approach which emphasizes positive behavioral supports as a mechanism to review support interventions that may be considered intrusive in nature.

**II. POLICY**

It shall be the policy of the Division of Developmental Disabilities Services (DDDS) that positive behavioral supports shall be the essential foundation upon which all programs and individual plans are developed.

**III. APPLICATION**

All DDDS employees  
All DDDS contractors

**IV. DEFINITIONS**

- A. Behavior Intervention Strategy: Any single intervention, procedure, or process implemented to modify or otherwise change the environment (not including assistive technology used to augment the environment with the goal of increasing a person's use/control/mobility), the frequency or intensity of an individual's behavior/psychiatric symptom, or to modify or change a staff behavior or response to the individual's behavior/psychiatric symptom. An intervention may be a Level I, Level II, and/or a psychiatric medication prescribed for alleviating the symptoms associated with a diagnosed mental illness.
- B. Behavior/Mental Health Supports: The global term used to describe a system of inter-related supports where one or more behavior or mental health intervention strategies may be used with the intention of providing needed environmental modifications, increasing socially adaptive behaviors, modifying self-limiting behaviors, teaching functionally equivalent behaviors/skills, or providing staff with an understanding of the individual's mental illness and/or psychiatric symptoms.
- C. Behavior/Mental Health Support Plan (Support Plan): A multi-dimensional, systematic, assessment-based plan that details how staff should implement the identified behavior and/or mental health supports.

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**IV. DEFINITION (continued)**

- D. Chemical Restraint: A single dose of a medication administered in response to an unanticipated urgent situation to manage an already occurring event such as severe aggressive behavior that is placing the individual or others in imminent danger of physical harm.
- E. Consent: A legal concept which has three elements: capacity, information, and voluntariness. Capacity is the ability to acquire or retain knowledge and the legal qualification or authority to perform an act. Information is full and effective disclosure of the nature of any procedure, its importance, and possible consequences. Voluntariness implies that the person understands they have the right to give consent, withhold consent or withdraw consent.
- F. Designated Professional Staff: Individuals who may authorize the use of specific emergency behavioral interventions (excluding medications) or monitor the use of emergency or planned behavioral interventions. Designated Professional Staff shall be those persons identified and approved by the Division Director, Executive Director of Stockley Center, Director of Community Services, or Director of Special Populations.
- G. Essential Lifestyle Planning: A person centered plan developed with the person receiving services, his/her family or guardian, and other individuals providing support that outlines in detail the individual's preferences, support needs, and lifestyle choices.
- H. Emergency Behavior Intervention: The unplanned use of an intervention that is deemed necessary to control an unanticipated and already occurring event such as severe aggressive behavior that is placing the individual or others in imminent danger of physical harm. Only those interventions designated as allowable by the Division shall be used.
- I. Functional Assessment of Behavior: A process for gathering information to be used to develop effective Behavior/Mental Health Support Plans. The Functional Assessment has several purposes including, but not limited to (1) operationally define the target behaviors, (2) identify times and stimulus conditions where the target behavior does or does not occur; (3) to define the function (maintaining variables) of the target behavior.
- J. Human Rights Committee (HRC): An advisory committee established to provide the Division Director a mechanism for the protection of the rights and welfare of person receiving services from the Division of Developmental Disabilities Services.
- K. Interim Prescription: The interim and time-limited (not to exceed 90 days) use of a psychotropic or behavior altering medication which is prescribed by a physician for either of the following: (1) in response to a crisis or unanticipated situation which necessitates the ongoing use of medication to address the situation until which time an appropriate multi-dimensional treatment plan can be developed; or (2) as a means to identify an appropriate medication regime during the development of a multi-dimensional treatment plan and its subsequent committee review.

**IV. DEFINITION (continued)**

- L. Level I behavior interventions: Shall be limited to those positive behavior supports that are both naturally occurring and non-intrusive to the individual. These may include periodic praise, words of encouragement, positive comments, and other interactions that are deemed to be favorable by the recipient. These basic supports shall be incorporated into the person's Essential Lifestyle Plan.
- M. Level II behavior interventions: Interventions which are considered to be more intrusive to the individual and may be imposed in ways that would (1) restrict or limit an individual's access to or interactions with others, items, or activities; (2) attempt to decrease excessive behavior that is either harmful or limits their meaningful interaction with the environment; (3) restricts their freedom of movement (e.g.: personal or mechanical restraint); or (4) use medication for the sole purpose of behavior management in the absence of a psychiatric diagnosis.
- N. MANDT Training: The Division's approved behavior support curriculum designed to prevent the use of physical restraint. MANDT embraces a model for understanding behavior that facilitates the development of healthy relationships.
- O. Mechanical Restraint: Any mechanical device, material, or equipment attached or adjacent to an individual's body that he/she cannot remove and that restricts freedom of movement or normal access to one's body. In order for a device, material, or piece of equipment to be considered a mechanical restraint, both the following must be true: 1) it prevents the person from freely moving or from reaching a part of his/her body; and 2) the individual cannot easily remove it. Some examples of mechanical restraints are: arm splints, papoose boards and bed restraints.
- P. Medical Appointment Information Record (MAIR): A record that is filled out during a person's medical appointment that documents the physician's findings, recommendations, and proposed treatment regime.
- Q. Medical Clearance Form for Mechanical Restraints: a record that is completed and signed by a physician containing the following information: (1) a clear, detailed description of the mechanical restraint, (2) an explanation of the necessity for the mechanical restraint, (3) a description of what the mechanical restraint does for the person, (4) a notation of any medical risks associated with the use of the mechanical restraint, (5) a procedure for monitoring the use of the mechanical restraint (e.g., amount of time for use or inservice required in the use of the restraint).
- R. Medical/Health Related Restraint: A device or procedure ordered by a licensed medical professional that is used to restrict movement or to position an individual to permit medical or surgical treatment, for an identified medical disorder including post-operative healing, placement and maintenance of sutures, dental procedures and seizures.
- S. P.E.A.C.E. (Providing Effective Alternatives to Crisis Encounters): One of the Division's behavior support curriculum that is a two-part staff training and emphasizes proactive measures to support

**IV. DEFINITION (continued)**

individuals through its staff effectiveness training. It also teaches reactive strategies (physical techniques) designed to avoid and de-escalate situations where an individual's health or safety is in immediate jeopardy. The use of the PEACE curriculum shall be replaced by the MANDT program by 12/31/06 or an alternative behavior support program that has received all required reviews and approvals.

- T. Personal Property Removal: The removal of an individual's personal property.
- U. Personal Restraint: The use of manual techniques that are intended to restrict the movement or normal functioning of an individual's body or portion of the body for behavior management purposes.
- V. PRN: a planned pharmacological medical intervention determined by a person's needs.
- W. Positive Behavioral Supports: A behavior support approach that is:
- Assessment-based where interventions are directly linked to the environmental influences and a hypothesis concerning the function of the problem behavior;
  - A comprehensive plan typically involving multiple interventions;
  - Proactive in adapting environments and teaching alternative skills;
  - Person centered in that it honors the dignity and preferences of the individual;
  - Designed for every day settings and utilizes typically available resources;
  - Has a broad view of intervention successes that includes increases in the use of alternative skills, decreases in the incidence of problem behaviors, and improvements in the quality of life.
- X. Psychiatric Appointment Information Record (PAIR): A record that is filled out during a person's psychiatric appointment which documents the psychiatrist's findings, recommendations, and proposed treatment regime.
- Y. Psychiatric Medication Intervention: The use of a psychiatric medication prescribed solely for the purpose of treating a diagnosed mental illness.
- Z. Psychotropic Medications: A global term for any medication prescribed for symptoms associated with a psychiatric or behavior disorder.
- AA. PROBIS (Peer Review of Behavioral Intervention Strategies): Any of the Division-approved peer review committees charged with the review and approval of multi-component Behavioral/Mental Health or Essential Lifestyle plans.
- BB. Risk Management Coordinator: The person responsible for the collection, analysis, and trending of identified major risk focus areas.

