BROADSTEP ACADEMY – ILLINOIS

POLICY AND PROCEDURE MANUAL

SECTION:	Policy and Procedure For Operations	Executive Director:	
		Council Approval:	04/2006
SUBSECTION:	Healthcare	QA/UR Committee:	8/7/2007
		Board of Directors:	8/7/2007
SUBJECT:	Clinical/Case Management	Implementation date:	8/7/2007
		Last Revision date:	04/2006, 1/27/10, 3/27/2020
CATEGORY:	Behavior Management Plan and Process		

POLICY

Purpose Statement

The Purpose of the Behavior Management Policy is to outline the behavior treatment techniques employed by Broadstep Academy – Illinois (hereafter referred to as Broadstep Academy-IL). This Behavior Management Policy is intended to be implemented comparatively throughout the educational and residential programs. It will define acceptable techniques used to address client behaviors, insuring that these techniques are used under controlled conditions by trained staff. Broadstep Academy-IL uses positive approaches to teach pro-social adaptive behavior and teaches individuals to modify behaviors that may be socially or personally maladaptive, provides a therapeutic environment that is free from conditions that promote maladaptive behavior and applies behavioral interventions in a caring and humane manner.

It is the Policy of Broadstep Academy-IL to provide a systematic process of graduated guidance to prevent/interrupt an individual's behavior, which threatens harm to the individual or others, in an effort to promote positive behavioral change and foster self-control. Measures taken for intervention will be graduated in intensity utilizing the least restrictive/intrusive methods necessary to teach desired/appropriate behavior.

It is the Philosophy of Broadstep Academy-IL that desired behaviors are recognized in order to effectively elicit positive behavioral change. Positive reinforcement should be implemented along with graduated interventions. The least restrictive methods of intervention should be implemented, and all interventions should be used for the least amount of time necessary to reach positive behavioral change.

Each individual who displays behavioral issues, and is placed on a regular psychotropic medication regimen will have a written Behavior Intervention Plan (BIP). Each BIP will provide guidelines that adhere to all Broadstep Academy-IL, state, and federal regulations and comply with accreditation standards of best practice regarding behavior management. Broadstep Academy-IL will use only DCFS- and DHS-approved behavior management practices. All plans will be approved by the Human Rights and Advocacy Committee (HRAC) and the Behavior Management Committee (BMC) and reviewed for appropriateness monthly by the psychiatrist. The resident and his/her legal guardian will sign all plans. The Executive Director, or designee, which typically would be the attending Broadstep Academy-IL Clinician/Behavior Consultant, Director of Clinical Operations or Program Manager will give written

approval as identified on the signature sheet of the Behavior Intervention Plan. For individuals with significant behavioral issues, a temporary behavior plan will be completed within 72 hours of arrival. The Nurse, the chairperson of the BMC and the HRAC, will approve it. The plan will be in effect until approval by both committees at their next regularly scheduled meeting. All BIPs shall include the rationale for its use, a schedule for its use and an assessment of its impact on the individual served. These behavior interventions will be included in the school IEP and the group home ISP and in the Developmental Training Vocational Plans.

The Administrative Team, Management Team and CQI, Human Rights, and Behavior Management Committees regularly reviews all Behavior Management practices and policies and submits changes and recommendations to Broadstep Academy's Governing Board and required state regulating bodies. The Behavior Management Committee Chair is a member of the Corporate Clinical Care Council. This Council directly reports to the Quality Assurance/Utilization Review (QA/UR) Committee and the Governing Board. The Human Rights Committee Chair is required to achieve the DHS Human Rights Specialist Certification. Broadstep Academy Behavior Management Practices and Policies are reviewed at the regular QA/UR Committee meetings. Additionally, an annual report prepared and submitted by the Vice President of Clinical Services and Quality Assurance provides updates regarding practices, policy changes and program functioning to the Governing Board. All Behavior Management Policies and Procedures are reviewed and approved at least on an annual basis by the Governing Board. The Behavior Management Committee Chair provides subsidiary reports to the Broadstep Academy –IL Continuous Quality Improvement Committee (CQI). The CQI Committee then submits information received to the QA Council for review. Once reviewed by the QA Council, the report and recommendations are submitted to the QA/UR Committee who approve, suggest and report to the Governing Board for approval. All revisions and recommendations made by the Board and Committees are resubmitted to the Broadstep Academy-IL CQI Committee for implementation. Broadstep Academy – IL continues to assess changes in behavior management practices based on the voice of the consumer through Resident and Family Councils and best practices standards through the PCS-Broadstep Academy-IL model of Continuous Quality Improvement.

