

Positive Behavior Classroom (PBC)

Washington County Mental Health
Children, Youth and Family Services
260 Beckley Hill Road
Barre, Vermont 05641

Telephone: (802) 476-1480

Program Handbook For Parents And Special Education Case Managers

PBC Consulting Interventionist: _____

Contact Number: _____

2016-2017

Guardian/Parent Signature _____

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1. What is the PBC 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 have children with emotional and behavioral disturbances. 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.

Under the umbrella of School Based Services, a program at Washington County Mental Health Services (WCMHS), the Positive Behavior Classroom provides collaborative educational and mental health supports to children with intensive social, emotional, and behavioral needs in collaboration with Barre City Elementary and Middle School (BCEMS). The PBC program provides enrolled students with a treatment approach that supports them in BCEMS and within the community to ultimately 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 PBC Program focuses on providing specific and research-based treatments for children with severe emotional disturbances and developmental disabilities to help them access their education.

The PBC Program contracts with BCEMS to provide services to the child and their family in school and community settings. PBC provides services to the child throughout the calendar year and during school vacations and holidays, except when staff is in training, taking a holiday, or taking personal vacation time. PBC 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 PBC 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 ensure 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 PBC Program focuses on providing social skills instruction and behavioral supports to children from Kindergarten through 4th grade at BCEMS. Eligible children are those experiencing a significant emotional disturbance that has

negatively impacted their ability to access their education and are then referred by their BCEMS's Special Services Director and/or administrator.

The Service Model

PBC also utilizes a multi-disciplinary, integrated approach to working with referred children in collaboration with their schools, families, and in the community. PBC is a creative, flexible program that accommodates to the needs of the individual client, using Applied Behavioral Analysis to create a treatment plan. PBC believes that children do well when they can internalize the skills necessary to experience success in daily life. PBC aims to help children become more flexible, experience healthy attachments, have positive relationships with others, develop emotional regulation skills and solve problems effectively. PBC works with parents and educators to increase knowledge and communication based on modern research, and thus offers support with skill acquisition and therapeutic recovery for the children we serve. All services are provided ***in collaboration with*** the child's educational team during a typical school day.

Service Planning and Coordination

PBC clinician/consulting interventionists are responsible for developing a treatment plan for each identified client. Consulting interventionists work with all team members to insure that everyone is working well together to achieve the goals determined on the treatment plan.

PBC offers a variety of case management services. The clinician/consulting interventionist's works collaboratively with the client's school district to ensure that the client is receiving consistent and supportive services. In cases where a youth is in DCF custody, the clinician/consulting interventionists maintains close contact with the client's social worker and supports the foster parent (s). The clinician/consulting interventionists also develops a treatment plan with the client's treatment team that addresses all identified treatment issues across settings that require therapeutic supports and services. Some services that may be coordinated 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 PBC Program will have an individualized behavior support 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 PBC and school staff, a behavioral consultant is 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.

Generalization Activities

As a child masters skills in an individualized or small group environment, it is important that s/he learn to generalize these skills to other environments and to different people. Consulting interventionists' are trained to work with children and teachers 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, PBC is designed to help client's generalize skills by supporting school staff in following individual behavior support plan guidelines adequately.

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 in a group setting using the Superflex curriculum. This curriculum allows us to integrate the skills in a variety of settings based on needs of the group. PBC also utilizes role playing and video modeling to enrich their understanding of the skills being taught and generalize these skills across different environments. Interventions may also involve peer mediated learning as situations allow.

PBC also teaches children about being mindful and facilitates activities and experiences that allow them to gain more awareness of themselves as they navigate life. Throughout each day, students are encouraged to utilize strategies learned to help regulate their emotions when overwhelmed from the challenges they face.

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

Referrals

Referrals are made to the Coordinator of the PBC Program at the Children, Youth and Family Services (CYFS) division of Washington County Mental Health. Teachers and other school staff are provided with referral forms and the needs are evaluated by the principal or building administrator, planning room and PBC staff.

Initial Assessment

The principal/administrator and support staff reviews the written referral and discusses with the PBC Program Coordinator to determine eligibility for the program. In addition, a Behavioral Consultant and/or other PBC 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 PBC program. Following discussion with the support team a treatment plan is written targeting the areas of need.