#### IV. DEFINITION (continued)

- CC. Self-Limiting Behavior: Behavior that significantly interferes with a person's ability to acquire meaningful life skills, form and maintain interpersonal relationships, and/or successfully live in his/her community. A behavior in and of itself is not self limiting; rather, it may be viewed contextually relative to the impact it has on the quality of life of both the person who is displaying the behavior and on others in the environment who are affected by the behavior.
- DD. State-wide Oversight PROBIS: A committee comprised of independent experts in the field of developmental disabilities whose areas of expertise allow for them to review selected Behavior/Mental Health Support plans to assure they meet best clinical practice standards.
- EE. Symptom: An indicator of the possible presence of an underlying psychological or psychosocial disorder or problem.
- FF. Target Behavior: Any behavior that is of focus in a plan to increase, decrease, maintain or teach as an alternative or functionally equivalent behavior.

#### V. STANDARDS

- A. All Stockley Center policies related to behavior supports, interventions and monitoring shall minimally meet the expectations set forth in this DDDS administrative policy. As such, Stockley Center employees shall comply with their facility's policies regarding behavior supports, interventions and monitoring which in turn shall comply with this DDDS administrative policy.
- B. Behavior/Mental Health Support Plans shall respect the person's wants and needs and shall be incorporated into his/her Essential Lifestyle Plan (ELP).
- C. Positive behavioral supports (including the use of level I behavior interventions) and the use of naturally occurring, non-intrusive behavior interventions shall be the preferred method of support and intervention for all individuals receiving services from DDDS.
- D. All staff shall be trained in the basic philosophy and practice of positive behavioral supports, as taught in the MANDT curriculum, when beginning employment and subsequently as detailed in the DDDS training policy.
- E. Behavior supports and mental health supports shall be based on an understanding of the function and/or communicative intent of the behavior. The functional assessment/analysis shall be the process for gaining this understanding and will include, at a minimum, the information contained in the 'Functional Assessment Guidelines' (Exhibit A).
- F. Behavior Support Plans and Mental Health Support Plans shall show an understanding of and address the individual's behavior/psychiatric symptoms in terms of:

**V. STANDARDS (continued)**

- a. the impact of environmental factors
  - b. the impact of social and interpersonal factors
  - c. the individual's coping skills
  - d. the impact of psychological/psychiatric factors
  - e. the individual's ability to understand and produce meaningful communication
  - f. any potential medical condition or physical disability
- G. All staff shall follow and implement approved Support plans.
- H. All Behavior Support Plans shall include procedures designed specifically to increase existing adaptive skills or behaviors and teach alternative/functionally equivalent skills or behaviors to replace self-limiting behaviors. Exceptions to this standard shall be clearly documented in the Behavior Support Plan Review.
- I. Behavioral interventions shall comply with all State, Federal, and other applicable laws, rules, and regulations.
- J. Staff shall implement Division-approved strategies in instances where an individual is in imminent danger of hurting self or others.
- K. In situations where health or safety are at risk due to behavioral issues, and non-intrusive positive behavior support practices have not been effective in eliminating the risk to health or safety, more intrusive interventions may be used on a time-limited basis after a comprehensive approval process has taken place and until less intrusive procedures can be developed.
- L. Level I behavior interventions shall be limited to those positive behavior supports that are both naturally occurring and non-intrusive to the individual. This may include periodic praise, words of encouragement, positive comments, and other interactions that are deemed to be favorable by the recipient. Level I behavior interventions are not required to be reviewed by PROBIS.
- M. Level II behavior interventions are those which are considered to be more intrusive to the individual and may be imposed in ways that would (1) restrict or limit an individual's access to or interactions with others, items, or activities; (2) attempt to decrease excessive behavior that is either harmful or limits their meaningful interaction with the environment; (3) restricts their freedom of movement (e.g.: personal or mechanical restraint); or (4) use medication for the sole purpose of behavior control in the absence of a psychiatric diagnosis. Level II behavior interventions shall be reviewed by PROBIS.
- N. Individuals who are the recipient of more than one (1) (emergency or planned) physical or mechanical restraint shall have a baseline bone density examination on file. The ID team shall plan accordingly for those individuals with diagnosed osteopenia or osteoporosis.

**V. STANDARDS (continued)**

- O. Psychotropic medications used to decrease or otherwise manage the symptoms of a mental illness shall be considered to be a medical treatment/intervention when (1) there is a sufficient reason to believe the medication prescribed is for the sole purpose of treating the mental illness and (2) when the class of medication is one which is the typical or standard treatment for the specific mental illness.
- P. Support interventions shall be person centered and a team decision.
- Q. Support interventions shall be used as a component of multi-dimensional, systematic intervention based on a thorough assessment of the individual's overall support needs. A team generated Risk/Benefit Analysis (Exhibit B) shall be conducted prior to the implementation of the support strategy to justify both its use and level of intrusiveness. Interim prescriptions shall be the exception.
- R. Essential Lifestyle Plans containing Level I behavior intervention strategies shall be approved by the I.D. Team prior to implementation. Any required staff training shall be completed prior to implementation.
- S. Behavior Support Plans/Essential Lifestyle Plans containing Level II behavior intervention strategies shall be reviewed and approved prior to their implementation, as follows:
  - a. by the I.D. Team at least annually and more frequently as determined;
  - b. by PROBIS at least annually and more frequently as deemed necessary;
  - c. by the Division's Oversight PROBIS, as appropriate, at least annually and more frequently as deemed necessary;
  - d. by HRC at least annually and more frequently as deemed necessary.
- T. Mental Health Support Plans/Essential Lifestyle Plans outlining the use of psychotropic medication for the treatment of a mental illness shall be reviewed by the ID Team prior to or at the time of beginning the medication. Additionally, the plan shall be submitted to PROBIS within 90 days of beginning the medication and shall include the I. D. Team's recommendation relative to the future monitoring of the plan. This recommendation shall include the proposed monitoring/review body (I. D. Team or PROBIS) and the suggested frequency of review.
- U. PROBIS shall monitor and determine the frequency of monitoring of all Level II interventions and plans. Proposed changes shall be submitted to the PROBIS chair via e-mail/written notification prior to implementation if an intervention is added or deleted.
- V. If PROBIS determines that the I. D. Team shall be the monitor for the Mental Health Plan, the team shall assume that responsibility and no further committee reviews of the plan/program shall be necessary unless:
  - 1. The diagnosis is changed to one not included in the major diagnostic class of the original diagnosis;

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**V. STANDARDS (continued)**