Broadstep Academy-IL BIPs will emphasize antecedent management techniques and will be authored by the individual's Case Manager with input from the Educational IEP Team, Group Home Staff, the individual and his/her guardian, related community service providers, and other applicable Broadstep Academy-IL staff. The Case Manager will conduct a 10-day period of data collection once the team has defined the specific behavior that presents an obstacle for achieving independence in daily living or educational progress. The Case Manager will convene his/her team to proceed with the development of the BIP. The Educational IEP Team and Group Home staff is responsible for continual data collection and will work closely with the Case Manager to review the BIP monthly and revise when necessary in accordance with the sending school district.

Broadstep Academy-IL does not use chemical restraints, mechanical restraints, or seclusion, as defined in Rule 384, as behavior management techniques. Manual restraint is only used as a behavior management technique in emergency or crisis situations to protect the individual from harming her/himself or others. Manual Restraint is only appropriate when: 1.) Responding to behavior that fits the element of aggressive assault; 2.) All other crisis interventions have failed; 3.) The intervening staff can reasonably expect to limit the person's ability to seriously injure himself and/or someone else; and 4.) A team of two or more trained persons is available for such intervention.

At admission, parents and/or guardians will receive, in writing, the Behavior Management Policy and understand that they will be informed of uses of such, in accordance with Title 89 of the DCFS standards, MHDDC 405 ILCS 5, and Title 59 of the DHS standards.

POLICY RELEVANT DEFINITIONS

"Behavior Intervention Committee" = professional review committee that is part of the Quality Assurance Program, operating under the direction and advisement of the Executive Vice President of Clinical Services and Quality Assurance. The function is to review interventions and grievances regarding

interventions. Members of this committee will be comprised of members of the clinical program, the educational program, and the medical department, as well as at least one representative from the community.

“Case Manager” = performs administrative duties, supervises placement of residents, maintains all documentation/records, and supervises the provision of services, and is qualified as defined for “Child Welfare Worker” in Licensing Standard 401.320 and QMRP requirements in Section 115.120 of the Illinois Administrative Code.

“Child Care Supervisor” = directly supervises those persons responsible for the daily care of the residents and is qualified as defined in Licensing Standards for Group Homes 403.17.

“Child Care Worker” = directly responsible for the daily care and supervision of the residents and is qualified as defined for “child care staff” in Licensing Standards for Group Homes 403.18.

“CILA Supervisor” = directly supervises those persons responsible for the daily care of the residents and is qualified as defined in CILA Supervisor job description.

“Clinical Director” = directly responsible for the supervision of all factions of the program and is qualified as defined for “Child Welfare Supervisor” in Licensing Standard 401.310.

“Clinical Supervisor” = Master’s Level Social Worker or Human Service professional, directly responsible for the supervision of the Case Management/Clinical Team and of the Intake Process, reporting to the Clinical Director.

“Developmental Training Instructor” = performs administrative duties, provides professional oversight of Developmental Training Staff and is qualified as defined for QMRP requirements in Section 119.215 of the Illinois Administrative Code.

“Direct Service Person” = directly responsible for the daily care and supervision of the residents and is qualified as defined for “paraprofessional” Standards and Licensure Requirements for Community-Integrated Living Arrangements Section 115.120.

“Team leader” = provides direction and support to Child Care Workers under the supervision of the Child Care Supervisor, and are qualified as defined for “mental health professionals (MHP)” in Title 89: Rule 384.

“Lead Direct Service Person” = provides direction and support to Direct Service Persons under the supervision of the CILA Supervisor, and are qualified as defined for “mental health professionals (MHP)” in Title 89: Rule 384.