Ongoing Assessment of Services

In order to assess the effectiveness of PBC services, we identify three pro-social behaviors change goals in accordance with client's individual behavioral support plan and collaborate with the teachers to determine progress made throughout the day. We provide strategies to help increase these targeted behaviors as well as individual support with routine check-ins. In addition, Behavior Consultants and Consulting Interventionists 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 PBC Program!

The PBC Consulting Interventionists will be in regular contact with the child's family, classroom teacher 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 PBC 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 PBC program that family systems involvement in their child's treatment is the key to the child's long-term success. The clinician/consulting interventionist 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 client is accepted into the program, it is important that the team be willing to work with the PBC program within this paradigm. PBC works collaboratively with school and other treatment team members to pursue the most effective treatment course possible.

School Support for PBC Staff and Substitute Coverage

When a PBC staff member is out, the school provides a substitute when there is extra available.

4. Confidentiality is important!

PBC staff members are required to protect and respect the confidentiality of all families participating in the PBC program at all times. PBC 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 PBC Program provides services in collaboration with each child's treatment team. At minimum, the treatment team consists of the parent(s), child (as appropriate), PBC Behavior Consultant, Consulting 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 PBC 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 PBC 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 PBC staff. PBC staff may provide non-PBC services when such services are consistent with the PBC 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 PBC 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 PBC consulting interventionists are employees of Washington County Mental Health Services. Staffing decisions, policies and procedures and related activities are governed by WCMHS personnel policies. The PBC program does have a school teacher who is an active part of the team but employed by the school district.

School Preference

When schools have concerns about an individual staff member, those concerns should be expressed to the PBC Program Coordinator or the Director of the SBS Program for action and resolution. Schools do not have the right to fire Washington County staff from providing services.

Staff Qualifications

The PBC program prefers to hire individuals with a completed bachelor's degree for the Consulting Interventionist positions. All PBC Behavioral Consultants and Therapeutic Case Managers have advanced degrees. Please contact the PBC Program Director with specific questions regarding additional staff educational backgrounds.

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

PBC Program Coordinator

The PBC Program Coordinator is responsible for overseeing the overall functioning of the PBC 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 PBC program both within and beyond Washington County Mental Health Services Inc. Parents should feel free to contact the PBC Program Coordinator at any time with questions or concerns they may have.

PBC Classroom Teacher

The PBC Classroom Teacher is a BCEMS employee who shares the responsibility in collaborating with the PBC program coordinator in overseeing overall function and collaborative efforts of the program. The classroom teacher provides behavioral intervention support to students throughout each day and supports social skills training. Also, the PBC classroom teacher is responsible in supporting teachers in developing appropriate instructional opportunities to best meet students needs. At times, the teacher may provide individual instruction to students in need either within the PBC or within the regular educational environment.

Therapeutic Consulting Interventionist

The Consulting Interventionist provides overall therapeutic case management services to identified children and their families. Services include providing service coordination between home and school and conducting regular home visits with families to provide support. Consulting interventionists also regularly consult with members of the student's team to ensure effective and appropriate treatment planning and implementation. The consulting interventionist attends all treatment and school team meetings and provides feedback regarding progress toward treatment goals. The consulting interventionist also serves as the primary contact for the school and family with programming concerns and questions.

The consulting interventionist also functions as a behavior interventionist for the client intermittently throughout each school day. Consulting Interventionists' support the identified client's in the school and community to provide specialized rehabilitative services including behavioral and social skills instruction. These supports along with supportive counseling occur at scheduled times and as needed throughout each day. Consulting Interventionist are responsible for implementing behavior plan procedures, as outlined by the Behavioral Consultant and other team members, and for training all appropriate school staff that will be working intimately with the youth involved. Consulting Interventionists' also assist in material preparation and are required to attend initial and ongoing training.

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.

8. Exclusions

Services Not Provided

The PBC 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 PBC Consulting Interventionist for assistance with obtaining these services.

9. When and how will the child be served?

The PBC 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.

