Commonwealth of Massachusetts

DEVAL L. PATRICK
Governor

TIMOTHY P. MURRAY
Lieutenant Governor

Massachusetts Interagency Restraint and Seclusion Prevention Initiative
Member Agencies:

Executive Office of Health & Human Services:
Department of Children and Families (DCF)
24 Farnsworth Street
Boston, MA 02210

Department of Mental Health (DMH)
25 Staniford Street
Boston, MA 02114

Department of Youth Services (DYS)
Tower Point
27 Wormwood Street, Suite 400
Boston, MA 02210

Department of Developmental Services (DDS)
500 Harrison Avenue
Boston, MA 02118

Executive Office of Education:
Department of Elementary and Secondary Education (ESE)
75 Pleasant Street
Malden, MA 02148

Department of Early Education and Care (EEC)
51 Sleeper Street
Boston, MA 02210

Charter

The Commonwealth is committed to serving youth and families in the most respectful manner possible and strives to ensure that treatment and educational settings employ behavior support methods that reflect current knowledge about the developmental impacts of early traumatic experiences. To that end, the Departments of Children and Families, Mental Health, Early Education and Care, Elementary and Secondary Education and Youth Services are working together, in partnership with providers, advocates, educators, schools, families and youth, to focus on preventing and reducing the use of behavior restrictions that can be re-traumatizing, in particular the use of restraint and seclusion.

Vision

All youth serving educational and treatment settings will use trauma informed, positive behavioral support practices that respectfully engage families and youth.

Guiding Principles

The work of this *Initiative* will be guided by the following principles:

- Safety for staff and children is the first priority and informs all practice and policy considerations.
- Public and private agencies are partnering together and with youth and their families in this work. Each entity brings assets to the effort that has equal importance to the success of the initiative.
- Providing training and technical support opportunities is a shared responsibility of all partners in the initiative.
- All levels of the system must be afforded reasonable time and opportunities to make the changes required by any revisions of state agency regulations or policies.
- Data, research, practice wisdom and a framework of Continuous Quality Improvement informs all practice and policy changes to be implemented as a result of this *Initiative*.
- Recommendations and strategies implemented will focus on ensuring the sustainability of change over time.

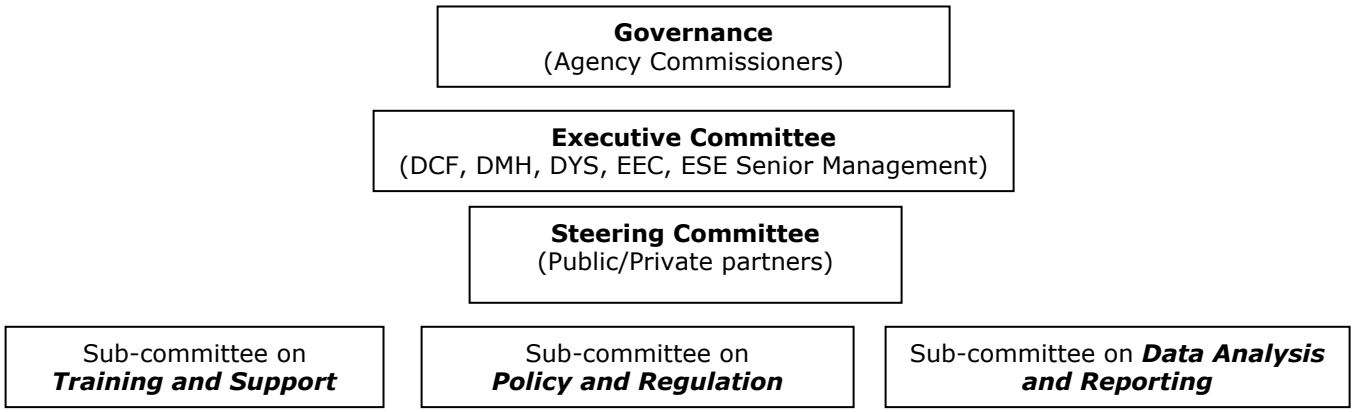
Overall Goals: 2009-2012

1. Increase the number of settings that have implemented an organizational change strategy that promotes a culture of non-violence and utilizes best practice models, including evidence-based positive behavioral support practices.
2. Align and coordinate state-wide policies and regulations regarding the use of restraint and seclusion which reflect the intent and principles of this initiative.
3. Decrease the incidents of restraint and seclusion for youth served in all educational and treatment settings.
4. Increase the extent to which programs and schools involve families in the development and ongoing review of behavioral support policies and practices.
5. Provide resources and training for providers to increase their capacity to prevent and reduce the use of restraint and seclusion.
6. Improve the educational and permanency outcomes for children being served by all Interagency Initiative partners.

Phase One Objectives: September 1, 2009 – December 31, 2010
(Research, Analysis and Option Development)

1. Analyze existing data systems for tracking prevalence of restraint and seclusion practices at all levels of the system; establish reduction targets; develop recommendations for a data analysis and reporting system that can track current and on-going use of restraint and seclusion, efforts taken to reduce the use of restraint and seclusion, and other indicators of well-being and permanency.
2. Conduct a baseline assessment of the current status of schools and programs in developing and/or implementing an organizational change strategy that promotes a culture of non-violence and utilizes evidence-based positive behavioral support practices, and the extent to which youth and families have been involved in this organizational change.
3. Compile and analyze all existing policies and regulations governing seclusion and restraint; develop common definitions; review other state policies and regulations.
4. Deliver training and technical support on strategies for implementing culture change to all interested provider agencies and school systems across the state.
5. Deliver intensive training and technical support for up to 30 congregate care programs on specific positive behavioral support practices that are associated with improved placement stability; measure and track impact.
6. Create ongoing opportunities for providers to exchange information on practice strategies through community forums and technology enabled forums.
7. Identify and establish positive outcome/success measures expected – for children, families, programs, schools, and state agencies -- as a result of implementation of this *Initiative*.
8. Identify and coordinate Initiative strategies with similar or related state efforts to improve behavioral health outcomes for children and youth including but not limited to the ***Child Behavioral Health and Public Schools Task Force***.
9. Develop goals and objectives for **Phase Two** of *Initiative*.