“Pro-ACT” = Professional Assault Crisis Training

“Qualified Person” = When actual, or threat of, imminent harm to self or others is present, and a Licensed Clinical Psychologist, Licensed Clinical Social Worker, Registered Nurse with Supervisory Responsibility, or Licensed Physician is not immediately available at the critical incident, a Qualified Person may order, temporarily, the administration of a restraint procedures.
A Qualified Person is any staff who has been trained and has demonstrated documented competency in the following:

1. State of Illinois DSP knowledge, skills, and abilities,
2. The Individual’s current ISP and BIP

3. ProAct behavioral crisis management, or other current State of Illinois approved, behavioral crisis management techniques.
4. Recognition and Prevention of Abuse, Neglect, and Exploitation
5. State of Illinois approved Emergency Medical First Aid
6. Broadstep Academy-ILL New Employee Orientation

PROCEDURE

Behavior Treatment Restrictions

This section outlines any measures/interventions that are prohibited by Broadstep Academy-IL.

Prohibited Measures to Physically Holding a Resident include:

a.) Any hold that bends a joint beyond the normal range of motion (i.e., bending fingers backward).
b.) Any action that applies pressure contrary to the normal range of motion or that leads to the hyperextension of joints.
c.) Any application of undue pressure to any part of the individual's body.
d.) Any action that restricts the resident's breathing.

Prohibited Measures of Behavior Management and Control include:

a.) Physically harming/hitting a resident (corporal punishment) or "cruel and unusual punishment".
b.) Verbal abuse, threats, ridicule, humiliation, or derogatory remarks toward or about a resident or their family members.
c.) Denying health care or counseling to a resident.
d.) Requiring physical exercise, or any activity, which causes physical discomfort or requires repeated physical movement.
e.) Depriving a resident of physical exercise.
f.) Depriving a resident of their right to receive and send uncensored mail (a resident may be required to open mail in the presence of staff if suspicions of contraband materials or inappropriate mail are suspected and clinically documented).
g.) Denying attendance of religious services or counseling requested by a resident.
h.) Requiring physical work (should a resident's intentional behavior cause disarray or disorder, the resident may be requested to restore order).
i.) Denying shelter, clothing, bedding, sleep, emotional support, meals or a menu item.
j.) Depriving residents of necessary personal hygiene items (i.e., toothpaste, soap) or opportunities (daily shower, toilet access).
k.) Disciplining a resident for toileting accidents.
l.) Subjecting residents to unsanitary living conditions.
m.) The use of a chemical or physical time out as a punishment or for staff convenience.
n.) Authorizing or directing another resident to employ behavior management techniques on a resident.
o.) Penalizing a group for an identified group member's behavior.
p.) Depriving residents of visits or weekly phone contact with family, attorneys (legal assistants), caseworkers, or other parties having parental bonds with the resident (unless indicated by clinical or safety reasons and approved with guardian signature).
q.) Denying educational services to residents.

r.) Behavior management techniques or interventions employed as punishment.
s.) Interventions that involve withholding nutrition or hydration, or which inflict physical or psychological pain.
t.) The use of aversive stimuli such as electric shock devices.

Broadstep Academy-IL prohibits the use of mechanical restraints, chemical restraints, and locked seclusion. Neither does the agency employ a self-governance program, allowing peers to participate in the behavior management of peers. Broadstep Academy-IL will discontinue the use of any intervention if it produces adverse side effects such as illness, severe emotional or physical stress, or physical damage, is deemed unacceptable according to prevailing community standards, or is ineffectual or detrimental to meeting service goals and objectives.

Behavior Treatment Components

Crisis Prevention/Intervention Procedures:

Broadstep Academy-IL, for the purpose of behavior management, utilizes a multiple – model approach. Professional Assault Crisis Training (ProACT) techniques are employed as behavior management interventions, as described below.

Behavior Intervention Techniques:

1. Positive Reinforcement/Recognition of Desired Behavior
   a.) Verbal Praise
   b.) Physical Praise (i.e., pat on the back, high five)
   c.) Tangible Reinforcements
   d.) Prompting/Cueing
   e.) Instruction
   f.) Structured Behavior Change Plans (i.e., level system, token economy)
   g.) Planned Ignoring
   h.) Proximity Control/Physical Closeness (i.e., staff sitting next to resident)
   i.) Reduce Stimulus

2. Redirection
   a.) Verbal (using appropriate volume and cadence to help the resident refocus on desired behavior in an attempt to interrupt or prevent escalation of the undesired behavior).

   b.) Physical (manual redirection is the provision of hands-on guidance toward desired behavior or away from potentially harmful situations, along with verbal guidance explaining expected behavior). Understanding that residents respond differently, physical redirection may/may not be indicated in the Individual Treatment Plan.