Schedule Preparation

The PBC 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. PBC staff members take holidays recognized by WCMH on predetermined days.

Scheduled Meetings and Trainings

The PBC 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 PBC trainings as appropriate. Please contact the Program coordinator for specifics regarding training schedules.

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

School Cancellation

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

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. When an enrolled child becomes ill at school the PBC 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, PBC 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 PBC Program Coordinator will determine if PBC services will be cancelled due to inclement weather.

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

PBC may not provide services during school make up days if: make up days are scheduled on mandatory trainings days.

11. Other procedures that affect schedules and services

Suspension of Enrolled Children from School

PBC 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 PBC 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 PBC program
- medication administration

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

Transportation of Children

In the PBC program clients are expected to get to and from school on the school bus or other means determined by their parents. In the event that a PBC staff member transports an enrolled child, an approved caregiver must be present to receive the child at his/her destination. Parents are advised that, PBC 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

PBC provides a Therapeutic Summer Program that allows students to meet and interact with other PBC 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.

The PBC summer program is provided under the auspices of WCMHS and is paid for through our Medicaid. 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 PBC 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. Materials that are purchased by the PBC program need to remain with PBC.

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 a PBC staff can administer medications only when **all** of the following conditions are met:

- 1) The PBC staff member has participated in WCMHS sponsored medication training.
- 2) The child's parent or guardian has given written consent for the PBC 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), PBC 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 a PBC 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 PBC Consulting Interventionist 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 PBC Program are assumed to accept the program details outlined above.

Further Questions

Inquiries about PBC 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 PBC Program Coordinator.

13. Who are the PBC 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

PBC Program Coordinator:

George Gumbrel

School Based Services Director:

Tiffany Moore, M.S. LCMHC

14. PBC & School Delegation of Responsibilities

The following task list was developed to try and better clarify the roles of the PBC 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 PBC 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 PBC Program to discontinue its work with the school.

<i>Role</i>	<i>PBC Responsibilities</i>
Transportation	PBC staff will provide transportation for mental health related appointments during the school day. PBC staff may also provide transportation for community – based and summer activities.
Development of educational plans and resources	<ul style="list-style-type: none"> - PBC staff will develop treatment plans designed to support the student's access to his/her education. - PBC staff can assist in the development and adaptation of materials and curriculum provided by the school team.
<i>Role</i>	<i>PBC Responsibilities</i>
Weekly meetings	The PBC Consulting Interventionist will remain in regular contact with the school team to determine activities and to exchange/explain materials
Monthly team meetings	The PBC consulting interventionist will facilitate monthly meetings in collaboration with the school team
Behavioral planning	The PBC 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 PBC staff will implement any safety procedures required to keep the student safe in the event of an emergency. All PBC staff are trained in Handle With Care in the event that physical intervention to ensure the student's safety is required.	
Social Skills	The PBC staff will implement the Superflex curriculum for the development of social skills.	
Summer Planning*	The PBC staff will develop a plan for a summer program. It is designed to be community based and offer social skills development in various settings.	

15. Who Do I Call When I Have Questions?

If parents have questions or concerns regarding their child's treatment plan, daily activity or interaction with peers please contact the consulting interventionist, school principal/teacher or PBC Coordinator.

Appendix A: CYFS Policy for Behavioral Support

CYFS Policy for Behavior Support Policy Overview

CYFS is dedicated to providing treatment to children with emotional and behavioral disorders in the least restrictive environment possible in compliance with Rule 4500 (<http://education.vermont.gov/new/pdfdoc/board/rules/4500.pdf>). In order to provide this treatment, all children will be supported with a variety of evidenced-based techniques to promote a child's maximum participation in their home, school and community settings. One component of treatment is behavior support planning and techniques for supporting youth to prevent behavioral dysregulation.

Behavior Support Planning

As part of their treatment, each client participating in the PBC program will have a Behavior Support Plan. This plan is created by a thorough functional behavior assessment conducted by a trained Behavioral Consultant in the principals of Applied Behavioral Analysis. Plans, relevant data, and client progress while participating in the program are reviewed with parents/guardians and broader school team throughout the client's participation in the PBC program.

