

# DDS Behavioral Consultation Committee Report Summary



## *Overview*

The Arkansas Department of Human Services (DHS) Division of Developmental Disabilities Services (DDS) set out in the fall of 2020 to conduct a thorough review of the restraint practices at the state's five human development centers (HDC) and develop a comprehensive approach with the help of clinicians and advocates to significantly reduce the use of restraints on developmental and intellectually disabled clients living at the HDCs.

This report outlines what is done today and recommendations made by the DDS Behavioral Consultation Committee, which was tasked with reviewing restraint usage and implementing new strategies to reduce the frequency of using restraints to ensure the safety of clients and nearby individuals, including staff.

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## *Objectives*

- 1. Develop a plan to better use data to inform restraint-related practices and to ensure the State has accurate and comprehensive restraint data.**
- 2. Identify preferred restraint and communication options to be used while working to reduce restraints.**
- 3. Develop a comprehensive approach to reducing restraint usage.**
- 4. Seek and implement additional recommendations from external advocates.**





## *Reporting and data collection*

Today, each HDC collects restraint data, and the Developmental Disabilities Services Board reviews it regularly. The long-standing Behavioral Consultation Committee provides a clinical review of restraints. This review became even more important during the public health emergency because we wanted to monitor for increased usage due to the stress of the pandemic, which we did not find.



## *Restraint practices*

Today, all five human development centers use restraints to ensure the **safety** of clients and staff when a client experiences an unsafe behavioral issue. The types of restraints differ depending on the facility and client needs, but can include personal holds, mechanical restraints (such as the blanket wrap), chemical restraints, and less common a papoose board. All staff are trained to de-escalate situations involving unsafe behavioral issues with the goal of not needing a restraint. However, reviews of restraints, client files, and data show that restraints are sometimes included in a client's behavioral plan and are used quickly during an unsafe situation rather than as the last resort. That is something we are working to change.







## *Existing restraint reduction efforts*

DDS leadership has emphasized the need to reduce the number of restraints, and ideally eliminate them altogether. In addition to the ongoing Committee reviews mentioned above, DDS provides crisis intervention and de-escalation training through new employee and ongoing training. In the Fall of 2020, DDS also began requiring all direct care staff to become certified nurse assistants (CNAs), which increases their care skills. The number of restraints have gone down over the last few years, but we believe that with a more intensive focus on restraint usage we can reduce the numbers even more.



## *External review*

Many recommendations outlined in this report summary are listed as "on hold" because DHS is in the process of hiring an independent expert to review restraint-related policies and processes across all five of the human development centers. The review should provide us important information we can use to address the recommendations that are on hold.



## RECOMMENDATIONS

Recommendations listed as on hold are pending because DHS is in the process of hiring an independent expert to review restraint-related policies and processes.

### Objective 1



#### **Develop a plan to better use data to inform restraint-related practices and to ensure the State has accurate and comprehensive restraint data.**

The committee reviewed and discussed current restraint reports and definitions, methods and metrics for tracking restraint usage, and incident tracking.

- ✓ 1. Select and define common language to be used in reports across all the human development centers:
  - Chemical Restraint - the oral, rectal, intramuscular, or subcutaneous administration of a medication to aid the client in calming to ensure the safety of the client and/or others; must be ordered by a physician and administered by a licensed nurse.
  - Personal Restraint - the actual physical holding of a client by staff using manual methods that restrict the free movement of the client or restrict movement of or access to a portion or portions of the client's body until the client reaches a state of calm and cooperation, signaling the dangerous behavior has ended and safety no longer is at immediate risk.
  - Mechanical Restraint - a device that restricts the free movement of a client or restricts movement of or access to a portion or portions of the client's body until the client reaches a state of calm and cooperation, signaling the dangerous behavior has ended and safety no longer is at immediate risk.
- 🔄 2. Review and realign current personal restraint policies with new uniform restraint use policy for all HDCs.
- 🟡 3. Create uniform restraint use policy.
- 🔄 4. Continue tracking restraints and conducting retrospective analysis.
- 🟡 5. Create and implement new HDC Quality Assurance Report and HDC Restraint Analysis report for restraint usage at all HDCs.
- 🔄 6. Amend the existing HDC Statistical Report to combine subcategories and automatically calculate rates.
- 🔄 7. Review reports to make data-driven decisions related to restraint usage.

✓ Complete

🔄 Ongoing/In process

🟡 Partially Complete

⊖ Not moving forward with recommendation

🔴 On hold pending external consultant review











## Objective 2

### Identify preferred restraint and communication options to be used while working to reduce restraints.

Committee members reviewed existing HDC restraints as well as commercial and customer mechanical restraints on the market. They determined that the commercial restraints are new models of the restraints already used by HDCs. Additionally, members reviewed research and training curriculum related to effective de-escalation communication techniques that can prevent aggressive/harmful behaviors.