3. Independent (self-directed) Time Out
   Time-out removes the resident from the stimulation that is interfering with desired behavior and allows time to reflect on behavioral change. The time-out may be requested from the resident or initiated by staff.

   A time-out should always include a statement or explanation of:
   a.) The reason for the time-out
   b.) Behaviors needed to resume normal activity

c.) Identification of the duration of the time-out

Time-outs shall be limited to the shortest interval necessary to obtain desired behavior, not to exceed ten (10) minute increments. If behavior cannot be redirected within this time period, intervention methods need to be re-assessed.

4. Negative Consequences
   a.) Removal of stimuli (i.e., radio, games).
   b.) Loss of privileges (i.e., not attending an activity) not to exceed a period of one month.
   c.) Assigning special tasks not to exceed a period of one month.
   d.) Restriction to room for periods not to exceed three hours per day.
   e.) Restriction to the premises for periods not to exceed three days.
   f.) Disciplinary action in proportion to the behavior being addressed, and initiated no later than 24 hours after discovery of such behavior.
   g.) Restitution (i.e., repayment from allowance) – withholding residents' personal spending money (must be thoroughly documented and recorded) may occur under the following conditions:
      1.) For reasonable restitution for damages done by resident;
      2.) For breaking rules after a warning that spending money will be reduced for an infraction, for periods not to exceed one month;
      3.) When withheld for breaking a rule, the resident will be given the opportunity to earn the money back;
      4.) Any money previously withheld will be returned to the parent/guardian at the time of discharge.

5. Physically Assisted Time Out
   A manual (hands on) guidance of resident to remove them from the stimulation that is interfering in desired behavior and allows time to reflect on behavioral change. (See #3 above for additional information).

Behavior Management Techniques:

A Physical Hold/Manual Restraint is a manual method implemented to interrupt/interfere with the free movement of the resident in order to prevent physical harm to themselves or others. The use of this highly restrictive method shall only be utilized to prevent such imminent danger, and must be implemented in a graduated fashion as indicated in the Individualized Service Plan or in the case of an emergency. This level of intervention should be considered as a last resort.

Methods of Physical Hold/Manual Restraint:

a.) Standing Restraint (Pro ACT)
b.) Two-Person Escort (Pro ACT)
c.) Seated Restraint (Pro ACT)
d.) Floor Assisted Restraint (Pro ACT)

Application of these forms of restraint may only be used as a therapeutic measure when a child presents a threat of harm to self or others. Manual restraints will not be used until after other less restrictive procedures have been explored. Manual restraint shall not be used for a resident whose medical condition or psychological status contraindicates the use of such methods as indicated in the Individual Service Plan.

Crisis Intervention /Authorization of Manual Restraint:

Only a person designated as a Qualified Person may apply manual restraint techniques. In no event shall manual restraint be utilized to punish or discipline a recipient, nor is restraint to be used as a convenience for the staff. Broadstep Academy will exercise manual Restraint techniques only when the written order of a physician, clinical psychologist, clinical social worker, or registered nurse with supervisory responsibilities has been approved.

No manual restraint shall be ordered unless the physician, clinical psychologist, licensed clinical social worker, or registered nurse with supervisory responsibilities, unless there is a case of emergency explained additionally in this section, in which the after personally observing and examining the recipient, is clinically satisfied that the use of manual restraint is justified to prevent the recipient from causing physical harm to himself or others. In no event may manual restraint continue for longer than 2 hours unless within that time period a nurse with supervisory responsibilities or a physician confirms, in writing, following a personal examination of the recipient, that the restraint does not pose an undue risk to the recipient's health in light of the recipient's physical or medical condition.