Use of De-escalation and Physical Intervention Techniques – Handle With Care

Most of the youth referred to treatment with our programs demonstrate behavioral dysregulation requiring staff trained in de-escalation and physical intervention techniques. In such cases, PBC staff use Handle With Care prevention and intervention techniques. Handle With Care is listed in the Directory of Recommended Programs that Teach the Prevention and Appropriate Use of Restraint in School Settings by the Vermont Department of Education. As per training requirements, Handle With Care interventions are only implemented by trained and competent personnel who are in charge of the child's care. Before such techniques may be used with a child, parents, guardians, and/or collaborating teams need to be oriented to Handle With Care, its uses, exclusions and the training of our staff.

Handle With Care techniques require that the least restrictive interventions be applied first, beginning with a full array of de-escalation techniques. If, however a youth continues to escalate despite de-escalation efforts, staff may need to implement physical restraint procedures to maintain the youth and other's safety. HWC does train a variety of standing, seated, and prone restraints, however, HWC states that prone physical restraints are more restrictive than other forms of physical restraint (i.e. standing restraint) and may be used only when a less restrictive intervention or restraint has failed or would be ineffective to prevent harm to the student or others. Given this, prone restraints are only used when all other restraint methods have proved ineffective. The decision to utilize a physical restraint will only be done so, "in a manner that is safe, proportionate to an sensitive to the student's: severity of behavior; chronological and developmental age; physical size; gender; ability to communicate; cognitive ability; and known physical, medical,

psychiatric condition, and personal history, including any history of physical, emotional or sexual abuse or trauma” (see Rule 4500, section 4502.1)

Training

Children, Youth and Family Services utilizes the Handle With Care model of prevention and intervention which emphasizes de-escalation strategies through education of staff about the tension and tension reduction cycle, how to build rapport with the children with support, to discriminate between uncomfortable and dangerous situations that pose a real risk to the safety of the child in our care or to others around the child. In addition to this training, the Handle With Care model also includes techniques for safely intervening physically with children who have become a threat to their own or other’s safety. In order to ensure the safe implementation of these techniques, the following guidelines will be utilized by all CYFS staff:

1. Before working with children, all new staff must participate in a full Handle With Care training by a certified Handle With Care trainer. This participation must be documented and included in the staff’s file.
2. All staff must participate in a minimum of yearly retraining on Handle With Care techniques.
3. Staff are encouraged to work with Handle With Care trainers on an ongoing basis to ensure effective practice of prevention and intervention techniques with children.

At this time, PBC employees are not allowed to train anyone *outside the employ of CYFS* in the Handle With Care techniques. If families or schools are interested in obtaining such training, they can inquire with Handle With Care directly.

Approved HWC Holds and Releases:

Same side wrist grab release
 Two on one wrist grab release
 Two on two wrist grab release
 Cross hand wrist grab release
 Front choke/label grab release
 Rear choke release
 Hair pull release
 Bite release modified
 Arm bar choke/head lock
 Straight punch

Primary Restraint Technique (PRT)
 1-person escort
 2-person escort
 PRT – Solo and two-person take down
 PRT – in chair or in car
 Modified PRT - Tripod modification
 Bear hug release
 Against the wall PRT

Hook punch/weapon attack/thrown object
 Kick

Exclusions for use of Handle With Care Techniques

- Handle With Care techniques may NEVER be used in the following circumstances:
 - For compliance, punishment, retaliation or due to staff shortages
 - Before utilizing a lower level intervention or methods of de-escalation
 - When there is no real or imminent safety risk to the child or others around the child
- Specific holds and releases that are NOT to be used by CYFS staff are:
 - The bite release requiring hooking the nostrils
 - Any hold that a treatment team deems inappropriate for the child due to clinical issues specific to the child's treatment needs
 - One or two person supine restraints

Intervention by non-HWC trained Staff

There are clearly times when assistance may be requested from our collaborative partners (e.g., school staff) in the time of a crisis. While every effort will be made to avoid the need to request support, non-HWC trained staff can support a WCMHS HWC trained staff in providing behavioral support to a youth. In this case, the non-WCMHS staff must follow all directions of the WCMHS staff to ensure efficacy of treatment and adherence to the HWC protocols.