2. The class of medication prescribed is changed to another class;
  3. The total daily dosage of the medication exceeds the recommended upper range listed in either the Physician's Desk Reference or the Nursing Drug Handbook.
- W. Level II behavior interventions shall be reviewed and approved by PROBIS prior to implementation. The initial PROBIS review shall require submission of the following:
1. a written, I. D. team-approved Plan;
  2. a Risk/Benefit Analysis for each proposed intervention;
  3. documentation of current written or verbal consent;
  4. a current Medical Appointment Information Record (Exhibit C) OR
  5. Psychiatric Appointment Information Record (Exhibit D);
  6. current Medication/Behavior History;
  7. a signed physician's statement/medical clearance (for planned personal or mechanical restraint);
  8. a completed Behavior Support Plan Review (Exhibit E);
  9. a Functional Assessment.
- X. The initial PROBIS review of Mental Health Support Plans for the use of medication for the treatment of a mental illness shall require submission and presentation of the following: shall be reviewed and approved by PROBIS prior to implementation. The initial PROBIS review shall require submission of the following:
1. a written, I. D. team-approved Plan;
  2. a Risk/Benefit Analysis for each proposed intervention;
  3. documentation of current written or verbal consent;
  4. a current Medical Appointment Information Record (Exhibit C) OR
  5. a current Psychiatric Appointment Information Record (Exhibit D);
  6. current Medication/Behavior History;
  7. a completed Mental Health Plan Review (Exhibit F);
  8. the ID Team's proposed plan for monitoring the treatment.
- Y. Emergency Behavior Intervention Strategies: The use of Emergency Behavior Intervention Strategies shall be limited to those that are allowable by DDDS or pre-approved by a DDDS representative (see Standard "V" of this policy). More intrusive procedures shall be used only after all less intrusive measures have been attempted and have failed and as a last resort to control an unanticipated and already occurring event where an individual's severely aggressive or destructive behavior(s) place that individual or others in imminent danger of physical harm. Documentation of the use of an emergency behavior intervention strategy shall be documented on the Emergency Medical/Behavior Intervention Strategy Record (Exhibit G). If an emergency intervention is used, the I.D. Team must meet to discuss the person's plan and the circumstances surrounding the use of the intervention to determine if it was the least intrusive response available. When an emergency intervention is used for more than 2 episodes in one month, 3 episodes in two months, or 4 episodes.

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**V. STANDARDS** (continued)

in three months, the I.D. Team must review the case and develop or modify a Behavior Support Plan or alternative plan of action.

1. **Emergency Chemical Intervention: (Only allowable at Stockley Center)** Single or multiple doses may be deemed appropriate by the prescribing physician. The intervention is considered to be very short term (maximum of 72 hours) and to be used as an emergency intervention strategy.
  - a. An Emergency Chemical Intervention may be ordered in an instance where the individual poses a clear danger to himself or others and cannot be managed with another less intrusive intervention.
  - b. A Designated Professional Staff must contact the physician to convey needed information.
  - c. The Emergency Chemical Intervention may be ordered and/or authorized only by a legally authorized practitioner.
  - d. The use of an emergency chemical intervention shall be documented on the Emergency Medical/Behavioral Intervention Strategy Record.
  - e. Instructions for monitoring the individual after receiving the emergency chemical intervention will vary depending on the medication given. These instructions are a part of the physician's order and will be provided to the appropriate staff by the physician. The Nurse or Designated Professional Staff shall be responsible for seeing that those instructions are carried out and documented on the Emergency Medical/Behavioral Intervention Strategy Record.
  - f. Notification shall be made with the person's legal representative if indicated.
  
2. **Emergency Personal Restraint:** The emergency use of DDDS approved physical restraint techniques that are designed to restrict an individual's movement. Personal restraints shall be considered as being extremely intrusive and are only to be used in instances where all other less intrusive interventions have been attempted and it is necessary to keep the individual from harming himself or others.
  - a. Emergency Personal Restraint may be initiated immediately by any staff trained in the use of DDDS approved techniques in response to an already occurring behavior that has not responded to other less intrusive interventions or as intensity requires to protect the health and safety of self and others.
  - b. The Designated Professional staff must be notified as soon as possible once the intervention is implemented and must immediately proceed to the area unless contraindicated by the logistics of the situation (e.g. during travel, restraint already discontinued) to assure proper implementation and documentation of the procedure or to authorize its continuation
  - c. The Designated Professional staff shall be responsible for the oversight of the intervention from the time of their arrival until the intervention is terminated.
  - d. Initiating staff may use personal restraint up to fifteen (15) minutes in situations where the risk of harm to the person or others continues to exist and there are no other alternatives available to ensure the safety of that individual or others.
  - e. The personal restraint must be terminated sooner than the 15 minutes if the individual calms (i.e.: no longer a danger to self or others, no longer fighting, struggling, yelling, making

- threats, etc.) and **MUST** be immediately terminated if the individual shows signs of distress as noted in Standard CC of this policy.
- f. Notification shall be made with the person's legal representative if indicated.
  - g. Designated Professional Staff may authorize, in person, the continued use of personal restraint to a maximum of 30 minutes of continuous duration, at which time an alternative intervention must be provided.
  - h. While personal restraint is being implemented entries must be made on the Emergency Medical/Behavioral Intervention Strategies Record every minute as staffing permits and preferably by an individual who is not directly involved in the implementation of the restraint. The entries will serve to document the individual's response to the intervention.
3. Mechanical Restraint (including medical/health related restraint): Individuals shall be free of mechanical restraints not required to treat a medical condition, or imposed for the purposes of convenience, behavior control, or discipline. Medical symptoms alone shall not justify or automatically trigger the use of a restraint. The ID Team shall provide the prescribing physician/dentist with updated information about the person's need for the use of a mechanical restraint based on the outcome of an established on-going assessment process. Communication between the ID Team and prescribing physician shall contribute to the early identification of a lesser restrictive approach to providing supports, as applicable.
- a. The following safeguards must be in place during the use of a mechanical restraint, in order to minimize the risk of injury:
    - (1) mechanical restraint must be applied in accordance with manufacturer's recommendations;
    - (2) the required observation schedule shall be maintained;
    - (3) staff shall be trained in the correct use of the mechanical restraint;
    - (4) a physician's order must be on file that specifies the duration (established time limits) and circumstances under which the mechanical restraint may be used.
  - b. The following principles shall be followed in order to minimize the use of a mechanical restraint:
    - (1) mechanical restraints shall be used only as a **last resort** and when less restrictive interventions have been ineffective;
    - (2) the benefits of using a mechanical restraint shall clearly outweigh the risks;
    - (3) use of the mechanical restraint shall be reviewed routinely by the ID Team and as prescribed by Division/Facility policy;
    - (4) the use of a mechanical restraint shall be documented in order to facilitate a comprehensive review;
    - (5) appropriate consents shall be received prior to the use of a mechanical restraint (including medical/health related restraint).

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V. **STANDARDS** (continued)

4. Emergency Community Resources: The 911 emergency response system shall only be used as a last resort or as intensity requires to protect the health and safety of self and others.

5. PRN Interventions- Planned pharmacological intervention determined by the person's needs and ordered by a physician. A PRN intervention must include a Physician's Order with the person's name, specific symptoms which are being treated by a planned pharmacological intervention, the frequency which the treated symptoms are displayed and the dose and frequency of the planned pharmacological agent.
  - a. The requested use of a PRN Intervention in a community based setting must have prior verbal approval from a physician or registered nurse (DDDS or agency contracted nurse).
  - b. Staff shall contact the DDDS on-call worker if environmental and behavioral interventions have been exhausted and the need for a PRN intervention exists. The on-call worker shall contact a nurse and request that he/she contact the staff who identified
  - c. the need for a PRN. Agencies that provide contracted nursing shall directly contact the assigned nurse.
  - d. The nurse shall assess the situation based on the staff person's description of the incident and the Physician's Order for a PRN intervention. The nurse shall approve/disapprove the use of the PRN intervention.
  - e. The outcome of the request to use a PRN medication shall be documented by the contacted nurse, via an ID Note, and by the staff person making the request, on the Emergency/Medical Behavioral Intervention Strategies form.
  
