

School Based Behavioral Intervention Services (SBBIS)

Washington County Mental Health
Children, Youth and Family Services
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Program Handbook For Parents And Special Education Case Managers

SBBIS Case Manager: _____

Contact Number: _____

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Table of Contents

1. What is the SBBIS Program?	4
Background	4
Children Served	4
The Service Model.....	5
Behavioral Planning.....	5
Discrete Trial Learning (DTL) and Structured Teaching Methods	6
Generalization Activities.....	6
Social Skills Development	7
Vocational and Independent Living Skills Development.....	6
Consultation Services	7
Consultation Services to Children not enrolled in the SBBIS Program.....	7
2. How is a child referred to the SBBIS Program?	7
Referrals	7
Initial Assessment	7
Baseline Assessment	7
Ongoing Assessment of Services	8
3. School and Family Involvement is Critical!	8
Implementation and Consistency of Treatment Protocols.....	9
School Support for SBBIS Staff and Substitute Coverage	8
4. Confidentiality is important!	9
5. What do I need to know about working with the treatment team?	10
Collaboration	10
ABA Orientation	9
Coordination with Other Interventions.....	10
6. Personnel Matters	10
WCMHS Personnel Policies.....	10
School Preference	10
Staff Qualifications	10
7. What are the SBBIS Staff’s roles and responsibilities?	10
SBBIS Program Director	10
SBBIS Program Assistant Director	11
Therapeutic Case Manager	10
Behavioral Consultant.....	12
Behavioral Interventionists	11
8. Exclusions	11
Services Not Provided.....	11
9. When and how will the child be served?	12
Service Location.....	13
Schedule Preparation	12
Scheduled Meetings and Trainings	12
Staff Shortages	12
10. School has been cancelled, it is a late start day, or my child is sick!	13
School Cancellation	13
Pre-planned late start days.....	12

Illness of a Child	14
Extended School Closures.....	13
11. Other procedures that affect schedules and services	14
Suspension of Enrolled Children from School	14
Parental Permission.....	15
Transportation of Children	14
Summer Services	14
12. What other things do I need to know?.....	16
Materials and Activities.....	16
Administration of Medications	16
Staff-Administered Medical Interventions.....	16
Reporting Suspected Child Abuse.....	17
Handle with Care and Emergency Procedures	15
Implied Acceptance.....	15
Further Questions	15
13. Who are the SBBIS Senior Staff members and how can I reach them?... 	16
14. SBBIS & School Delegation of Responsibilities	16
15. Who Do I Call When I Have Questions?	18

Appendix A: Sample of Parent Notification Form

Appendix B: Records Policy

1. What is the SBBIS Program?

Background

Public schools are the primary service delivery system for children with special needs. However, public schools that support a philosophy of inclusion, may sometimes struggle to manage the behavior of students with serious emotional disturbances and developmental disabilities. This can often lead to a lack of student progress, escalating behavioral difficulties, and the placement of these students in more restrictive and often more expensive educational settings outside of their local school and community.

The SBBIS Program at Washington County Mental Health Services (WCMHS) provides collaborative educational services for children with intensive social, emotional, and behavioral needs and their families. The program provides enrolled students with a treatment approach that supports in the client's own school and community in effort to improve behaviors, increase independence and promote their availability to access education. Using a collaborative approach, the program facilitates the development of individualized behavioral supports that meet the individualized needs of the student, family, school, and other community members. The SBBIS Program does not provide educational services; rather we are focused on providing specific and research-based treatments for children with severe emotional disturbances and developmental disabilities to help them access their education.

The SBBIS Program contracts with schools to provide services to the child and family in school and community settings. SBBIS provides services to the child throughout the calendar year and during school vacations and holidays, except when staff are in training, taking a holiday, or taking personal vacation time. SBBIS serves students and provides training and assistance to schools to facilitate consistency and effective treatment implementation. As the child transitions out of the program, additional attention is given to ensuring the school and family will be able to support the child when SBBIS services end.

We are cognizant of the fact that we serve a very important role in the emotional and cognitive development of many youth. We meet frequently to insure that our communication with one another as staff is positive, effective and productive. The program director meets regularly with stakeholders to insure that we continue to provide a top quality service. We welcome feedback from all of the people to whom we provide services.

Children Served

The SBBIS Program focuses on providing individualized social skills instruction and behavioral supports to children up to the age of 22 in the Washington County Area. Eligible children are those experiencing a serious emotional disturbance, an Autism Spectrum Disorder and/or other developmental disability that have been referred to SBBIS by their local education agency's Special Education Director and/or administrator.

