**Section 384.20 Definitions**

"Agency Behavior Treatment Plan" means an agency document that outlines to the Department all behavior treatment procedures that may be employed at the facility. The plan shall include:

• Behavioral Treatment Purpose Statement: This statement shall stipulate the agency's rationale for using behavioral treatment techniques and the appropriateness and rationale for use with the populations served, as well as its intended forms (i.e., crisis prevention, behavior interventions, and/or behavior management).

• Definitions Section: This section shall identify the facility-specific definitions for all forms of behavior treatment and related procedures/protocols used by the facility.

• Behavior Treatment Restrictions: This section shall detail the behavior treatment procedures that are prohibited by the facility.

• Behavior Treatment Components: This section shall identify one of the five models of crisis intervention and behavior management currently allowable under this section and provide an outline of each specific method of crisis prevention, behavior intervention, and behavior management to be employed at the agency. A designee of the Director must independently review and recommend any model of crisis intervention and behavior management not outlined in this section for approval by the Director before it can be employed at any facility. This section shall also include an agency's specific response to situations in which a behavior management intervention intentionally or unintentionally results in either the child and/or the staff being prone on any surface. For each identified treatment procedure, the outline shall include: the ultimate purpose, clinical criteria/determination process, general operational details, general overview of the quality assurance and improvement mechanisms, emergency procedures, employment and training criteria, and family/guardian and child's attorney notification procedures.

• Appendices: Appendices may be included, as necessary, to describe the behavior treatment techniques used by the facility.

"Approved crisis intervention and prevention procedures and models" are those procedures and models approved by the Department of Children and Family Services and the governing body of the child care facility. (The approved models under this Part are listed in Appendix A.) The procedures are taught as part of mandatory training expressly for use in responding to emergency situations when a child presents dangerous behavior that could not have been anticipated, or the procedures specified in the child's current individual treatment plan would not successfully control the imminently dangerous behavior.

"Behavior intervention techniques" refers to the systematic application of methods designed to influence the behavior of one or more individuals through behavioral techniques (e.g., token economies and point systems) that have been approved in compliance with the requirements set forth in Section 384.30.

"Behavior management techniques" are techniques that prevent or limit an individual's ability to initiate or continue presenting some specific dangerous behaviors. Behavior management techniques include manual restraint, seclusion, and other restrictive procedures approved in compliance with the requirements of Section 384.30. Examples of this type of procedure include, but are not limited to, the re-direction of a child and/or manual restraint.

"Behavior Treatment Committee" means a professional review or behavior treatment review committee formed by one or more child care facilities and composed of persons with technical expertise in the use of crisis prevention, and behavior management techniques. At least one member of the committee must be a person who is not an owner, employee, principal shareholder, owning at least 5% of the stock of the corporation or member of the governing body of any of the participating child care facilities. This committee fulfills a quality assurance function and reviews for technical acceptability the use of a facility's applicable behavior treatment procedures that have been outlined in the facility's Behavior Treatment Plan. This would include a retrospective examination of at least 13% of all interventions, or 25% of all interventions in the case of programs with fewer than 25 total residents, and all grievances submitted concerning the use of restrictive intervention to determine whether there is a clinical basis for the use of the procedure, whether a procedure of this level is warranted, and what is the standard of best clinical practice. The committee shall meet at least once per quarter, and written documentation (i.e., minutes) of all meetings shall be maintained. A quality assurance/quality improvement committee may function as the Behavior Treatment Committee when the committee membership meets the requirements of this definition.

"Chemical restraint", a prohibited practice by this Part, means the use of any psychoactive medication that is not a part of a medical diagnostic or treatment procedure for the express purpose of restricting an individual's freedom of movement that is used during a behavioral crisis or behavioral emergency and results in the sedation of the child.

"Child for whom the Department is legally responsible" means a child for whom the Department has temporary protective custody, custody or guardianship via court order, or a child whose parents have signed an adoptive surrender or voluntary placement agreement with the Department.