- Z. Suicide threats shall be responded to as a legitimate mental health emergency by calling the appropriate mental health personnel (e.g.: 911, psychiatrist, police). If a written planned intervention exists for the individual staff shall follow that intervention.
  
- AA. The emergency use of any other non-prohibited behavioral intervention strategy may be approved by the Division Director, Executive Director of Stockley Center, Director of Community Services, Director of Special Populations, or a DDDS manager who has been appointed specifically by one of the aforementioned to approve the short-term use of such interventions. The length of approval shall be determined by the person authorizing the use of the intervention with a maximum duration of 60 days. Within that 60 day time period the use of the intervention shall be reviewed by the appropriate PROBIS.
  
- BB. The use of emergency behavioral intervention strategies shall be reported to, monitored by, and reviewed by the area designee.
  
- CC. Discontinuation of a Planned or Emergency Behavioral Intervention Strategy: At any time during the implementation of any behavior intervention or procedure should the individual exhibit signs of distress (i.e.: respiratory distress, seizure activity, vomiting, bleeding, change of skin coloring, etc.) the intervention shall immediately be discontinued and medical treatment/interventions shall be initiated.

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**V. STANDARDS** (continued)

- DD. Prohibited Procedures: The following procedures shall be prohibited:
  1. corporal punishment or threat of corporal punishment

2. seclusion
3. physical, verbal, sexual, or psychological abuse or punishment.
4. denial of a nutritionally adequate diet (including the withholding of a meal)
5. consumers disciplining other consumers except as a part of an organized system of self-government as set further and approved in program policy and procedures.
6. techniques or procedures used for disciplinary purposes, for the convenience of staff, or as a substitute for an active treatment program.
7. intrusive interventions, techniques or procedures used in the absence of other relative proactive supports (e.g.: environmental modifications, teaching alternative skills/behaviors, etc)
8. Emergency Chemical Restraint (**In Community Services and Adult Special Populations**)

EE. Monitoring Systems: The use of all behavior interventions shall be monitored. The Division shall provide the following monitoring systems, with the type, frequency, and system (s) of monitoring being dependent upon the level of intrusiveness of the proposed intervention.

1. The Interdisciplinary Team
2. The Regional PROBIS Committee: A committee whose members are appointed by the Division Director whose responsibilities are to:
  - a) determine what level of review will be required for presented treatment plans;
  - b) review proposed treatment plans for their technical merit and adherence to best practice;
  - c) review proposed treatment plans to determine their compliance to state, federal, and Division regulations, rules, and policies;
  - d) ensure the completeness and presence of required information;
  - e) provide feedback and consultation to ID teams.
3. State-wide Oversight PROBIS committee: A committee appointed by the Division Director, whose members are experts in the field of developmental disabilities and who are external to the Division, shall provide technical oversight to a number of pre-determined behavior intervention strategies (e.g.: planned personal restraint, mechanical restraint, other interventions as requested by the Division). May also provide other services as requested by the Division.
4. Risk Management Committee (RMC): An administrative committee charged with monitoring organizational risk through the review of key indicator data. The RMC shall minimally meet on a quarterly basis.
5. Human Rights Committee (HRC): A committee comprised of appointed community members who review the due process aspect of rights restrictions and more intrusive behavior interventions. The review of behavior interventions shall be limited to ensuring that there are current consents for current interventions.

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VI. Procedures

**A. INITIAL REVIEW OF MENTAL HEALTH SUPPORT PLANS WHICH INCLUDE THE USE OF PSYCHOTROPIC MEDICATION FOR THE TREATMENT OF A MENTAL ILLNESS:**

<u>Responsibility</u>	<u>Action</u>
Interdisciplinary Team	1. Determines the need for and obtains a consultation pertaining to the possible presence of a mental illness.
Psychological Assistant /Behavior Analyst/Stockley Physician/S.C. Residential Manager	2. Once a Mental illness is diagnosed and medication is prescribed, notifies PROBIS Chair of the need to be scheduled for an initial review in 90 days. 3. Initiates the completion of the Risk/Benefit Analysis.
Psychological Assistant/Behavior Analyst	4. Begins to develop, with physician and team input, the Mental Health Support Plan. 5. Begins a medication/behavior history.
Case Manager/Social Worker	6. Obtains verbal consent for the use of the medication.
PROBIS Chair	7. Determines 90 day review date and sends out notification of that date.
Psychological Assistant/Behavior Analyst/Stockley Physician	8. Completes the Mental Health Plan Review form prior to the scheduled review.
I. D. Team	9. Determines what it will request of PROBIS relative to ongoing reviews of the plan.
Psychological Assistant/Behavior Analyst/Residential Manager/Stockley Physician (I. D. Team members as appropriate)	10. Brings completed plan, Risk/Benefit Analysis, current PAIR/MAIR, medication/behavior history, functional analysis (if appropriate) and documentation of current verbal consent to PROBIS and presents case.
PROBIS Committee	11. Reviews presented materials, requests needed modifications/changes and makes future review determination.

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**VI. PROCEDURES** (continued)

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| Psychological Assistant/Behavior Analyst/Stockley Physician/Residential Manager  | 12. Ensures that suggestions or modifications are incorporated.   |
| PROBIS Chair   | 13. Records PROBIS decision on the Mental Health Plan Review form.  |
| PROBIS Chair/PROBIS Secretary  | 14. Records the official Committee decision in the PROBIS minutes.<br>15. Forwards the original Mental Health Plan Review form, supporting documentation, and PROBIS approval letter to the PROBIS committee ‘Consent Coordinator’.   |
| Case Manager/ Social Worker  | 16. Forwards the PROBIS-approved plan, supporting documentation, and a Consent Agreement (Exhibit H) to the guardian/substitute decision maker for review & signature.<br>17. Obtains completed consent paperwork and forwards to the PROBIS Committee ‘Consent Coordinator’  |
| PROBIS Committee Consent Coordinator   | 18. Ensures that the consent is current and correct, then forwards complete Initial Review of a Mental Health Plan Review including consent to the PROBIS Secretary.  |
| PROBIS Secretary   | 19. Secures PROBIS Chair signature on Mental Health Plan Review form.<br>20. Forwards the signed original Mental Health Plan Review packet to the Health Information Management department for filing in master file.<br>21. Forwards a copy of the signed Mental Health Plan Review packet and PROBIS approval letter to the Case Manager/Social Worker/Residential Manager and Psychological Assistant/Behavior Analyst.<br>22. Distributes minutes to appropriate parties. |
| Case Manager/Social Worker/ Residential Manager                                  | 23. Ensures that team follows the review guidelines and team documentation of the ongoing reviews.  |
| Psychological Assistant/Behavior Analyst/Stockley Physician/ Residential Manager | 24. Continues to bring case to PROBIS as scheduled (in the event that PROBIS denies team request to self-monitor the plan).   |

