



FROM THE DESK OF THE EXECUTIVE DIRECTOR

By now, I am sure everyone is aware of the dire budget situation Ohio is facing. Another round of budget cuts is here. Impacts of these budget cuts will be felt far and wide. The election season is upon us. It is important for all of us to take an active role in who our next elected officials are, whether at the local, state or federal level.

The Clearwater COG counties cover five (5) Senate districts and six (6) House of Representatives districts. There are two (2) affected Senate seats in our region. Of the six (6) House of Representative races, two (2) are running unopposed.

With the election now less than two months away, it is certainly an appropriate time to be meeting with candidates and ensuring they are aware of your local issues. It is important that the candidates hear from their constituents at the local level. I encourage all of you to make an appointment with the candidates, attend local political rallies, read up on where the candidates stand on issues, and in general educate yourself so you can make an informed decision on November 4, 2008.

The Secretary of State web-site has a lot of information on where to vote, who the candidates are, or information on your Senate or House districts. The web-site is www.sos.state.oh.us. There are many other resources available to obtain information, such as, the League of Women voters, which can be found on the web at www.lwvohio.org.

Take the time to become informed and share your issues.

It is important that we all exercise our right to vote. If you are not registered, I would encourage you to consider doing so and then on November 4, 2008 take the time to get out and vote!



UPCOMING COG TRAININGS

**Home Choice Training
Featuring
Erika Robbins**

**November 3, 2008
at
Camden Falls**

Details to be announced

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DAILY RATE TRANSITION

As you are aware, the transition to the daily rate is in process and is expected to be completed by the end of 2008. At the COG, we would like these transitions to be completed before the Christmas breaks. Currently as a COG we have 50 of 123 houses transitioned. This is about 41% of the houses. The breakdown by county is as follows:

| <u>County</u> | <u>Houses Transitioned</u> | <u>Percent Transitioned</u> |
|---------------|----------------------------|-----------------------------|
| Crawford | 0 of 9 | 0% |
| Erie | 3 of 21 | 14% |
| Huron | 8 of 12 | 67% |
| Marion | 20 of 21 | 95% |
| Morrow | 5 of 6 | 83% |
| Ottawa | 4 of 10 | 40% |
| Sandusky | 4 of 29 | 14% |
| Seneca | 6 of 15 | 40% |

COMMONLY OVERLOOKED MUI'S

UNAPPROVED BEHAVIOR SUPPORT

"Unapproved behavior support" means the use of any aversive strategy or intervention implemented without approval by the human rights committee or behavior support committee or without informed consent. Any restraint or time-out in an unapproved manner OR without consent (e.g., time out as a crisis intervention).

"Restraint" means any of the following:

Chemical restraint - prescribed medication for the purpose of modifying, diminishing, controlling, or altering a specific behavior (does not include medications prescribed for diagnosed disorder (DSM) or prescribed for treatment of seizure disorder),

Emerging methods - new methods of restraint or seclusion that create possible health and safety risks for the individual,

Manual restraint - "hands-on" method that is used to control an identified behavior by

restricting the movement or function of the individual's head, neck, torso, one or more limbs or entire body, using sufficient force to cause the possibility of injury. (hand-hold/basket wrap/escort),

Mechanical restraint - device that restricts an individual's movement or function applied for the purposes of behavior support, including a device used in any vehicle, except a seat belt of a type found in an ordinary passenger vehicle or an age appropriate child safety seat, or

Time out - confining an individual in a room and preventing the individual from leaving the room by applying physical force or by closing a door or other barrier, including placement in such a room when a staff person remains in the room with the individual.

There are no longer "as needed" behavior supports. In the past we used "crisis intervention" in lieu of a behavior support plan. Crisis intervention is to be used only when there's a danger to self or others . . . "risk of injury." If there is no behavior support plan in place, this will be an MUI. No longer will crisis intervention be used when there's destruction of property; unless danger to self or others is result of destruction. A behavior support plan will be needed to address issues of chronic or anticipated property destruction.