If the non-WCMHS staff opts to take over the intervention without invitation or assent, the WCMHS staff will remain until the crisis has passed, inform their supervisor(s) of the event, and then return to PBC for the remainder of the day. The non-WCMHS staff will be responsible for the youth for the remainder of the day. WCMHS staff will not resume work with the identified client until the team reconvenes to discuss the incident with a focus upon clarifying roles and crisis protocols.

Post-vention requirements

As per Rule 4500, all clients who have required restraint or seclusion will require medical monitoring throughout the remainder of the school day. Youth served in a School-based program will be supported by a nurse or nurse-delegate from the school staff.

Other Related Procedures: Use of a Time Out Room

A timeout is a procedure conducted apart from a student's assigned class or activity, possibly in a designated time out space. It is used to separate a student from others for the purpose of eliminating or at least reducing, the occurrence and/or intensity of harmful behavior or to enable the student to regain composure and return to class or other activity. *A planning room or other area used as a place in which to meet with a student to discuss his or her behavior is not a timeout room.* If used, a time-out room is:

- Unlocked at all times with an unlatched door;
- Large enough to permit safe movement;

- Adequately lit, heated, ventilated and free of dangerous objects;
- A room with safe entry and exit so that the student may leave at any time if deescalated and is no longer considered a safety hazard to self or others;
- A room in which a student is visually and directly monitored at all times by an adult;
- To be used as a temporary measure;
- Is not used for staff convenience or for client punishment.

If the use of a time out room is to be used as part of a client's intervention plan, clinical staff will review this procedure with the sending team along with evidence that this procedure is required and therapeutically indicated. Data regarding the use of the time out room and the need for its continued application will be reviewed with the client's team at regularly scheduled team meetings.

Other Related Procedures: Use of 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 client is under direct adult supervision. Clients will be monitored at all times when in seclusion. If seclusion is to be used as part of a youth's intervention plan, clinical staff will review this procedure with the sending team along with evidence that this procedure is required and therapeutically indicated. Data regarding the use of seclusion and the need for its continued application will be reviewed with the youth's team at regularly scheduled team meetings.

Other Related Procedures: Use of Locked Seclusion, Mechanical and Chemical Restraints

Locked seclusion, mechanical or chemical restraints are not approved interventions at WCMHS – CYFS as this time and will not be used.

Documentation

An Incident/Accident Report form to document physical restraints and seclusion will be completed following any incident where these forms of support were necessary. A letter of notification will be sent to the legal guardian of the client following any physical restrain or seclusion.

Handle With Care Review Committee

The HWC Review Committee reviews cases in which there are outstanding client needs or behavioral presentations that HWC techniques, as trained, do not appear to adequately address. This committee works in consultation with the HWC professional team to offer specific guidance and written direction to the teams supporting identified youth. All queries are welcome and are fielded through the HWC Committee Coordinator who then assembles the committee. CYFS staff are required to consult with the HWC Review committee before making any changes to HWC approaches and techniques. If an emergency arises, staff are required to contact the HWC Review

Committee Coordinator or their designee within one business day of the incident to arrange a review.

Appendix B: Sample of PBC Parent Notification Form

**Positive Behavior Classroom
Parent/Guardian Notice of Restraint/Seclusion Incident**

Dear _____:

PBC 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 C: Records Policy

Records Policy

PBC 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 PBC 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 PBC 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 client, 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 PBC, please reference the information below or consult with the PBC Director.)

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 CYFS Program Director will be the legal custodian of all educational records at CYFS. 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 CYFS Program Director in writing using the appropriate form and/or specifying as precisely as possible the information he or she wishes to inspect. The CYFS Program Director will make appropriate arrangements to meet with the parent and/or guardian for such inspection.

If an eligible client 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 Consulting Interventionist to amend the record. If the CYFS Program Director decides not to amend the record as requested, the student and/or parent or guardian may appeal this to WCMHS HIPPA 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 PBC 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.

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

We agree to provide the assistance requested above:

Special Education Case Manager *Date*

 Special Services Director *Date*

 Principal *Date*