The Service Model

SBBIS also utilizes a multi-disciplinary, integrated approach to working with referred children in collaboration with their schools, families, and in the community. SBBIS is a creative, flexible program that tailors services to meet the needs of the individual client, while being based primarily on Applied Behavioral Analysis. SBBIS believes that children do well if they can and focuses on helping children gain and internalize the skills necessary to experience success in daily life. SBBIS aims to help children become more adaptable to change, experience healthy attachments, have positive relationships with others, and solve problems effectively. SBBIS works with parents and educators to see the clients in a more informed way based on modern research, and thus offers support with skill acquisition and therapeutic recovery for the children we serve.

Consultation services may be available for children on the waiting list for or transitioning out of the SBBIS Program. All services are provided ***in collaboration with*** the child's educational team during a typical school day.

Service Planning and Coordination

SBBIS clinician/case managers are responsible for developing a treatment plan (with input from treatment team members) for each identified youth. Case managers work with all team members to insure that everyone is working well together to achieve the goals determined on the treatment plan.

SBBIS offers a variety of case management services. The clinician/case manager will work collaboratively with the youth's sending school district to ensure that the youth is receiving consistent and supportive services. In cases where a youth is in DCF custody, the clinician/case manager maintains close contact with the youth's social worker and supports the foster parent (s). The clinician/case manager also develops a treatment plan with the youth's treatment team that addresses all identified treatment issues across settings that require therapeutic supports and services. Some services that may be coordinated for include (but not limited to) scheduling and facilitating team meetings, individual and family therapy, transitional living services, medical and dental services, housing and transportation supports, and others as needed.

Behavioral Planning

Each student enrolled in the SBBIS Program will have an individualized behavior plan based on a functional behavioral assessment designed to reinforce pro-social behaviors. Research supports that the plan is most effective when it is consistently implemented across as many environments as possible (e.g., school, home, etc.). In addition to meeting with SBBIS and school staff, behavioral consultants are available to meet with families to discuss behaviors seen at home or other community settings.

Due to the need for consistency to ensure success, it is critical that all treatment team members continually participate in the interventions outlined in the child's behavior plan.

Discrete Trial Learning (DTL) and Structured Teaching Methods (ASD youth)

DTL is an instructor-directed method of intervention with a focus on the systematic development of skills. Each skill is task analyzed and carefully taught using precise cues and reinforcements for correct responses. The parts are then “chained” together to result in a more elaborate skill. Discrete trials are the individual separate drills that are repeated until the child masters the skill. A complete discrete trial consists of the following four steps: 1.) a request, 2.) a response, 3.) a consequence, and 4.) a brief pause before moving on to the next instructional cue. DTL is first delivered in a controlled one-on-one environment and is later delivered in more generalized settings (e.g., the classroom) as the child develops more skills.

DTL is used as a “place to start”. As staff get to know the child and as the child develops, other structured teaching approaches consistent with an Applied Behavioral Analysis paradigm may be used. The specific structured teaching method used will be determined by your child’s specific needs and by current “best practices” within the field.

Generalization Activities

As a child masters skills in an individualized environment, it is important that s/he learn to generalize these skills to other environments and to different people. Interventionists are trained to work with children in their school and community environments to implement these procedures in collaboration with the educational programs provided by the school. To promote generalization across different adults, fading procedures will be implemented with support of the team in order to transition implementation of supports from behavioral interventionists to school staff.

To further promote generalization and effective programs for children, individual staff members will typically not remain with a child for more than 2 years. Given this, staff placements (including Interventionists, Case Managers and Consultants) are reviewed regularly. While switching staff can be very stressful for the adults involved, we have found that when these transitions are managed well, they are productive for children and serve to energize their programs.

Social Skills Development

As children enter the primary grades, there is an increased emphasis on development of social and functional skills, as well as the generalization of those skills to the classroom and other school environments. Social skills are taught through DTL and incidental teaching approaches in individualized, small group and whole classroom environments. Interventions may also involve peer mediated learning as situations allow.

Vocational and Independent Living Skills Development

For children in the later public school years, services will increasingly focus upon the development of vocational and independent living skills. Utilizing public school vocational curricula (and supports if available), students will be supported to develop the skills necessary to lead as independent and fulfilling an adult life as possible beyond

their high school transition. As with the other skill components, these skills will be supported through the use of applied behavioral analysis techniques.

Consultation Services

Consultation and training services are available to children who are waiting for or transitioning away from services, as well as to school teams supporting students with SED/ASD. In these cases, consultants work with school teams to support the implementation of DTL, behavioral and other related programs by school staff, as well as to help build capacity within the school. These services are provided on an individualized basis and must be coordinated through the SBBIS Program Director. Please note that consultants' time is prioritized to serve children who are currently full-time participants in the SBBIS Program and those referrals in which "full package programming" is desired.

Consultation Services to Children not enrolled in the SBBIS Program

Members of the specialized services staff are available to consult on non-referred or non-enrolled children on a fee-for-service, time-available basis. Consultants can also provide in-service training on a variety of topics related to behavioral support. Other interested individuals may attend such in-services, but may be charged an attendance fee.