Note that direction and guidance in a classroom setting is different than what is expected from adults in a workshop setting. When working with kids (MR or not) there is generally going to be hand over hand assistance or general guidance, that would not be considered a restraint or behavioral intervention, but may be when working with an adult (not an age appropriate intervention). Therefore, more hands on care required for younger students should not be interpreted as a restraint. Intent and force are key to whether or not formal plans will be developed for younger students. Behavior that is not typical of an individual is recorded on an incident report and these will be reviewed for patterns. Once a pattern is noted, this will be considered "anticipated for the individual" and a behavior support plan be developed.

Behavior support plans should include issues of restitution. Restitution can only be used when the individual has the capacity to understand this

process. Restitution is a rights violation or possible MUI if not protected by a behavior support plan.

PEER TO PEER ACTS

"Peer-to-peer acts" means acts committed by one individual against another when there is:

- physical abuse with intent to harm;
- verbal abuse with intent to intimidate, harass, or humiliate;
- any sexual abuse;
- any exploitation; or intentional misappropriation of property of significant value.

Key things to look at when determining if a peer to peer act is a MUI (as opposed to a UI) include the following:

- Was there enough physical force to result in harm (reasonable expectation of harm)?
- Did the individual plan or mean to hurt the other (this is the "why")?
- Was there any unlawful sexual contact or conduct?
- Misappropriation of \$10 or more (or an item of significant value to the individual).

Common examples of peer to peer MUI's include the following:

- Individual threatens housemate that if they come out of their bedroom they will beat them up (verbal abuse).
- Individual goes into peer's bedroom, pries open lock box and takes \$25 (misappropriation).
- Individual verbally threatens peer then follows through with hitting them (physical abuse with intent).
- Individual keeps touching a female individual's breast despite her telling him to stop (sexual abuse).

NOTE -any negative peer to peer interaction needs to be documented and reported to the MUI contact or IA for MUI determination (do not make this decision on your own).

UNAPPROVED BEHAVIOR SUPPORTS AND PEER TO PEER ACTS NEED TO BE REPORTED TO HELP ENSURE THE HEALTH AND SAFETY OF THOSE WE SERVE. THESE INCIDENTS WILL HELP TO IDENTIFY ISSUES THAT NEED TO BE ADDRESSED THROUGH BEHAVIOR SUPPORT PLANS OR THROUGH ADDITIONAL SUPPORTS. THESE TYPES OF MUI'S ARE NOT "NEGATIVE" REPORTS AND STAFF IS GENERALLY ONLY AT FAULT IF THEY FAIL TO REPORT THEM. IF YOU ARE UNSURE IF AN INCIDENT NEEDS TO BE REPORTED AS A MUI, NOTIFY YOUR SUPERVISOR OR YOUR COUNTY BOARD'S MUI CONTACT.

INDIVIDUAL PROVIDER TRAININGS

Here at the COG, we receive many requests for guidance regarding how individual providers can obtain their required **8 hours of training annually**.

ODMRDD rules state that individual providers are responsible for obtaining their training and what will be accepted as appropriate training. The department's website for the rules is:

<http://odmrdd.state.oh.us/Rules/odmrdd.htm>

The IO rule is 5123: 2-13-04 (J) and the Level 1 rule is 5123: 2-8-10 (J).

The training shall be designed to enhance the skills and competencies of the provider relevant to their job responsibilities. The training should relate to the individual(s) you are serving.

Mandatory training for both waivers includes:

- Identification and response to incidents adversely affecting an individual's health and safety. This is the annual MUI training.
- Individual Rights. This typically is included in the MUI training.
- Certification in CPR.
- Behavior Supports, if the individual has a behavior support plan.
- Medication administration, if the provider is to give medication.
- First Aid, if providing IO transportation.