In the event there is an emergency requiring the immediate use of restraint, it may be authorized/ordered temporarily by a qualified person only where the Broadstep Academy-IL physician, clinical social worker, or registered nurse with supervisory responsibilities is not immediately available (a qualified person must be at least an MHP in the Children's Program). In that event, an order by a nurse, clinical psychologist, clinical social worker, or physician shall be obtained pursuant to the requirements of (405 ILCS 5) the resident shall be examined immediately by the Broadstep Academy-IL physician or supervisory nurse within 2 hours after the initial employment of the emergency restraint. The qualified professional who orders restraint in emergency situations shall document its necessity and place that documentation in the recipient's record.

Any Manual Restraint order shall state the events leading up to the need for restraint and the purposes for which restraint is employed. The order shall also state the length of time restraint is to be employed and the clinical justification for that length of time. No order for restraint shall be valid for more than 16 hours. If further restraint is required, a new order must be issued pursuant to the requirements provided in this Section. Manual Restraint orders will be documented in the client file and in each CILA/ Group Home as part of the Individual Service Plan and Behavior Management Plan.

The person who orders restraint shall inform the Executive Director or the Clinical Director in writing of the use of restraint within 24 hours. The executive director/clinical director shall review all restraint orders daily and shall inquire into the reasons for the orders for restraint by any person who routinely orders them.

Manual Restraints may be employed during all or part of one 24-hour period, the period commencing with the initial application of the restraint. However, once restraint has been employed during one 24-hour period, it shall not be used again on the same recipient during the next 48 hours without the prior written authorization of the executive/clinical director.

Restraint shall be employed in a humane and therapeutic manner and the person being restrained shall be observed by a qualified person as often as is clinically appropriate but in no event less than once every 15 minutes. The Team Leader in the Children's Program (MHP) or other qualified personnel in the Adult Programs shall maintain a record of the observations. Specifically, unless there is an immediate danger that the recipient will physically harm himself or others, restraint shall be loosely applied to permit freedom of movement. Further, the recipient shall be permitted to have regular meals and toilet privileges free from the restraint, except when freedom of action may result in physical harm to the recipient or others.

Whenever restraint is required upon any resident whose primary mode of communication is sign language, the recipient shall be permitted to have his hands free from restraint for brief periods each hour, except when freedom may result in physical harm to the recipient or others.

Whenever restraint is used, the resident shall be advised of his right, pursuant to Sections 2-200 and 2-201 of [405 ILCS 5], to have any person of his choosing, including the Guardianship and Advocacy Commission or the Human Rights Committee notified of the restraint. A resident who is under guardianship may request that any person of his choosing be notified of the restraint whether or not the guardian approves of the notice. Whenever the Guardianship and Advocacy Commission is notified that a resident has been restrained, it shall contact that resident to determine the circumstances of the restraint and whether further action is warranted.
(Source: 405 ILCS 5)

Application of Manual Restraint-Crisis Intervention:

1. May be used to prevent runaway only when this presents a threat of harm to the resident or others;
2. Shall not be used as discipline for rule infractions or as a convenience for staff;
3. Shall not last for more than 15 minutes beyond the point at which the problematic behavior ceases, unless clinical justification for such is in the Individual Service Plan;
4. Should not exceed two hours without medical consent;
5. Should avoid provoking further and escalating incidents of behavior;
6. Shall not consist of mechanical restraints, unnecessary force, or action that produces pain, covers the face, restricts respiration, or causes fear/anxiety;
7. Does NOT include neck holds or lying across the torso of a resident;
8. Should result in hands free holds after each 5 min interval for periods during the restraint;
9. Shall be reported on an Unusual Incident Report and forwarded to the Case Manager, Child Care Supervisor, Clinical Supervisor and Clinical Director within 24 hours, forwarding to the DCFS Licensing Representative or appropriate agency;
10. Shall instigate clinical assessment and review of appropriateness and, in light of need or violation of state regulation, or staff disciplinary action.
11. Clients being manually restrained are monitored continuously and assessed at least every 15 minutes for any harmful health or psychological reactions.
12. Clients being manually restrained will not be denied access to food and water.
13. The use of manual restraint is limited to the 15 minutes per episode for children aged nine and younger and 30 minutes for persons aged 10 and older.
14. Following the use of manual restraint, a debriefing is conducted within 24 hours that includes appropriate personnel (a QMHP, QMRP, Nurse at minimum), the person served, and his/her guardian. The debriefing includes evaluating the well-being of the client and identifies the need for counseling or other services related to the incident, identifying antecedent behaviors and modifying the service plan as needed, analyzing how the incident was handled and identifying needed changes to BMP/ISP procedures and/or staff training.
15. Shall be discontinued if it produces adverse side effects such as illness, severe emotional or physical stress, or physical damage.
16. Shall be discontinued if it is deemed unacceptable according to prevailing community standards.