2. How is a child referred to the SBBIS Program?

Referrals

Referrals from within Washington County are made to the Director of the SBBIS Program at the Children, Youth and Family Services (CYFS) division of Washington County Mental Health. All Special Education Directors and building administrators have been provided with the appropriate referral forms. Any inquiries regarding potential referrals from outside of Washington County should please be made to the CYFS Director of WCMH. Only referrals signed by an authorized administrator responsible for payment will be accepted.

Initial Assessment

After receiving a written referral, the SBBIS Program Director or other qualified staff meets with the treatment team that includes the parents, school staff, and any other important providers to explain the service and gather information necessary to make an admission decision. In addition, a Behavioral Consultant and/or other SBBIS staff member(s) will observe the child and conduct preliminary assessments.

Baseline Assessment

Each child accepted into the program is assessed according to an evaluation protocol developed for the SBBIS program. In general, the first month of service is considered a period of baseline observation. During this time, staff collects data regarding skill level and behavioral issues using ABA procedures. This baseline data will inform necessary practices and interventions written into the behavioral support plan or changed within the plan.

Ongoing Assessment of Services

In order to assess the effectiveness of intervention services, assessment is conducted regularly throughout the year using ABA and other assessment measures as a guide. In addition, Behavior Consultants and Case Managers can work with school staff to support required educational assessments. Treatment teams preferably meet a minimum of monthly in order to review progress toward behavioral support plan goals and ensure effectiveness of interventions.

3. School and Family Involvement is Critical!

Regular and ongoing involvement of family members and the school team is critical to the overall success of the SBBIS Program!

The SBBIS Case Manager will be in regular contact with the child's family and Special Education Case Manager at school to ensure that the child's program is well coordinated. In addition, monthly team meetings must occur to involve the broader school team in order to report on program progress and to plan for upcoming events and transitions. The SBBIS program is responsible for helping children to access their learning environments using evidenced-based and other promising practices. The school is responsible for providing all educational curriculum and related services as described in the child's I.E.P.

Family Support

It is the belief of the SBBIS program that family systems involvement in their child's treatment is the key to the child's long-term success. The clinician/case manager is qualified to offer a multitude of services to the parents/guardians including (but not limited to) family support and mediation, identifying community resources that may be helpful to the family, and consultation on how to address behavioral issues at the home and in the community.

Implementation and Consistency of Treatment Protocols

A critical element of any treatment protocol is consistency. When a youth is accepted into the program, it is important that the team be willing to work with the SBBIS program within this paradigm. SBBIS works collaboratively with school and other treatment team members to pursue the most effective treatment course possible.

School Support for SBBIS Staff and Substitute Coverage

As described in the initial contract, SBBIS does not provide substitutes. The school must identify someone currently on their staff to provide substitute coverage. If a SBBIS BI is available from another school, they can provide services in the other school. Once a school staff member is identified, SBBIS will offer training regarding the specifics of the student's behavior plan and supports.

We ask that school personnel provide coverage for the identified student while our SBBIS Interventionist takes a daily 30-minute lunch break, ideally not during periods of high stress for the student. The SBBIS Interventionist will collaborate with school

personnel to identify a time in which to take their break so that an appropriate substitute may be assigned to provide coverage. It is further expected that if an SBBIS Interventionist leaves the grounds for any reason that the SBBIS Case Manager and school personnel be notified in advance and also told when the Interventionist is expected to return. Although SBBIS Interventionists are given a 30-minute lunch break, it is expected that their lunch be eaten on school grounds to ensure their availability to assist in the event of an emergency.

4. Confidentiality is important!

SBBIS staff members are required to protect and respect the confidentiality of all families participating in the SBBIS program at all times. SBBIS staff members may only discuss a child's progress with other professionals as defined in the "Release of Information" form signed by parents/guardians. Information about a child may not be shared with families other than the child's or with other school members outside of the school team without parental consent.

5. What do I need to know about working with the treatment team?

Collaboration

The SBBIS Program provides services in collaboration with each child's treatment team. At minimum, the treatment team consists of the parent(s), child (as appropriate), SBBIS Behavior Consultant, Case Manager, and Interventionist as well as the school Special Education Case Manager and classroom teacher. In addition, related service providers, school administrators and any other professional or support person delivering services to the child, (e.g., PCAs, respite providers, tutors, etc.) are welcome to participate.

The Treatment Team does not function as the IEP Team, but may involve parties from both teams. The IEP process is the formal process for Special Education programming in which SBBIS staff will participate. In some situations, the Treatment Team and the IEP Team meet jointly.

ABA Orientation

It is imperative that the IEP Team accepts ABA as a treatment intervention provided by SBBIS staff. The delivery of other treatment interventions or other services called for in an individual child's IEP is not the primary responsibility of the SBBIS staff. An interventionist can provide non-SBBIS services when such services are consistent with the SBBIS program's interventions and when time is available to do so. In these cases, clear objectives must be defined regarding the goals of these activities.