Organizational Structure/ Roles and Responsibilities



Governance: Commissioners of the State Agencies
- Establishes vision and overall direction for the initiative.
- Approves all major policy recommendations.
- Provides institutional and political support.
- Provides necessary resources to carry out the initiative.

Executive Committee: Asst Commissioners and Senior Directors of State Agencies
- Sets priorities for the Steering Committee.
- Keeps the Governance Board updated on the status of the initiative and brings recommendations of the Steering Committee to the Board for approval.
- Makes decisions that do not require Governance Board approval.
- Provides resources to the Steering Committee to enable it to carry out its work.
- Ensures that the initiative remains within the scope of its charter.
- Prepares articles/communication about the Massachusetts Interagency Restraint and Seclusion Prevention Initiative for publication.

Steering Committee: Representatives of State Agencies, Provider Agencies, Consumers and Advocates
- Develops a strategic plan to accomplish the overall objectives of the initiative.
- Provides recommendations to the Executive Committee on objectives, activities and metrics for the initiative.
- Reviews and provides commentary on data collected for the initiative
- Develops and implements a communication plan to inform all stakeholders of the work of the Steering Committee.

Sub-Committee on Training and Support:
- Develops a training and technical support plan for providers and other stakeholders.
- Develops a compendium of positive behavioral support practice literature.
- Develops and promotes strategies for helping programs to involve and engage families.

Sub-Committee on Policy and Regulation:
- Reviews policies and regulations of Massachusetts and other states governing behavior management practices and protocols, and family engagement requirements.
- Makes recommendations on revisions to existing Massachusetts policies and regulations.

Sub-Committee on Data Analysis and Reporting
- Reviews current systems for collecting relevant data
- Undertakes preliminary analysis of data and provides high level reports to the Steering Committee.
- Makes recommendations on indicators/key measures to be collected, analyzed and reported.
- Makes recommendations on periodicity of reports.

Six Core Strategies© to Reduce the Use of Restraint and Seclusion

A key element of the Initiative is encouraging state agency partners, schools and residential service providers to develop and implement organizational culture/practice change efforts to reduce and prevent the use of restraint and seclusion that are aligned with and include the following ***Six Core Strategies©***:

1. **Leadership Toward Organizational Change**: To reduce and prevent the use of restraint and seclusion (R/S) by defining and articulating a mission, philosophy of care, guiding values, and assuring for the development of a R/S reduction plan and follow through of plan implementation. Executive leadership is clearly demonstrated throughout the R/S reduction and prevention project by ensuring accountability as well as providing support, guidance, direction, participation, and ongoing review.

2. **Use Data to Inform Practices**: To reduce and prevent the use of R/S by using data in an empirical, non-punitive, manner. This includes using data to analyze characteristics of incidents including time of day, staff involved, precipitating events, etc. It also means identifying "baseline" data for each facility or programs, setting improvement goals and comparatively monitoring over time at all levels of the system: individual units, programs, agency and/or statewide as a system.

3. **Workforce Development:** To create a treatment environment whose policy, procedures, and practices are grounded in and directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma and violence on humans. Includes an understanding of the characteristics and principles of trauma informed care systems such as choice, respect, dignity, partnerships, self-management, and full inclusion. This strategy is designed to create an environment that is less likely to be coercive or conflictual. It is implemented primarily through staff pre-service and in-service training and education and HRD activities (e.g., job descriptions and performance evaluations). It is also critical to include families in training and other professional development activities.

4. **Use Restraint and Seclusion Prevention Tools:** To reduce and prevent the use of R/S through the use of a variety of tools and strategies which are individualized and integrated into each consumer's treatment/care plan. This includes identifying risk factors or "triggers," understanding their restraint and seclusion history, the use of de-escalation or safety surveys and contracts; and environmental changes to include comfort and sensory rooms and/or other clinical interventions that have been shown to assist in emotional self management.

5. **Actively Recruit and Include Families and Youth:** This strategy involves the full and formal inclusion of consumers, children, families and external advocates in various roles and at all levels in the organization to assist in the reduction and prevention of R/S. This may include their involvement in event oversight, monitoring, debriefing, peer support services or any key agency/program committees dealing with R/S. Programs may also choose to implement consumer satisfaction surveys with results used to inform or revise policies and procedures. Staff must also be trained on the importance of and need to involve consumers in efforts to reduce and prevent R/S.

6. **Make Debriefing Rigorous:** To reduce and prevent the use of R/S through knowledge gained from a rigorous analysis of R/S events and the use of this knowledge to inform policy, procedures, and practices to avoid repeats in the future. A secondary goal of this intervention is to attempt to mitigate to the extent possible the adverse and potentially traumatizing effects of a R/S event for involved staff and consumers. Different levels of debriefing often occur: with the consumer, with participants or witnesses, and as part of an administrative review to understand the organizational factors that contributed to the event. For this reason, senior leadership participation is vital.

Excerpted from: Huckhorn, Kevin Ann, "Six Core Strategies to Reduce the Use of Seclusion and Restraint Planning Tool," October 2005. The development of the Six Core Strategies model was funded by the US Substance Abuse and Mental Health Services Administration (SAMHSA) and created by National Association of State Mental Health Program Directors (NASMHPD), Office of Technical Assistance.