**VI. PROCEDURES** (continued)

**B. INITIAL REVIEW OF BEHAVIOR SUPPORT PLANS CONTAINING A LEVEL II BEHAVIORAL INTERVENTION (Excluding Mechanical & Personal Restraint)**

<u>Responsibility</u>	<u>Action</u>
Interdisciplinary Team	1. Determines the need for using a Level II behavior intervention as per Division Policy and as based on the results of a Functional Assessment.
Case Manager/Social Worker	2. Obtains verbal consent for the Level II intervention.
Psychological Assistant/Behavior Analyst/Stockley Physician/Residential Manager	3. Informs PROBIS Chair of the need to be scheduled for an initial review of a Level II intervention.
PROBIS Chair	4. Places case on agenda for next meeting or schedules an interim meeting if needed. Sends out notification of the meeting date.
Psychological Assistant/Behavior Analyst/Stockley Physician/QMRP	5. Completes the Behavior Support Plan Review form. 6. Brings completed Support Plan, Behavior Support Plan Review, Risk/Benefit Analysis, PAIR/MAIR, Verbal Consent, functional analysis and Medication/Behavior History (as appropriate) to PROBIS on assigned day and presents case.
PROBIS Chair	7. During Committee review, informs presenter of needed modifications and committee decision.
Psychological Assistant/Behavior Analyst/Residential Manager	8. Ensures that modifications are incorporated into the plan.
PROBIS Chair	9. Indicates PROBIS approval by signing the Behavior Support Plan Review form. Notes next review date. Attaches the Approval/Review Checklist (Exhibit I) to the packet.
PROBIS Chair/Secretary	10. Records the official Committee decision in the PROBIS minutes and logs next review date on the PROBIS tracking sheet.

**VI. PROCEDURES** (continued)

- |  |  |
|--|--|
| PROBIS Secretary                                   | 11. Sends notice of PROBIS approval to Case Manager, Social Worker, Residential Manager, Psychological Assistant/Behavior Analyst, & Human Rights Committee.<br>12. Forwards original packet to HRC Secretary. |
| HRC Liaison  | 13. Schedules review for next HRC meeting and notifies Case Manager/Social Worker/QMRP and Psychological Assistant/Behavior Analyst of review date & time.   |
| Case Manager/Social Worker/<br>Residential Manager | 14. Completes/processes the Consent Agreement (Exhibit H) and the Human Rights Review.<br>15. Forwards completed Consent Agreement & Human Rights Review to HRC Liaison by due date.                           |
| HRC Secretary/Designee                             | 16. Makes copies of completed packets & distributes at the HRC meeting.  |
| HRC Committee                                      | 17. Reviews packets and notes committee decision on the original packet.   |
| HRC Secretary/Designee                             | 18. Collects packets and shreds committee member copies.<br>19. Sends out disposition letter.<br>20. Gives original packet to the HRC liaison.   |
| HRC Liaison  | 21. Obtains needed signatures on original packet.<br>22. Forwards HRC signed original packet to PROBIS Chair.  |
| PROBIS Chair                                       | 23. Signs original packet indicating that the process is complete and has all required approvals. Gives original packet to PROBIS Secretary.   |
| PROBIS Secretary/Designee                          | 24. Makes copies of packet for the Case Manager/Social Worker, Residential Manager, the Psychological Assistant/Behavior Analyst, and PROBIS file.<br>25. Sends original packet to HIM                         |

**VI. PROCEDURES) (continued)**

**C. INITIAL REVIEW OF BEHAVIOR SUPPORT PLANS CONTAINING A LEVEL II BEHAVIORAL INTERVENTION (Including Mechanical & Personal Restraint only)**

<u>Responsibility</u>	<u>Action</u>
Interdisciplinary Team	1. Determines the need for using a Level II behavior intervention as per Division Policy and as based on the results of a Functional Assessment.
Case Manager/Social Worker	2. Obtains verbal consent for the Level II intervention.
Psychological Assistant/Behavior Analyst/Stockley Physician/Residential Manager	3. Informs PROBIS Chair of the need to be scheduled for an initial review of a Level II intervention.
PROBIS Chair	4. Places case on agenda for next meeting or schedules an interim meeting if needed. Sends out notification of the meeting date.
Psychological Assistant/Behavior Analyst/Stockley Physician/Residential Manager	5. Completes the Behavior Support Plan Review form. 6. Brings completed Support Plan, Behavior Support Plan Review form, Risk/Benefit Analysis, PAIR/MAIR, Verbal Consent, Functional Assessment, Medication/Behavior History (as appropriate), Medical Clearance (as appropriate) to PROBIS on assigned day and presents case.
PROBIS Chair	7. During Committee review, informs presenter of needed modifications and committee decision.
Psychological Assistant/Behavior Analyst/Residential Manager	8. Ensures that modifications are incorporated into the plan.
PROBIS Chair	9. Indicates PROBIS approval by signing the Behavior Support Plan Review form. Notes next review date. Attaches the Approval/Review Checklist (Exhibit I) to the packet.
PROBIS Chair/Secretary	10. Records the official Committee decision in the PROBIS minutes and logs next review date on the PROBIS tracking sheet.

BEHAVIOR/ MENTAL HEALTH SUPPORT POLICY

ADMINISTRATIVE POLICY

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- |   |   |
|---|---|
| PROBIS Secretary/Designee   | 11. Sends notice of PROBIS approval to Case Manager/Social Worker/Residential Manager, Psychological Assistant/Behavior Analyst, Human Rights Committee and Oversight PROBIS Coordinator. |
|   | 12. Forwards original packet to HRC Secretary and a copy of the plan to the Oversight PROBIS Coordinator.   |
| Complete steps 13a-17a and steps 13b-20b concurrently<br>Oversight PROBIS Coordinator | 13a. Informs PROBIS Secretary of next Oversight PROBIS meeting date and location.   |
| PROBIS Secretary  | 14a. Informs Case Manager/Social Worker/Residential Manager and Psychological Assistant/Behavior Analyst of next Oversight PROBIS Committee meeting date & location.                      |
| Psychological Assistant/Behavior Analyst/Residential Manager                          | 15a. Presents case to Oversight PROBIS Committee.<br>16a. Ensures that modifications are incorporated into the plan.  |
| Oversight PROBIS Coordinator  | 17a. Notifies case presenter & PROBIS Chair of decision.  |
| Case Manager/Social Worker  | 18a. Obtains a revised consent if the Oversight PROBIS Committee recommends a change to the plan.   |
| HRC Secretary/Designee  | 13b. Schedules review for next HRC meeting and notifies Case Manager/Social Worker/QMRP and Psychological Assistant/Behavior Analyst of review date & time.                               |
| Case Manager/Social Worker/Residential Manager  | 14b. Completes/processes the Consent Agreement and the Human Rights Review form.<br>15b. Forwards completed Consent Agreement & Human Rights Review to HRC Secretary by due date.         |
| HRC Secretary/Designee  | 16b. Makes copies of completed packets & distributes at the HRC meeting.  |
| HRC Committee   | 17b. Reviews packets & notes committee decision on the original packet.   |

