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New Provider Orientation Script
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Areas to be covered in this video include the following:

- Program Review Committee
- Aversives and Restraints
- Behavior Support plans
- Data Collection
- Forensic Issues

Program Review Committee (PRC):

- In 2018, the PRC, Behavior Modifying Medication, and Behavior Support Planning policies and procedures were consolidated into two: PRC and Behavior Support Plans

- There are three types of PRC reviews based on the number of psychotropic medications and aversives in each case. The reference point or threshold for the medications is the statewide average of three.
  - In the first type of review, for individuals below the statewide average, that is, at 2 or fewer medications, there is only the need to complete the Psychiatric Medication Data Entry Form.
  - In the second type of review, for individuals above the statewide average, that is, 3 or more medications, with no addition of either new medications or new aversive components to their support plans, a packet needs to be submitted to PRC and a paper review is conducted.
  - Lastly, all additions of new medications or the introduction of new aversive components, require a full in-person presentation to the PRC by the team members for the individual-served.
  - Should questions arise about the behavioral support plan or the medication prescribing during the paper review in the second type of review, then an in-person presentation maybe required by the PRC.
  - We are hoping that all DDS regions will have a web link for electronic PRC submissions in the near future.

PRC may apply to a Variety of Individuals that We Serve:

- Those who are placed under the direction of the DDS Commissioner

- Individuals who live in a DDS operated or funded facility (e.g., Intermediate Care Facility and Community Living Arrangement)

- Those who receive Individualized Home Supports

- Those who receive Waiver Services where behavioral interventions, such as aversives or restraint procedures are utilized

- Individuals supported by DDS funded staff that administers behavior modifying medication, regardless of where the individual resides.

- Individuals who are in the DDS Behavioral Services Program when they are admitted to an in-state DDS operated, funded, and/or licensed facility

- Individuals who receive ongoing and planned psychiatric supports where behavior modifying medication is prescribed regardless of where the he or she lives or whether they receive Waiver Services.

Individuals may be exempt from PRC in the following ways:

- They only receive DDS Respite Services

- They reside in a long-term care facility funded or overseen by another state agency

- An individual is his/her own agent (i.e., without a guardian), takes medications and sees his/her doctor independently, and their interdisciplinary team agrees with the individual's decision.

- Lastly, an individual receives an exemption by Program Review Committee and/or Human Rights Committee

- Caveat: Exemptions are for psychotropic medications only; it never applies to aversive or restraint procedures.

Aversive Procedures:

- Defined as any procedure that contains the contingent use of an event or device which may be unpleasant, noxious, or otherwise cause discomfort to the individual. The procedure is experienced as negative or punitive by the individual.

- Aversives may include restrictions on personal freedom, such as door alarms, loss of privileges, room or personal searches, and line of sight supervision.

- Aversives should only be done in order to: (1) alter or avoid a specific behavior; and/or (2) protect an individual from self-harm or others from injury.

- Escort techniques, such as, 'guide along,' that are met with little to no resistance from the individual, and hand-over-hand skills teaching techniques, are exempt.

Aversives include two types of restraint procedures:

Mechanical Restraint:

- Any *apparatus* used to restrict individual movement, such as helmets, mitts, and bedrails that are used to prevent self-injury
- Mechanical restraints may also include supports designed by a physical therapist and approved by a physician that are used to achieve proper body position or balance.

Physical Restraint:

- Any *hold* used to restrict individual movement or to protect an individual from harming himself, herself, or others.

When *documenting* restraint procedures, the following information should be included:

  - The specific procedure, such as PMT or CPI
  - The type of restraint used, such as Lower Figure Four or Supine Floor Control.
  - Indication if it is a "Planned" vs. "Emergency" procedure
  - The "Exit" and "Discontinuation" criteria
  - Lastly, data on Duration and Frequency of the restraint procedures

Behavior Support Policy:

- Discourages the use of coercive and punitive approaches (e.g., spontaneous and planned ignoring, response cost, delivering consequences, etc.).

- A suggested template for behavior support plans is available on the DDS website in the psychology division webpage.

Behavior Support Plans

Regardless of the approach, whether it's positive behavior supports or applied behavioral analysis, a Behavioral Support Plan should include the following items:

- Author and Date when the plan was written or revised

- A Brief Clinical Synopsis regarding the Individual, such as medical and psychiatric history, issues related to trauma, effective behavioral strategies in the past, and the current reason for the referral or update.

- The central element in all behavior support plans is a comprehensive functional assessment, which helps to understand the reasons for the maladaptive behaviors and serves to anchor the corresponding interventions. A functional assessment should include a thorough description of the behaviors of concern to decrease or eliminate, as well as the targeted positive behaviors for the individual to achieve.

- An emphasis on proactive strategies, such as improving communication, teaching alternative and adaptive behaviors, remediation of skills deficits, and enhancements to quality of life, such as preferred activities.

- Reactive Components to maintain safety in crisis situations

- Method for data collection, which is most often tracked and reported on a monthly basis. All tables and graphs submitted to PRC should include a written summary where the data is interpreted by the behaviorist who authored the support plan. Moreover, interventional data should be compared to baseline data in order to determine the efficacy of the support plan.

Forensic:

- In DDS, "forensics" refers to the Department's interactions with the criminal justice system and risk management procedures for those who are intellectually disabled and have had involvement with the court system.

- In the DDS forensic system, each of the three regions has a Forensic Liaison and Committee that meets on a monthly basis. There is also a Statewide Forensic Committee that convenes every other month to review significant cases and discuss policy-related issues.

- After the disposition of a case, the Department of Corrections, the Office of Probation, or the Parole Board may be involved with the individual depending on the sentence he/she receives.

- The issue of the defendant's competence to stand trial is a matter that may be raised by any party of the court (i.e., the prosecutor, the defense attorney) during the proceedings. A competency examination of a defendant may then be ordered by a judge.

- An Office of Forensic Evaluation (OFE) team evaluates a defendant, and, if the defendant is found not meeting the competent standards, the OFE must determine whether restoration to competency is substantially probable. Once OFE presents its opinion to court, the judge can make one of several findings. It may include: "Not Competent but Restorable" and an order for restoration training by DDS within usually a 90-day period may ensue.

- Conn. Gen. §54-56d defines ***Competency to Stand Trial Evaluation and Restoration***. Competency under this statute is related to the defendant's ability to understand the charges against him and the potential consequences, to understand the role of professional in the court, and to assist their attorney with his defense. Connecticut law creates no exceptions or special treatment for defendants diagnosed with I/DD.

- Another area worthy of mention in this domain is 54-56 (d), sub (m), also known as, “Not Competent and Not Restorable.” In this instance, the defendant is placed under the custody of the DDS Commissioner for the purposes of applying for a civil commitment. In this situation, DDS has that individual in its care and custody from the moment the order is issued and the risk management aspect of the care will be reviewed by the Regional Forensic Committee periodically. After the Court places a sub (m) order, DDS must, within a reasonable period of time, file an application for a petition of i*nvoluntary placement* with the appropriate probate court.

- While the Department’s obligation to the Court is limited to the provisions of §54-56d (Competency to Stand Trial), the Department may have some obligation to the person arrested, depending on our legal relationship to that person.

Thank you for watching. We hope that the information provided is helpful.