Coordination with Other Interventions

Since the service model is based on the principles of ABA, it is important that any other interventions the child may be receiving be coordinated with the SBBIS Program's services. We recognize that there are many treatments available for children, and are willing to work collaboratively with these other service providers to schedule treatments and develop programs that are effective.

6. Personnel Matters

WCMHS Personnel Policies

All SBBIS staff are employees of Washington County Mental Health Services. Staffing decisions, policies and procedures and related activities are governed by WCMHS personnel policies.

School Preference

When schools have concerns about an individual staff member, those concerns should be expressed to the Director or Asst. Director of the SBBIS Program for action and resolution. The SBBIS Program strives to match staff members to the needs of each child served; however, we cannot guarantee that schools will have their choice of the staff members who will work with their student. Schools do not have the right to fire staff or prohibit a staff member from providing services. If schools prohibit staff access, they are, in essence, refusing (and possibly terminating) the SBBIS program services.

Staff Qualifications

The SBBIS program prefers to hire individuals with a completed bachelor's degree for Behavior Interventionist positions. However, in cases where an individual has extensive relevant experience, and is actively pursuing a degree, an exception may be made. All SBBIS Behavioral Consultants and Therapeutic Case Managers have advanced degrees. Please contact the SBBIS Program Director with specific questions regarding additional staff educational backgrounds.

7. What are the SBBIS Staff's roles and responsibilities?

SBBIS Program Director

The SBBIS Program Director is responsible for overseeing the overall functioning of the SBBIS Program. This includes supervision of staff, monitoring all referrals, monitoring children currently under the program's care, coordination and monitoring of services, collaboration with other child-serving agencies, and representation of the SBBIS program both within and beyond Washington County Mental Health Services Inc. Parents should feel free to contact the SBBIS Program Director at any time with questions or concerns they may have.

SBBIS Assistant Program Director

The Assistant Director is responsible for assisting with overseeing the overall functioning of the SBBIS Program. The Assistant Director provides supervision and oversight for clinical services in tandem with the Director, as well as for administrative duties and other organizational needs. In addition, this individual will be responsible for coordinating training for SBBIS staff and supervising SBBIS summer services. The Assistant Director also pursues funding opportunities through grant writing, etc.

Therapeutic Case Manager

The Case Manager provides overall therapeutic case management services to identified children and their families. Services include providing service coordination between

home and school, conducting regular home visits with families to provide support, and providing weekly supervision to Behavioral Interventionists. Case Managers also regularly consult with members of the student's team to ensure effective and appropriate treatment planning and implementation. The case manager attends all treatment and school team meetings and provides feedback regarding progress toward treatment goals. The case manager also serves as the primary contact for the school and family with programming concerns and questions.

Behavioral Consultant

Behavioral Consultants develop and periodically modify an individualized behavior plan for each student. They provide ongoing assessment of the effectiveness of treatment and provide clinical support and supervision of Behavioral Interventionists. Behavioral Consultants also consult with members of the identified child's team, and provide training and technical assistance to staff, teachers, and parents.

Behavioral Interventionists

Behavioral Interventionists are trained mental health professionals who work one-on-one with the identified student in the school and community to provide specialized rehabilitative services including behavioral and social skills instruction and supportive counseling. Interventionists are responsible for implementing behavior plan procedures, as outlined by the Behavioral Consultant and other team members, and for collecting and maintaining all related data. Interventionists also assist in material preparation and are required to attend initial and ongoing training.

8. Exclusions

Services Not Provided

The SBBIS program's services focus on professional, treatment-oriented services. It does not offer or provide respite care services or personal care attendant (PCA) services. These services may be accessed through other WCMHS programs or through other community service providers. Please contact your SBBIS Case Manager for assistance with obtaining these services.

9. When and how will the child be served?

The SBBIS program provides services during the school year and for a therapeutic summer program. Services for children are provided for the duration of the school day, and on vacation or community days if staff is available. Since staff is required to attend mandatory trainings and/or take their vacations during non-school periods, services during school breaks will be contingent on staff availability. Services are not provided during regularly scheduled staff trainings and staff meeting times or during scheduled program breaks (please refer to the SBBIS Program calendar for specific holiday/vacation/training dates).

Service Location

Services will be provided to enrolled children at school or in the community as determined by the school I.E.P. team.

Schedule Preparation

The SBBIS program schedule of services during the school year is prepared by the beginning of that year and the summer program is planned at least one month prior to the beginning of the summer program. To provide for a consistent program, staff members are strongly encouraged to take vacations when services or training events are not scheduled. SBBIS staff members take holidays recognized by WCMH on predetermined days.