**VI. PROCEDURES** (continued)

- |                        |  |
|------------------------|--|
| HRC Secretary/Designee | 18b. Collects packets & shreds committee member copies.<br>19b. Sends out approval letter.<br>20b. Gives original packet to the HRC liaison/designee                                   |
| HRC Liaison            | 21. Obtains needed signatures on original packet<br>22. Forwards HRC signed original packet to PROBIS Chair.   |
| PROBIS Chair/Designee  | 23. Signs original packet indicating that the process is complete and has all required approvals. Gives original packet to PROBIS Secretary.   |
| PROBIS Secretary       | 24. Makes copies of packet for the Case Manager/Social Worker/Residential Manager, the Psychological Assistant/Behavior Analyst, and PROBIS file.<br>25. Sends original packet to HIM. |

**D. ONGOING REVIEWS OF BEHAVIOR SUPPORT PLANS CONTAINING A LEVEL II BEHAVIORAL INTERVENTION**

<u>Responsibility</u>	<u>Action</u>
PROBIS Secretary	1. Maintains PROBIS tracking sheet and develops meeting agenda based on scheduled review dates.
Psychological Assistant/Behavior Analyst	2. Presents a Behavior/Mental Health Support Plan Progress Review at the scheduled PROBIS meeting.
Psychological Assistant/Behavior Analyst/Stockley Physician/Regional Manager/HRC/PROBIS	3. Completes steps 6-25 of Procedure section B. Substitute Behavior Support Plan Review with Behavior/Mental Health Support Plan Progress Review.

**VI. PROCEDURES) (continued)**

**E EMERGENCY BEHAVIOR INTERVENTION STRATEGIES**

<u>Responsibility</u>	<u>Action</u>
On-site staff/provider agency	1. Practices positive behavior interventions and supports. Implements the individuals' Behavior Support Plan and principles taught in the PEACE and MANDT curriculum. 2. If #1 has failed and the individual or others are in imminent danger of being harmed, determine need for emergency behavioral intervention strategies and use least intrusive PEACE or MANDT techniques (avoidance, de-escalation, and redirection) to control the situation. 3. If #1 & #2 have failed, implement emergency behavior interventions to gain or maintain physical safety in accordance with Standards. 4. Observes individual and documents as specified on the Emergency Medical/Behavioral Intervention Strategies Record. 5. Notifies Designated Professional staff.
Designated Professional Staff	6. Consults with on-site staff or provider and assesses the situation. Proceeds to site as applicable to observe the individual. 7. Directs staff/provider how to proceed. 8. Makes determination when to terminate EMBIS with respect to the individual's behavior, health and safety and in accordance with Standard 'X'. 9. Determines if extension of the EMBIS is required if the maximum duration of the procedure has been rendered. 10. If Emergency Pharmacological Intervention is considered, directs on-site staff to appropriate physician/community medical care facility.
Designated Professional Staff/Nurse	11. Will conduct and document initial body check.
Designated Professional Staff	12. Notifies Nurse of the need for a follow up body check 13. Immediately notifies regional DDDS Administration of the use of an emergency intervention. (During non-business hours contact DDDS on-call)

**VI. PROCEDURES** (continued)

- |   |  |
|---|--|
| Nurse (Stockley)  | 14a Stockley Nurse will conduct body check prior to the end of the shift and at the end of the following shift at a minimum.   |
| Nurse (Community)   | 14b. Performs follow up body check within 72 hours.  |
| Designated Professional Staff/Residential Manager/ Case Manager | 15. Ensures completion of all necessary documentation and routes copy to team members for review & signature.<br>16. Forwards the completed Emergency Medical/Behavioral Intervention Strategy Record to the applicable PROBIS Chairperson or his/her designee.  |
| PROBIS Chair/Designee   | 17. Reviews and signs EBIS.<br>18. Maintains data base to track the use of emergency restraints, the misapplication and the misuse of restraints.<br>19. Forwards a statistical compilation of data re: the above elements, to the Risk Management Coordinator (Scott Phillips) bi-annually or as requested. |
| Risk Management Coordinator                                     | 20. Collaborates with the Risk Management Chairperson to present restraint data to the Risk Management Committee for analysis and trending.  |

**VII. SYNOPSIS**

This policy replaces the existing DDDS Administrative policy entitled Behavior Support Policy and the Community Services policy entitled Review of Behavior Intervention Strategies. This policy emphasizes the use of positive behavioral supports, distinguishes between behavioral and mental health support needs and identifies the required monitoring processes for each. The PROBIS Committee will include a “Consent Coordinator”. This person will be responsible for ensuring the receipt of appropriate consent for the implementation of a Mental Health Support Plan for the use of a psychotropic medication for the treatment of a mental illness. The Human Rights Committee (HRC) will not be responsible for reviewing this type of support.

**VIII. REFERENCES**

- A. O’Neill, Robert E.; Horner, Robert H.; Albin, Richard W.; Storey, Keith; Sprague, Jeffery R.. (1990) Functional Analysis of Problem Behavior, A Practical Assessment Guide
- B. DDDS Risk Management Policy
- C. DDDS Human Rights Committee Policy
- D. DDDS Consent Policy
- E. Stockley Center Administrative Policies related to behavior supports, interventions and monitoring

**IX. EXHIBITS**

- A. Functional Assessment Guidelines
- B. Risk/Benefit Analysis Guidelines
- C. Medical Appointment Information Record (MAIR)
- D. Psychiatric Appointment Information Record (PAIR)
- E. Behavior Support Plan Review
- F. Mental Health Support Plan Review
- G. Emergency Medical/Behavioral Intervention Strategies Record
- H. Consent Agreement
- I. Approval/Review Checklist
- J. Medical Clearance Form for Physical and Mechanical Restraint
- K. Behavioral Intervention Strategies Progress Review



## **Functional Assessment Guidelines**

### **The Division's commitment to Positive Behavior Support**

The Division embraces the philosophy of Positive Behavior Support (PBS) as a means of supporting and interacting with those it serves. Positive Behavior Support involves helping persons learn new ways of interacting with their environment. It begins with an assessment/analysis of the environmental factors governing the individual's problem behavior and includes efforts to change the environment and to actively teach more acceptable behavior.

### **An introduction to functional assessment**

A Functional Assessment of Behavior is typically completed when an individual engages in challenging or problematic behaviors that are significant enough to interfere with their ability to live successfully in their community and/or develop and maintain interpersonal relationships.

It should be clear from the start that any systematic effort to build behavior support should begin with looking at the extent to which basic "preventative behavioral support" procedures are in place. Preventative behavioral support refers to a wide range of setting features such as the extent to which functional reinforcers are available, and the extent to which difficult behaviors are inadvertently reinforced. In addition to the preventative behavior support issues we must assess and contend with potential medical or physical conditions that may be influencing challenging behaviors. In essence, does the individual live in a world that provides opportunities to receive positive interactions and reasonable responses to their behavior; and are they free of medical or physical conditions which may be influencing their behavior?

### **A statement of values**

Functional Assessment of behavior is value based in that:

- 1) Behavior support must be conducted with the dignity of the person as a primary regard, with the notion that unless there is a physiological reason, people do not engage in problem behaviors just because of a development disability.
- 2) The objective of functional assessment is not to define and eradicate problem behavior, but to understand the function of the behavior in order to teach and develop effective alternatives.
- 3) Functional assessment is really a process for discovering and understanding the relationships between behavior and the environment.
- 4) Intervention should be a hypothesis as to why the behavior exists.

### Outcomes of a functional assessment

- 1) Operational description of the problem behavior which includes (a) a label for it; (b) a brief description of what it looks like; (c) the frequency with which it occurs; (d) the length of time the behavior continues once it begins; and (e) a description of the intensity of behavior. You will also want to note if the behaviors tend to occur together, in sequence, or if several behaviors seem to serve the same function.