17. Shall be discontinued if it is ineffectual or detrimental to meeting service goals and objectives.

Personnel Shift Requirements

Staff coverage is as follows:

1.) School – As the census of a classroom does not exceed eight students, generally there is one (1) Child Care Worker functioning as a Classroom Aide and a Teacher in each room in addition to any school district approved one to one Classroom Aides. Daily involvement of the Nurse for medical concerns, passing medications, and observation increases the supervision. The Nurse, Social Worker, and the Clinical Director maintain offices in the School Building so that daily opportunities for interaction with the residents are enhanced.

2.) Developmental Training - The census of a Developmental Training Room is typically 8 individuals to 2 Developmental Trainers. Daily involvement of the Nurse for medical concerns, passing medications, and observation increases the supervision. The Clinical Supervisor maintains an office in the School Building, as do the Nurse and the Clinical Director, so that daily opportunities for interaction with the residents are enhanced.

3.) CILA/Youth Group Homes – Each Group Home census does not exceed eight residents, a minimum staffing of two (2) “awake” Child Care Workers (CCW) or Direct Service Persons (DSP) at any time. At high maintenance times, or during special activities, it may be that additional CCWs or DSPs would be staffed in the home. The Lead Worker in each home is present approximately five days per week, with a Lead Worker on duty during all waking hours in one of four group homes. That worker is available to assist at any group home for restraints, consultations, or other supports. Both the house Supervisor and the Case Managers maintain offices in the homes, and are available for additional support. An On-Call Worker and Medical Staff are also available 24 hours a day to staff, as is an administrative back up (i.e., Clinical Director, Clinical Supervisor).

Data Collection and Review

Data collection occurs through the use of various forms, such as:

- Manual Restraint Log
- Unusual Incident Routing Form
- Unusual Incident Report Form (DCFS form)
- Client Injury/Body Check Form – Form B
- Employee Injury Report
- ABC Behavior Tracking Form
- Progress Notes

- Staffing Reports

UIR's are completed after all manual restraints. They include client and staff names, reasons for manual restraint, amount of time restrained, and verification that continuous visual observation is maintained. The documentation of a UIR is then entered into the UIR/Manual Restraint Log. The resident's assigned case manager then reviews all UIRs within 24 hours of the incident. The case manager then assesses the severity of the incident and makes all necessary contacts with parents and the resident, and records this contact or attempt at contact in a contact log/case note.

If contact with the resident's guardian is unable to be made by telephone after several attempts, as recorded in the contact log/case note, the case manager will send notification of the incident by certified mail. The case manager then enters a case note in the resident's file relating to the follow up of the incident. These UIRs go into the client file after they are through the review process. These forms tally, among other things, the number of resident incidents and injuries and employee incidents and injuries. The Behavior Management Committee reviews these tallies and reports to the CQI Committee and corporate QA, and this system will be refined during the accreditation process in accordance with the Council on Accreditation Standards. A QA Coordinator reviews all such data collection procedures and participates in the Quality Assurance process under the direction of the Executive Director and the Vice President of Quality Assurance & Compliance. Any refinements are approved and implemented as needed, and new forms or procedures are reviewed with the Training Department for inclusion into the training program.

Credentials and Qualified Personnel:

The Executive Director, Clinical Director, and Clinical Supervisor all hold Master's Degrees. Additionally, the Executive Director and Clinical Director are licensed by DCFS as a Licensed Direct Child Welfare Service Employees.

The Compliance Manager is a DCFS Licensed Family Development Specialist and QMRP.

All Child Case Managers (Child Welfare Workers) and Child Care Supervisors are required to meet the DCFS credentials and are cleared by the DCFS Licensing Office and must successfully complete the DHS QMRP training. CILA Case Managers (Qualified Mental Retardation Professionals) meet the requirements of Section 115.220 of the Standards and Licensure Requirements for Community Integrated Living Arrangements. The Team Leaders are required to meet the DCFS/DHS credentials for the "mental health professional (MHP)" as defined in Rule 384 and Title 59 Part 115.