Scheduled Meetings and Trainings

The SBBIS schedule includes time for staff training, staff meetings and similar activities that promote the consistency and quality of program service delivery. All trainings are scheduled in advance and coincide with school breaks as much as possible. In cases where school schedules do not coincide, the break will be scheduled in a manner so as to cover the majority of the school breaks in Washington County. School staff is welcome to participate in SBBIS trainings as appropriate. Please contact the Program Director for specifics regarding training schedules.

Staff Shortages

Services may be adversely affected by staff shortages caused by illness or recruitment challenges. SBBIS will make every effort to provide coverage but cannot guarantee availability. All schools are required to identify an in-school substitute that will be trained by SBBIS staff in the event of an SBBIS staff absence.

10. School has been cancelled, it is a late start day, or my child is sick!

School Cancellation

When school or pre-school is cancelled for inclement weather or other reasons, SBBIS services will also be cancelled for that day. School delays or shortened days due to inclement weather will also result in shortened SBBIS services for that day.

Pre-planned late start days

Some schools in Washington County have several late-start days to provide morning training to school staff. SBBIS staff may provide services for the regularly scheduled school day; however, services will be scheduled on an individualized and case-by-case basis.

Illness of a Child

When an enrolled child is ill enough (e.g. fever, flu, vomiting) to miss regular school activities, the child should stay at home. SBBIS staff scheduled to work with the child during the period of his/her illness will be reassigned. When an enrolled child becomes ill at school or preschool the SBBIS staff will follow the school's policy for sending the child home. It is the contacted parent's responsibility to provide for any necessary transportation if a child is ill.

Extended School Closures (due to teacher strikes, heat/water system failures, etc.)

In the event of an extended school closure for an undetermined amount of time, SBBIS will attempt to replicate components of enrolled student services at an alternate location, given that an adequate space is available and that a reasonable amount of time is allowed to plan and coordinate these services.

An adequate space will be determined by the current needs of the enrolled student and the safety of the location of interim services will be first priority. Some enrolled students require a back up staff to be present on site, or within a certain response time.

During extended school closures, the Director of the SBBIS Program will determine if SBBIS services will be cancelled due to inclement weather.

During extended school closures, if a student is currently on medication and is not delegated by SBBIS staff, the parent will be responsible for giving their child their medication. Parents and schools also have the option of declining SBBIS services during extended school closures.

SBBIS may not provide services during school make up days if: make up days are scheduled on mandatory trainings or SBBIS "shut down" days and/or SBBIS provided services during the extended school closing.

11. Other procedures that affect schedules and services

Suspension of Enrolled Children from School

SBBIS staff provides services to a child suspended out of school only under special circumstances as pre-determined by the treatment team. SBBIS staff does provide services during in-school suspensions if this service is considered part of the child's behavior plan.

Parental Permission

Parents will be contacted to obtain permission for students to participate in any activity that takes place off school grounds. The SBBIS program requests that parents give written permission for the following activities:

- transportation
- summer program participation
- photographing
- videotaping for instructional purposes
- emergency medical intervention
- intern participation in the SBBIS program
- medication administration

If appropriate paperwork has not been completed, services will be postponed until the necessary documentation is obtained.

Transportation of Children

In SBBIS, transportation of children is determined on an individual basis with final determinations made by a school administrator and the SBBIS program director. In the event that an SBBIS staff member transports an enrolled child, an approved caregiver must be present to receive the child at his/her destination. Parents are advised that, SBBIS will follow the Vermont Car Seat Laws which require all children 8 years of age and younger be transported in a booster or car seat appropriate for the child's weight and age. In addition, children 12 and under are not permitted by law to ride in the front seat.

Summer Services

SBBIS provides a Therapeutic Summer Program that allows students to meet and interact with other SBBIS students and continue to develop and practice positive peer-interactions and social skills while enjoying structured recreational activities. The Summer Program is activity-based and provides students with consistency during summer months.

Since staff are encouraged to take vacations during non-school times, the SBBIS Program will allow staff vacations during the summer program on a first-come first-serve basis. Every effort will be made to ensure that coverage is provided to children; however, parents should be aware that their child may be supported at times by alternate staff members than those assigned throughout the school year.

The SBBIS summer program is provided under the auspices of WCMHS and is paid for through our Medicaid. Your child's sending school may provide a separate program that you can choose. We make every effort, however, to develop summer programs that are individualized to your child that will meet your child's treatment goals. We also make every effort to align our treatment goals to support your child's access to, but not replace, educational programming addressing your child's IEP goals.

12. What other things do I need to know?

Materials and Activities

The SBBIS program has funds budgeted for necessary treatment-related materials and activities. Those funds are limited and will be used for the purchase of materials directly related to program services. When a child is transitioning out of the SBBIS program, SBBIS staff will assist local staff in identifying materials that are necessary and appropriate to continue treatment. Materials that are purchased by the SBBIS program need to remain with SBBIS. While we would like to be able to send materials with a child who is transitioning out of the SBBIS program, materials will be used with other children enrolled in the program.