- 2) Prediction relative to both the occurrence and non-occurrence of the problem behavior in terms of both setting events (slow triggers) and antecedents (fast triggers).
- a) Setting events are more distant variables that do not occur just before or just after a problem behavior but may set the stage or increase the likelihood that a problem behavior occur upon the presentation of an antecedent. Common setting events are:
- the use of medications (side effects)
  - medical conditions or complications
  - sleep cycles
  - diet – preferences, restrictions
  - daily schedule
  - predictability of activities & the environment
  - variety of activities – is there an adequate level of community events, exercise, and preferred options
  - results of tasks/activities - does the person enjoy the activities
  - density of people – large groups of people, crowding, noise levels
  - staffing/support patterns – what is typical for that person and is it appropriate
  - outcome monitoring – what is currently monitored
- b) Specific situations in which the problem behavior occurs or does not occur
- Time of day –
  - Physical setting – are there certain rooms, areas, or environments
  - Social control - presence or absence of specific people
  - Activity – are specific activities associated with the behavior
- 3) Hypotheses about the functions (maintaining consequences) of the problem behavior. We assume that any behavior that occurs repeatedly is serving some useful function to the person. Behaviors serve two major types of outcomes or functions. One is to ‘obtain’ something desirable and the other is to ‘escape or avoid’ something undesirable. Some behaviors are reinforcing without requiring interaction with external objects or people while some do require interaction with the environment.

Other useful information that must be obtained and reviewed includes:

- the efficiency of the problem behavior – the more efficient it is the more likely it will be performed
- how the person typically communicates is important information to others in the environment, as well as receptive ability
- identification of effective reinforcers is essential, especially those the person seeks spontaneously
- what other ‘functional alternative’ behaviors does the person already know
- understand the history of the problem behaviors and any previous programs which have been attempted.



## DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

### Risk/Benefit Analysis Guidelines

**DIRECTIONS:** This document is intended to serve as guidelines as to what information needs to be included in the Risk/Benefit Analysis statement. The Team may choose to present the information in this format or in narrative form. It may be written on the Psychiatric Appointment Information Record (PAIR), the Medical Appointment Information Record (MAIR) or an I.D. Note.

The following information must be included:

- Date
- Name
- Case No
- Date of birth
- Area
- Team members present/absent members who were contacted for approval (if applicable)
- Intervention (a separate Risk/Benefit Analysis must be written for each proposed intervention)
- Risks associated with not providing the intervention
- Benefits of the proposed intervention
- Risks associated with the proposed intervention
- Protective measures taken to minimize risk of proposed intervention
- Team's resolution (i.e. After review of the above considerations, Team agrees that the benefit of (proposed intervention) outweighs the risk associated with the use of the intervention.

New Castle Regional Office  
261 Chapman Rd Suite 201  
Newark, DE 19702  
(302) 369-2180

Kent Regional: Office, Silver Lake  
820 Silver Lake Plaza Building 842 - Suite 150  
Dover, DE 19904  
(302) 739-5524

Sussex Regional Office, Stockley Center:  
26351 Patriots Way  
Georgetown, DE 19947  
(302) 934-8031



**Delaware Health & Social Services  
Division of Developmental Disabilities Services**

**Medical Appointment Information Record [MAIR]**

Name: \_\_\_\_\_ MCI#: \_\_\_\_\_ Date: \_\_\_\_\_

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ BP: \_\_\_\_\_ P: \_\_\_\_\_ Temp: \_\_\_\_\_

Doctor seen: \_\_\_\_\_ Specialty: \_\_\_\_\_

Known Drug Allergies: \_\_\_\_\_

Symptoms Present: \_\_\_\_\_

Physical findings: \_\_\_\_\_

Tests Done: \_\_\_\_\_

Diagnosis and Prognosis: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Prescriptions & Treatment: \_\_\_\_\_

Return Appointment Date \_\_\_\_\_

Signature of Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

NAME OF CONSUMER: \_\_\_\_\_

**MEDICAL APPOINTMENT CHECKLIST**

This form must be completed and taken on every doctor's appointment:

• **The following items must accompany you on this appointment:**

<input type="checkbox"/> Medical Appointment Information Record	<input type="checkbox"/> COR (Client Oriented Record)
<input type="checkbox"/> Current MAR	<input type="checkbox"/> Physical Exam form and Standing Medical Orders (for annual physical only)

• **The following questions must be answered prior to the doctor's appointment:**

What is the nature (purpose) of this appointment?

- An annual physical
- An illness
- A follow up appointment

What symptoms are being experienced? How long have the symptoms been present? (Include when the illness started, how often does it occur and how long does it last? \_\_\_\_\_

\_\_\_\_\_

Has this occurred before? YES NO If yes when and what was done for it?

\_\_\_\_\_

What has been done for the individual to help with this condition?

\_\_\_\_\_

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

=====

At the end of the appointment, these questions should be asked of the doctor:

What care is being ordered? \_\_\_\_\_

\_\_\_\_\_

If medication is prescribed, what is the medication supposed to do? (What is the desired effect?)

\_\_\_\_\_

Are there any side effects that we should be concerned about? \_\_\_\_\_

\_\_\_\_\_

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

New Castle Regional Office  
2540 Wrangle Hill Road, 2<sup>nd</sup> floor  
Bear, DE 19701  
PH: (302) 836-2100

Kent Regional: Office, Thomas Collins Bldg.  
540 S. DuPont Hwy., Suite 8  
Dover, DE 19901  
PH: (302) 744- 1110

Sussex Regional Office, Stockley Center:  
26351 Patriots Way  
Georgetown, DE 19947  
PH: (302) 933-3100

EXHIBIT D



**DELAWARE HEALTH & SOCIAL SERVICES  
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES**

**PSYCHIATRIC APPOINTMENT INFORMATION RECORD**

Name: \_\_\_\_\_ MCI #: \_\_\_\_\_ Date: \_\_\_\_\_  
Initial Appointment \_\_\_\_\_ or Return Visit \_\_\_\_\_

Presenting Problem/Current Diagnosis:

Axis I: \_\_\_\_\_  
Axis II: \_\_\_\_\_  
Other: \_\_\_\_\_

Current findings/recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Symptoms/Targets to be tracked: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific Staff responses/supports you are requesting: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication/Dosage	Purpose	suggested range/maximum (therapeutic range or dose)
_____	_____	_____
_____	_____	_____

Titration discussed (as appropriate): \_\_\_\_\_  
\_\_\_\_\_

Testing done (e.g.: AIMS) or requested (e.g.: Lab work): \_\_\_\_\_  
\_\_\_\_\_

Next Appointment: \_\_\_\_\_

**Physician signature**

\*\*\*\*\*

Consent statement

\_\_\_\_\_ Does not demonstrate the ability to understand the possible benefits and side  
(Client's name)

**Side 2**

effects of the prescribed medication. As such, he/she cannot voluntarily agree to consent or withhold consent.