"Child care facility" or "facility", as used in this Part, means a child care institution, group home, youth emergency shelter (as restricted by 89 Ill. Adm. Code 410, Licensing Standards for Youth Emergency Shelters), secure child care facilities or any other facility approved by the Department to use manual restraint or seclusion.

"Child care supervisor" means a person who supervises those persons whose primary responsibility is daily care of children, known as child care staff, and who are qualified in accordance with 89 Ill. Adm. Code 404.13.

"Child welfare supervisor" means a person with a Masters of Social Work degree from an accredited school of social work or an equivalent Masters degree in a human services field and two years of full time supervised experience in a social work setting. At least one child welfare supervisor in a facility shall have at least two years of experience as a supervisor.

"Dangerous behavior" means behavior that is likely to result or has resulted in harm to self or others, if not immediately contained.

*"Department" means the Illinois Department of Children and Family Services.* (Section 2.02 of the Child Care Act of 1969 [225 ILCS 10/2.02])

"Developmental disability" means a disability that is attributable to mental retardation, cerebral palsy, epilepsy or autism; or any other condition that results in impairment similar to that caused by mental retardation and that requires services similar to those required by mentally retarded persons. Such disability must originate before the age of 18 years, be expected to continue indefinitely, and constitute a substantial handicap.

"Director" means the Director of the Department of Children and Family Services.

"Discipline" means providing specific consequences for infractions of the rules of a child care facility as a means of helping children both to develop self-control and to learn they are responsible for their actions. For purposes of this Part, discipline is a behavior intervention technique.

"Extended restriction" means periods of touching or holding by direct person-to-person contact for a period of less than five minutes. Physical restriction shall not constitute manual restraint if it is accomplished with minimum force and is used to prevent a child from completing an act that is likely to result in harm to self or others or to escort a child to a quieter environment. Extended restriction must be documented in the child's record, i.e., progress notes.

"Human Rights Committee" means a group of three or more persons that includes an attorney, or access to an attorney, who understands mental health law. At least one member of the Human Rights Committee shall not be the owner, employee, principal shareholder owning at least 5% of the stock of the corporation, or member of the governing body of any of the participating child care facilities. Human Rights Committees may be formed by one or more child care facilities. Human Rights Committees are charged with assuring that children's rights are protected. The committee is responsible for reviewing procedures and practices for intrusive or restrictive behavior interventions that are expressed in the child care facility's Behavior Treatment Plan. The committee assures that the facility's procedures assure, among other things, that processes and practices address informed consent, due process and grievances, least restrictive practices, and appropriateness of fit to the population served and that they broadly reflect community standards for conduct. The Committee also recommends acceptance of the facility's practices to the Chief Executive Officer for referral to the governing body for approval. The Human Rights Committee must meet at least annually.

"Individual treatment plan" means the current intervention and treatment program for a specific child that has been prepared by an interdisciplinary team that may include, but is not limited to, the child, DCFS caseworker, private agency/institution caseworker, therapist or psychiatrist, foster parents and parents, as clinically and legally appropriate.

"Manual restraint" means a behavior management technique involving the use of physical contact or force, characterized by measures such as arm or body holds, subject to the provisions of Section 384.50.

"Mechanical restraint", as used in this Part, means any device (including but not limited to straight jacket, arm/leg restraints, and four-point restraints), other than personal physical force, used to directly restrict the limbs, head or body of a person. The term does not include medical restraint. Mechanical restraint may not be used in facilities licensed by the Department of Children and Family Services, except as allowable under 89 Ill. Adm. Code 411 (Licensing Standards for Secure Child Care Facilities).

"Medical restraint" means a process used for the partial or total immobilization of a person for the purpose of performing or maintaining a medical/surgical procedure under the supervision of a licensed physician or registered nurse or as a physician-ordered treatment for self-injurious behavior.