-  1. Hire an independent consultant to review the types of restraints used at the HDCs and to identify the best restraints to ensure the health, safety, and comfort of clients.
-  2. Expand communication strategy options for individual clients being restrained, including adding sign language, gestures, timers, visual schedules, etc.
-  3. Create, implement, and train staff on new manual of available communication strategies and devices for case managers to ensure interdisciplinary teams have access to current, effective practices.
-  4. Provide supplemental training to all client-facing staff on effective communication strategies.
-  5. During restraints, require staff who are most familiar with client to monitor for safety due to potential limited communication options.  
 Note: This was highly recommended but is not achievable because familiar staff may not be available.
-  6. Ban the use of the papoose board.


Note: Recommendations listed as on hold are pending because DHS is in the process of hiring an independent expert to review restraint-related policies and processes.

 Complete

 Ongoing/In process

 Partially Complete

 Not moving forward with recommendation




 On hold pending external consultant review





## Objective 3

### Develop a comprehensive approach to reducing restraint usage.

The committee reviewed alternative safety interventions and client behavioral support plans, and identified language that could be used to ensure that restraints were employed as a last resort for safety reasons.

-  1. Intensify staff training of positive behavior supports and de-escalation techniques.
-  2. Establish routine staff training on individual clients' behavioral health and safety plans.
-  3. Establish a statewide review committee to offer consultation and assistance with clients who are repeatedly restrained.

Note: Human Rights Committee, interdisciplinary teams, and psychiatric teams already review every incident and make recommendations.


-  4. Identify behavioral health service gaps for individual clients at each HDC, what is needed to address those gaps, and metrics to evaluate mental health and service needs.
-  5. Establish a group to review all behavioral support plans to ensure removal of restraint-specific language.


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 Complete

 Ongoing/In process

 Partially Complete

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## Objective 4

### Seek and implement additional recommendations from external advocates.

DDS has worked closely with Disability Rights Arkansas and asked the executive director to provide additional recommendations for changes he thinks the HDCs should implement related to restraint usage.

- 1. Hire an independent expert to implement best practices related to restraints at all Arkansas HDCs to significantly reduce or eliminate use of restraints.
- 2. Require HDC senior administrative, clinical, and direct care staff to undergo comprehensive training on person-centered and trauma-informed, recovery-informed, evidence-based services and supports. In addition to ongoing staff development efforts at each center, Conway HDC is partnering with Arkansas Building Effective Services for Trauma (ARBEST) within the Department of Psychiatry at UAMS in hosting a conference focusing on trauma-informed care education in August 2021.
- ✓ 3. Require HDC senior administrative and clinical staff to develop a strategic plan to transform the facility to one that adopts current, best practice philosophy, vision, and values.
- 🔄 4. Require HDC staff undergo extensive training on de-escalation best practices and ongoing monitoring.
- 🔄 5. Install video cameras on campus.  
Camera status at each HDC:
  - Booneville HDC - cameras being purchased, installation plan submitted for approval
  - Arkadelphia HDC - cameras in place - planning to upgrade and increase coverage
  - Conway HDC - cameras in place - planning to upgrade and increase coverage
  - Jonesboro HDC - cameras in place - planning to upgrade and increase coverage
  - Southeast Arkansas HDC - cameras in place - planning to upgrade and increase coverage
- 🔄 6. Retrain all staff on non-violent crisis intervention strategies.
- ✓ 7. Clarify and reinforce medical emergency policies requiring staff to call on-site medical staff with the option of calling 911, if necessary.
- ⊖ 8. Engage qualified independent investigators to investigate all deaths.  
Note: DHS investigators are trained and certified by Labor Relations Alternatives, Inc.

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✓ Complete

🔄 Ongoing/In process

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⊖ Not moving forward with recommendation

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## *DDS Behavioral Consultation Committee*

### *Committee Members*

Melissa Stone, DDS Director  
Regina Davenport, Assistant Director  
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Jeff Gonyea, BHDC Superintendent  
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Sarah Murphy, CHDC Superintendent  
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#### Clinicians

Dr. Carl Reddig, Chief DDS psychologist  
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Dr. Julie Howard, psychologist  
Dr. Brian Anderson, psychologist  
Dr. Jan Alexander, psychiatrist  
Dr. Michael Wyrick, psychologist  
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Dr. Richard Moore, psychologist  
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#### Outside partners

Dr. Charlie Green, Pathfinders  
Tom Masseur, Disability Rights Arkansas  
Reagan Stanford, DRA  
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DDS would like to thank each member of the subcommittees for their time and attention on this topic. Your insight and research were helpful and provided a framework for this report and DDS's approach to restraints usage moving forward.