\_\_\_\_\_  
Physician signature (sign only if the consent statement is true)

**RISK/BENEFIT ANALYSIS**

(To be filled out by the I. D. Team)

DATE: \_\_\_\_\_

Procedures/Interventions discussed (list each, such as medications, behavioral intervention strategies, etc): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Risks of not providing the procedure/intervention: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Benefits of proposed procedure/intervention: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Risks of proposed procedure/intervention: (e.g.: medication side effects, impact of behavioral intervention, etc):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Protective measures taken to minimize the risk of proposed procedure/intervention (e.g.: periodic lab work, AIMS, etc): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Titration Plan:

\_\_\_\_\_  
\_\_\_\_\_

Members having input & Signatures:

\_\_\_\_\_  
\_\_\_\_\_

**Form #: 13/Admin**



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**Page 2**

4. Which targets (behaviors or skills) are you attempting to teach as functional equivalents? \_\_\_\_\_  
\_\_\_\_\_
5. List previous interventions and outcomes: \_\_\_\_\_  
\_\_\_\_\_
6. Expected outcome of this intervention: \_\_\_\_\_  
\_\_\_\_\_
7. Describe plans for fading/eliminating the interventions: \_\_\_\_\_  
\_\_\_\_\_
8. Is a nursing/medical body check required following use of the intervention?  
Yes \_\_\_\_\_ No \_\_\_\_\_
9. Please attach the following (as applicable):  

Functional Assessment of Behavior	Support Plan or Essential Lifestyle Plan
Risk/Benefit Analysis	Current PAIR/MAIR/psych consult
Medication /Behavior History	
10. Additional comments (as needed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature: Psychological Assistant/Behavior Analyst

\_\_\_\_\_  
Signature: QMRP/Case Manager/ Sr. Social Worker

\_\_\_\_\_  
Signature: Nurse/Nurse Consultant

**PROBIS Committees**

\_\_\_\_\_ Approved

\_\_\_\_\_ Disapproved

**Page 3**

PROBIS Decision/Recommendations/Outcome: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
*PROBIS Committee Chairperson* *Date*

Oversight PROBIS Decision/Recommendations/Outcome: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
*Oversight PROBIS Committee Chairperson* *Date*

Signature: \_\_\_\_\_  
*Human Rights Committee Chairperson* *Date*

Signature: \_\_\_\_\_  
*Director of Community Services, Stockley Center, Special Populations* *Date*



9) PROBIS Committee Recommendations/Decision/Outcome: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*PROBIS Committee Chairperson*

\_\_\_\_\_  
*Date*



**DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES**

**EMERGENCY MEDICAL/BEHAVIOR INTERVENTION STRATEGIES RECORD**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **MCI #:** \_\_\_\_\_

**Residence/Area:** \_\_\_\_\_

For Emergency Personal Restraint, observations must be entered at one-minute intervals. Documentation of observations when other Emergency Behavioral Interventions are used will be specified by the designated professional staff authorizing the procedure. Immediately following termination of Emergency Personal Restraint, the designated professional staff, will complete a preliminary visual check for injury. Documentation will be made on the last line of this observation log.

**I. Authorization:**

Implementing Intervention: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM  
Signature/title

Authorizing Intervention: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM  
Signature/title

**II. Emergency Restraint Used (including chemical) :** \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

**III. Description of behavior and event necessitating the use of an Emergency Medical/Behavior Intervention Strategies (who, what, where and when):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. Description of less intrusive attempts by staff to de-escalate or re-direct the individual's behavior (required for all Emergency Behavior Interventions and as specified in approved plans having a emergency Behavioral Intervention Strategy):**

\_\_\_\_\_  
\_\_\_\_\_

**Justification for the use of emergency Medical/Behavior Intervention Strategies:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

CONSENT AGREEMENT

Name: \_\_\_\_\_ MCI #: \_\_\_\_\_ Date: \_\_\_\_\_

Area: \_\_\_\_\_ DOB: \_\_\_\_\_

I, \_\_\_\_\_, consent for \_\_\_\_\_ to participate in/receive the following program, procedure or intervention: \_\_\_\_\_

I have received a written copy of the program, procedure, or intervention. An explanation of the program/procedure/intervention, any alternative procedures, possible benefits, side-effects, and risks have been provided to me (verbally, in writing).

This consent is given voluntarily and without coercion. I understand that I may withdraw my consent at any time.

\_\_\_\_\_  
Signature of Individual Giving Consent

\_\_\_\_\_  
Relationship to Consumer

\_\_\_\_\_  
Date of Consent

This consent automatically ends on \_\_\_\_\_.



DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

Approval/Review Checklist

Name: \_\_\_\_\_

MCI # : \_\_\_\_\_

Area: \_\_\_\_\_

DOB: \_\_\_\_\_

Submitted By: \_\_\_\_\_

Date: \_\_\_\_\_

1. Team Approval

Date: \_\_\_\_\_

2. Risk/Benefit Analysis

Date: \_\_\_\_\_

3. MAIR/PAIR (as appropriate)

Date: \_\_\_\_\_

4. Medical Clearance (as appropriate)

Date: \_\_\_\_\_

5. Consent

Date: \_\_\_\_\_

6. PROBIS Approval

Date: \_\_\_\_\_

7. Oversight PROBIS Approval

Date: \_\_\_\_\_

8. HRC Approval

Date: \_\_\_\_\_

Reviewed by:

\_\_\_\_\_  
Director of Residential Services/Regional Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Medical Services – Stockley  
Director of Health Services- Community Services/Spec. Pop.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Stockley Center Executive Director/Director Community Services  
Director of Special Populations/Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Final approval - PROBIS Chairperson

\_\_\_\_\_  
Date



**Medical Clearance Form for  
Mechanical and Personal Restraints**

Name of Individual: \_\_\_\_\_

MCI #: \_\_\_\_\_

Residence: \_\_\_\_\_

Describe the mechanical or physical restraint to be applied :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the reason that the physical/mechanical restraint is necessary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe what the physical/mechanical restraint will do for the individual: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe any medical risks (including bone density risk) associated with the use of the proposed mechanical or physical restraint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe safeguard techniques to be implemented during the restraint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe the schedule/procedure for release/monitoring of the physical/mechanical restraint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signatures, titles of ID Team Members and date of those who contributed to this level II intervention:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Physician/Psychiatrist/Dentist: \_\_\_\_\_

Date of Signature: \_\_\_\_\_



**DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES  
BEHAVIOR/MENTAL HEALTH SUPPORT PLAN  
PROGRESS REVIEW**

Name: \_\_\_\_\_ MCI: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Date: \_\_\_\_\_

Area: \_\_\_\_\_ Program Submitted by: \_\_\_\_\_

Date Original Program Implemented: \_\_\_\_\_ Current Revision Dates: \_\_\_\_\_

1. Behavioral Intervention Strategies used: \_\_\_\_\_
2. Psychiatric Diagnosis (if applicable): \_\_\_\_\_
3. Target Behavior Frequency Data (or submit Medication/Behavior History):

Target Behavior(s)                      Months

SEE ATTACHED MEDICATION/BEHAVIOR HISTORY							

4. Functional Assessment Outcomes: \_\_\_\_\_  
\_\_\_\_\_

5. If on a medication, complete the following (as appropriate):

Drug Level \_\_\_\_\_ Date: \_\_\_\_\_

Liver Studies \_\_\_\_\_ Date: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Date: \_\_\_\_\_

AIMS \_\_\_\_\_ Date: \_\_\_\_\_

Other \_\_\_\_\_ Date: \_\_\_\_\_

6. Other information pertinent to the evaluation of the program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Describe any new assessments/evaluations, consultations, or changes that have occurred since the last review: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Team's Request (continue or discontinue) and justification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. PROBIS Decision/Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature PROBIS Chairperson

\_\_\_\_\_  
Date