Administration of Medications

When services are provided during the school day, school-based nursing staff will administer any necessary medications to the enrolled child. During community-based

activities when school based staff are not available an SBBIS staff can administer medications only when ***all*** of the following conditions are met:

- 1) The SBBIS staff member has participated in WCMHS sponsored medication training.
- 2) The child's parent or guardian has given written consent for the SBBIS staff member to administer the medication.
- 3) The staff member first consults a Medication Order form signed by the prescribing physician and this order is on file with WCMH.
- 4) The medication is sent to school in its original prescription bottle.

Parents will also be asked to provide a release and a doctor's note for any substance that could potentially interact with medications (e.g., sunscreen, bug repellent, etc.) as per WCMHS policy.

Staff-Administered Medical Interventions

When a specialized medical intervention is required (e.g. blood sugar testing), SBBIS staff may do so only with the approval of the WCMHS Director of Nursing. Prior to any such intervention, the Director of Nursing will determine whether such an intervention is appropriate for an SBBIS staff member to conduct and what training the staff member requires. The Director of Nursing will either provide for or approve that training and determine what ongoing training or monitoring is required.

Reporting Suspected Child Abuse

WCMHS employees are required by law to report suspected child abuse or neglect to the Department of Children and Families (DCF). It is the responsibility of DCF to determine if an investigation should be conducted.

Handle with Care and Emergency Procedures

All staff will be trained in Handle with Care Behavior Management techniques yearly by qualified trainers to ensure the safe and efficient prevention and management of emergency situations with clients. The SBBIS Case Manager will discuss these procedures with parents and with school teams. These procedures include de-escalation and prevention interventions, as well as physical management techniques to respond to situations where the student is at risk of harming themselves, someone else, or committing major property destruction. In the event that a physical intervention is required, parents will be verbally notified of this event (on the day of the incident) and written notification will be sent home on the next school day (see appendix B).

Implied Acceptance

Parents and School Districts enrolling a child in the SBBIS Program are assumed to accept the program details outlined above.

Further Questions

Inquiries about SBBIS program operations should be addressed to the Director of the Children, Youth and Family Services Division of Washington County Mental Health Services, Inc. or the Director of the SBBIS Program.

13. Who are the SBBIS Senior Staff members and how can I reach them?

Please feel free to contact any of us if you have any questions or concerns regarding the services that we provide. Dialing the main agency number listed below can access all of the staff below. As employees of a Community Mental Health Agency, we spend much of our time away from our desks and in the community. If you try to reach one of us and are unsuccessful, please leave us a message and we will return your call as soon as we are able.

WCMHS Phone Number: (802) 476-1480

Program Director:

Tiffany Hubbard, M.S. LCMHC

Assistant Program Directors:

Kirk Postlewaite

Ele Keeler

14. SBBIS & School Delegation of Responsibilities

The following task list was developed to try and better clarify the roles of SBBIS Program and school staff. These delineations are based upon the fact that WCMHS cannot provide educational services; rather, our goal is to provide treatment to allow students to better access their education provided in their regular education environments via behavioral planning, structured treatment approaches based upon Applied Behavioral Analysis, social skills instruction, and incidental teaching to generalize skills. Broadly stated, the SBBIS program is not responsible for providing educational planning or instruction that falls outside of the aforementioned treatment approaches. It will be important that all parties entering into this collaborative process understand that failure to meet these responsibilities may result in the need for the SBBIS Program to discontinue its work with the school.

Role	SBBIS Responsibilities	
Behavioral Interventionist	SBBIS will provide a trained interventionist for the school day with the exception of a ½ hour break	
Coverage during staff illness	SBBIS does not provide a substitute in case of BI absence. SBBIS will provide initial training and supervision to the school staff identified to provide substitute coverage.	
Coverage during related services	SBBIS staff does not provide related services (e.g., speech and language, OT, PT). However, SBBIS staff will be present to implement behavior plans and support the student's	

	ability to access these related services as needed.	
Transportation	SBBIS staff will provide transportation for mental health related appointments during the school day. SBBIS staff may also provide transportation for community – based and summer activities.	
Development of educational plans and resources	<ul style="list-style-type: none"> - SBBIS staff will develop treatment plans designed to support the student’s access to his/her education. - SBBIS staff can assist in the development and adaptation of materials and curriculum provided by the school team. 	
Role	SBBIS Responsibilities	
Weekly meetings	The SBBIS Case Manager will remain in regular contact with the School Case Manager to determine activities and to exchange/explain materials	
Monthly team meetings	The SBBIS Case Manager will facilitate monthly meetings in collaboration with the school case manager to review academic and treatment goals on a monthly basis with the entire treatment team. Ideally, a representative of the regular education team will be present. The SBBIS Case Manager will notify all SBBIS staff of this meeting.	
Location of education	SBBIS staff will work with the student in the regular classroom environment except in cases where it was deemed necessary by the treatment team that the student be in a smaller group or individualized group setting.	
Behavioral planning	The SBBIS staff will provide all behavioral planning and will train any staff who work with the student in order to ensure that the plan is consistently implemented across all environments.	
Crisis support	The SBBIS staff will implement any safety procedures required	

	to keep the student safe in the event of an emergency. All SBBIS staff are trained in Handle With Care in the event that physical intervention to ensure the student's safety is required.	
Social Skills	The SBBIS staff will implement any team-approved ideas involving the student's peers/classmates for the development of social skills.	
Summer Planning*	The SBBIS staff will develop a plan for a summer program (see program calendar) for the team to review by the end of May. Changes to this plan must be made collaboratively with the team and are subject to approval of the SBBIS Program Director.	