Training:

Broadstep Academy provides Pro-ACT training where the use of manual restraints advocates for safe and humane application of manual restraint techniques. Broadstep will not authorize the use of any type of restraint by an employee who has not received training in the safe and humane application of that type of restraint. Each CILA/ Group Home facility in which restraint is used shall maintain records detailing which employees have been trained and are authorized to apply restraint, the date of the training and the type of restraint that the employee was trained to use.

All direct service staff are required to complete a competency-based training program module addressing the Behavior Management Policy and Procedures. The module is a minimum of 16 hours, and includes both classroom and hands-on training. Only staff that have completed this module and have passed the competency test are certified to begin working in direct care. Certification must be renewed annually, demonstrating competency in both the classroom and hands-on portions of the assessment. Documentation of certification/re-certification (dated certification card) is to be kept in the employee personnel file. On-site certified trainers provide all training, with additional trainers available from the

Corporate PCS Training Division. This training module is offered monthly, available in both the full initial training format and the refresher format. Any employee may be asked to repeat this module at any time to insure a high comfort level with all interventions. All employees have access to a copy of written policies and procedures regarding the appropriate and limited use of manual restraint.

All Staff are required to participate in training modules in Medication Administration and Management, and to demonstrate competency in both written and practical assessments. Mandatory training topics in reference to behavior management will include basic physiology and the circulatory system, responses to stress as they relate to residents who take medications, side effects of medications, and proper documentation for medical and diagnostic purposes.

Code of Ethics:

All staff are trained on the Code of Ethics at the New Hire Orientation and Training, as well as being required to take an annual mandatory refresher course in this topic. Both the "Code of Ethics for Child Welfare Professionals" and the Agency Code of Ethics are presented, and staff must sign off on the receipt of these documents.

Discipline Policy:

Any violation of the Behavior Management Policy leaves employees subject to disciplinary action and/or termination. It is Broadstep Academy-IL's policy "that all employees are expected to comply with the company's standards of behavior and performance and that any noncompliance with these standards must be corrected." The procedure for the agency progressive discipline is outlined in the Human Resources Policy and Procedure Manual under *Conduct, Discipline, and Termination: Disciplinary Procedures* (policy 7.1).

Quality Assurance

Medical:

The Vice President of Clinical Services & Quality Assurance, and/or the agency's contracted psychiatrist, oversees the Clinical Team regarding all medical issues and reviews all resident medical records every month. The physician presides over the initial case staffing to determine whether or not any of the established behavior treatment procedures would be contraindicated due to psychological/developmental/physical/health reasons, regular on-going clinical behavioral health care and supports team meetings, at the point of any significant change in the resident's circumstances, and at the discharge staffing. The Physician is on-call regarding any medical emergencies, questions, and concerns, consulting regularly with the Clinical Team. The Vice President of Clinical Services & Quality Assurance sits on the Quality Assurance Council; the psychiatrist is a member of the Behavior Management Committee and oversees all aspects of this function. Each physician works closely with the Clinical Director, Clinical Supervisor, and Nurse Trainer in meeting the all local, state, federal and accreditation standards, especially in the areas of information management, outcome measures, medical/therapeutic management, staff training, and utilization review, behavior interventions, medication management, and injury reviews.

Policy:

The facility has established policies and procedures to insure the development, implementation, and review of all Individual Service Plans in accordance with Part 384, Title 59 Part 115, 116, & 119 and all federal, state and Council on Accreditation (COA) Standards.

Consents:

All residents, parents/guardians, and referring agencies are informed prior to admission regarding the Behavior Management Policy at Broadstep Academy – Illinois. These parties receive a copy of the Behavior Management Policy and sign an Informed Consent at the time of placement and are reviewed for re-authorization every six months. Guardian signature is required every 30 days on the informed behavior management plan consent.

Board Approval:

The Agency Behavior Management Plan will be reviewed and approved at least every three years by the Board of Directors and the Department of Children And Family Services. Any amendments to this plan must be approved as above prior to implementation.

References: Title 89, DCFS, Parts 401, 403, and 384; Title 59, DHS, Parts 115, 116, and 119; [405 ILCS 5].