"Mental health professional (MHP)" means a person who provides services under the supervision of a qualified mental health professional (QMHP) and who possesses a bachelor's degree in human services, a practical nurse license pursuant to the Illinois Nursing and Advanced Practice Nursing Act [225 ILCS 65], or who has a minimum of five years supervised experience in mental health or human services. The mental health professional responsible for making clinical decisions regarding the use of manual restraint, seclusion, or other restrictive behavior management techniques shall have completed at least 15 clock hours of training in the application of the specific behavior management techniques used by the facility.

"Physician" means a person licensed in the State of Illinois to practice medicine in all of its branches.

"Qualified mental health professional (QMHP)" means one of the following as defined in 59 Ill. Adm. Code 132.25 (Medicaid Community Mental Health Services Program): licensed physician, psychiatrist, psychologist, social worker possessing a master's or doctoral degree in social work, registered nurse with at least one year of clinical experience in a mental health setting or who possesses a master's degree in psychiatric nursing, an occupational therapist with at least one year of clinical experience in a mental health setting, an individual with a master's degree and at least one year of clinical experience in mental health services and who is licensed to practice marriage and family therapy, or an individual possessing a master's or doctoral degree in counseling and guidance, rehabilitation counseling, social work, vocational counseling, psychology, pastoral counseling, or family therapy or related field, who has successfully completed a practicum and/or internship that includes a minimum of 1,000 hours, or who has one year of clinical experience under the supervision of a QMHP, or who is a licensed social worker holding a master's degree with two years of experience in mental health services or who is a permanently licensed professional counselor under Professional Counselor and Clinical Professional Counselor Licensing Act [225 ILCS 107] holding a master's degree with one year of experience in mental health services.

"SASS" means Screening, Assessment and Support Services, and the services are provided by agencies under contract with the Department of Children and Family Services or the Illinois Department of Human Services.

"Seclusion" means the contingent withdrawal of reinforcing stimuli by removing the child from an area to a specifically designated room from which egress is restricted. This procedure is considered a behavior management technique and as such must be used only as a therapeutic response to dangerous behavior. There are two forms of seclusion:

• Staff-assisted seclusion means the room is secured by a locking mechanism that engages only when a key, button, or handle is being held by a staff member. When that staff member takes his or her hand off the device, the door unlocks and the child is able to easily and readily open the door from the inside. The door to such a room may not/does not remain locked when unattended.

• Key-locked seclusion means the seclusion room has a locking device that remains engaged without staff presence. Key-locked seclusion is prohibited under this Part

"Self-governance program" means an organized program that allows peers to participate in the discipline or behavior management of peers under the supervision and control of staff. Effective April 1, 2006, peers shall be prohibited from participating in the manual restraint of another child. Self-governance programs shall be restricted to programs identified and recognized by the Illinois Association of Peer Treatment Agencies and the Department of Children and Family Services as using a positive peer group treatment model.

"Time-out" means a specific behavior intervention technique of short duration used to assist a child in regaining self-control that may be authorized by any facility staff person for a maximum of ten minutes beyond the time when the child regains self-control, if included in the agency's Behavior Treatment Plan submitted to the governing body and the Department and approved in accordance with the requirements of this Part. Staff are required to document in writing each incident of time-out that exceeds 10 minutes. Any series of three or more Exclusionary Timeouts during a facility's standard work shift must be reviewed by the Child Care Supervisor within 24 hours. There are two types of time-out permitted by this Part.

• Non-exclusionary or Instructional Time-out: A procedure involving the contingent withdrawal of reinforcing stimuli, while the child remains in the area (e.g., child is seated away from the group, but in the same area).

• Exclusionary Time-out: A procedure involving the contingent withdrawal of reinforcing stimuli by removing the child from the area (e.g., to the hallway or bedroom that does not involve a locked or restricted exit). A seclusion room may be used as a time-out room only if egress from the room remains unrestricted through closure or by staff and a child is appropriately supervised.

(Source: Amended at 26 Ill. Reg. 4623, effective March 15, 2002)