15. Who Do I Call When I Have Questions?

It is common that questions come up to which the School Case Manager, Special Educator, or Parent will want immediate answers. While it may seem reasonable to discuss these questions with the Behavior Interventionist currently working with the child at school, it is important that all questions please be directed to the SBBIS Case Manager. While the Behavior Interventionists are professionals and would be happy to assist you, they are working hard with their student and need to focus their energies on their specific role. For this reason, Behavior Interventionists are asked to please direct all questions that come from school personnel and parents to their SBBIS Case Manager. If you have followed these channels and are still not finding reasonable answers to your questions or concerns, please feel free to contact the Program Director.

Appendix A: Sample of SBBIS Parent Notification Form

**School Based Behavioral Intervention Services
Parent/Guardian Notice of Restraint/Seclusion Incident**

Dear _____:

S.B.B.I.S. is committed to maintaining a positive and safe learning environment for all and ensuring that any use of restraint or seclusion follows all of the requirements of State Board Rule 4500.

This notice provides documentation of restraint/seclusion that was used with _____ on _____, at _____, as stated in your son/daughter's Behavioral Support Plan.

The following interventions were used during the above incident:

- ___ De-escalation Techniques
- ___ Escort
- ___ PRT – Standing
- ___ PRT – Settle
- ___ PRT – Neutral (Tripod Modification)
- ___ Modified PRT
- ___ Seclusion

For full definitions of physical interventions or seclusion, please see back of letter.

As you recall, we debriefed/ attempted to debrief this incident over the phone on _____. If you would like to discuss this intervention further please contact _____, at _____.

Sincerely,

Definitions:

Physical Restraint means the use of physical force to prevent an imminent and substantial risk of bodily harm to the student or others. Physical restraint does not include:

a. Momentary periods of physical restriction by direct person-to-person contact, accomplished with limited force and designed either to prevent a student from completing an act that would result in potential physical harm to himself/herself or another person; or to remove a disruptive student who is unwilling to leave the area voluntarily; The minimum contact necessary to physically escort a student from one place to another; Hand-over-hand assistance with feeding or task completion; or Techniques prescribed by a qualified medical professional for reason of safety or for therapeutic or medical treatment.

Seclusion Seclusion is the involuntary confinement of an individual alone in a room or area from which the individual is physically prevented from leaving by use of a latched but unlocked barrier or door. Seclusion *does not* include a time-out where a student is under direct adult supervision.

PRT – Standing: Standing behind identified youth, staff palms flat against youth's back, staff fingertips pointed straight up, staff chest in tight to youth's back, staff elbows under youths armpits.

PRT – Settle: From the PRT-Standing position, staff lowers knee – then the other knee - to the floor, slowly staging the youth's decent to a sitting position. Staff kneeling with youth sitting in front. PRT still employed as above.

PRT – Neutral (Tripod Modification): From the PRT-Settle position, staff pivots knee and gently turns the youth 180 degrees, staff straightens other leg, and over to the neutral position. Youth is face down on floor while staff is making a tripod bridge over the youth. Entire weight of PRT person is supported by staff's outside elbow and both knees eliminating any chest compression or weight on the youth's back.

Modified – PRT: To be used only on small children. Technique is limited to only the settle position. Staff positions self behind youth, standing up. Staff uses one arm to swoop behind both of youth's arms just above the elbows. Other staff arm goes around front of youth. Use wall or fixed object to support both staff and youth to settle (sitting) position. Staff can use legs to wrap around youth's legs to prevent kicking.

Appendix B: Records Policy

Records Policy

SBBIS recognizes the importance of keeping accurate educational and mental health records for students as part of a quality therapeutic education program and is committed to act as trustee of this information, maintaining these records for educational and treatment purposes to serve the best interest of the students. All records generated during the course of an academic calendar school year under contract with the sending school are considered educational records. All records generated during the SBBIS Summer Program OR by any WCMHS providers not under contract with the sending school during an academic calendar year are considered treatment records. The principle of confidentiality underlies all policies and procedures (see CONFIDENTIALITY POLICY) for the collection, maintenance, disclosure, and destruction of both educational and treatment records. For a detailed description of educational records and treatment records protocols, please see sectioned labeled educational records, reference the Notice of Privacy Practices (treatment records) distributed at intake, or contact the Main Office for a copy.

A. Confidentiality Policy

Insuring privacy in SBBIS is ESSENTIAL for establishing a therapeutic milieu in which students feel safe to learn and grow socially, emotionally, behaviorally and academically. All staff are legally and ethically obligated to sharing information about the student only with team members for whom they have a signed release from the guardian with the aim of coordinating and providing appropriate treatment for enrolled youth, with the school district with whom they are contracting or with emergency or child protection personnel whose role is insure that a student is kept safe when at risk of harm of self or others or by others. (This policy is reviewed verbally with all family and teams at intake. For a more detailed description of the legal boundaries of confidentiality with regards to the work done in SBBIS, please reference the information below or consult with an SBBIS Case Manager.)

B. Confidentiality Provisions

WCMHS is obligated to comply with the requirements of all State and federal statutes and regulations governing the confidentiality of client-related information including, but not limited to, Vermont's patient-physician privilege, 12 V.S.A. Statute 1612; the Privacy and Security Rules of the Health Insurance Portability and Accountability Act ("HIPAA"); and federal substance abuse treatment provision, 42 C.F.R. Part 2.

These confidentiality provisions apply to protected health information ("PHI) generated by and/or in the possession of WCMHS, including PHI regarding any students served by WCMHS personnel under school contract. Such PHI can include evaluations and assessments, progress notes, contact notes, treatment team meeting minutes, crisis intervention notes, and related materials and information.

If, at any time, the School becomes aware of an unauthorized use and/or disclosure of client related PHI by WCMHS personnel, it will report this fact to the designated privacy officer of WCMHS, Sally Benevenuti. (229-1399)

WCMHS will provide copies of such student-related PHI or designated portions thereof to appropriate School personnel upon receipt of an authorization form executed by the student's parent or guardian.

The School is also obligated to comply with the requirements of all State and federal statutes and regulations governing the confidentiality of student-related information including, but not limited to the Family Educational Rights and Privacy Act ("FERPA"), the Individuals with Disabilities Education Act ("IDEA") and Vermont Special Education Regulations.

The School agrees that all student-related PHI provided to it by WCMHS is subject to FERPA protections in the same manner as other school records. These records are kept under lock and key and access and/or use of them should be limited to staff members with a need to know.

The School agrees to make available all records of student-related PHI provided by WCMHS to the Secretary of Health and Human Services for the purposes of determining WCMHS's compliance with the HIPAA Privacy Rule.

Since both FERPA and HIPAA's Privacy Rules provide an individual with the right to seek to amend PHI, the School agrees to accept any amendments of a student's PHI and attach it to the appropriate record. Furthermore, any disclosure of the original record must be accompanied by the amendment.

If PHI becomes part of the student's education records, the School agrees to destroy such PHI consistent with its record retention policies and practices.

C. Educational Records Protocol

The SBBIS Program Director will be the legal custodian of all educational records at SBBIS. The client's public school has ultimate responsibility for school records and for assuring that adequate systems are in place to maintain such records.

Release/Review of Student Information

Disclosure of student information will be made only with written consent of parent or guardian or eligible student (if over 18 and competent) subject to the following exceptions:

- Information may be disclosed to officials of the school in which the student is enrolled who have legitimate educational interest in the records and require the information to adequately carry out their jobs;
- Information may be disclosed upon request to officials of a school in which the student seeks or intends to enroll;
- Under court order or subpoena;
- To individual seeking Directory Information;
- In connection with a student's request for financial aid;
- To appropriate parties in a health or safety emergency.
- Parents and/or guardians or eligible students may inspect and review the student's records upon request. Parents or guardians should submit a request to the SBBIS Program Director in writing using the appropriate form and/or specifying as precisely as possible the information he or she wishes to inspect. The SBBIS Program Director will make appropriate arrangements to meet with the parent and/or guardian for such inspection.

If an eligible student and/or parent or guardian believes the education record contains information that is inaccurate, misleading or in violation of any of the student's rights, she/he may request the Case Manager to amend the record. If the SBBIS Program Director decides not to amend the record as requested, the student and/or parent or guardian may appeal this to WCMHS HIPAA Compliance Officer, or the student's sending school.

Access to a student's school records shall not be denied to a parent solely because that parent has not been awarded parental rights and responsibilities by a court. However, access will be

denied where a court order or other legally binding document specifically revokes a parent's right of access to such records.

Each contract entered into between SBBIS and persons or entities that may either receive a student's education records or personally identifiable information shall contain a provision setting forth the restrictions on re-disclosure of information from education records.

SBBIS will maintain a record of all requests for and/or disclosures of information from a student's records according to SBBIS's procedures.

We agree to provide the assistance requested above:

Special Education Case Manager *Date*

Special Education Coordinator Date

Principal Date