

Senate Bill 786
Restraint and Seclusion—Consideration and Reporting

Wednesday, August 2, 2017
1:00 p.m. to 4:00 p.m., 8th Floor, Conference Room 6

Nancy S. Grasmick State Education Building
Maryland State Department of Education
200 West Baltimore St., Baltimore, MD 21201

Purpose: Senate Bill 786 requires the State Superintendent to convene a task force on restraint and seclusion. The task force will consider a number of assigned topics related to restraint and seclusion, review existing provisions in the Code of Maryland Regulations (COMAR), and make recommendations to the State Board and the General Assembly by October 1, 2017.

Meeting #2

Meeting Outcomes:

- Review discussion of prohibitions and authorizations;
- Determine definitions for “positive behavior supports”, “behavior interventions and strategies plan”, and “trauma-informed interventions” as required by the legislation; and
- Determine recommendations for training requirements for school staff.

Agenda:

- Welcome and Overview of the Agenda (1:00 p.m.-1:15 p.m.)
- Review Discussion of Prohibitions and Authorizations (1:15 p.m.-1:30 p.m.)
- Review of Existing State Regulations (COMAR) for Restraint and Seclusion—Definitions and Training Requirements for School Staff (1:30 p.m.-1:45 p.m.)
- Break (1:45 p.m.-1:55 p.m.)
- Definitions (1:55 p.m.-2:30 p.m.)
 - positive behavioral supports
 - behavior interventions and strategies plan
 - trauma-Informed interventions
 - Small Group Discussion
 - Consensus Building
- Training Requirements for School Staff (2:30 p.m.-3:15 p.m.)
 - behavioral interventions and trauma-informed interventions
 - individualization based on history and disability
 - Small Group Discussion
 - Consensus Building
- Public Comments (3:15 p.m.-3:45 p.m.)
- Wrap Up/Next Steps (3:45 p.m.-4:00 p.m.)

Meeting 2 Notes:

Members in attendance: Mary Gable, Co-Chair & Asst. State Superintendent of the Division of Student, Family, & School Support for MSDE; Deborah Nelson, Co-Chair & Section Chief for School Safety and Climate for MSDE; Kim Pogue, Alfred D. Noyes Children's Center; Michal Thornton, Baltimore City Health Department; Courtney Oatts, Baltimore City Public Schools; Damion Crawford, Baltimore City Public Schools PRIDE Program; Neal Lichter, Baltimore County; Rebecca Rider, Baltimore County Public Schools; David Ring, Calvert County Public Schools; Michael McGrew, Carroll County Public Schools; Lynn Davis, Child Advocacy Center-Frederick County; Julie Mika, Col. E. Brooke Lee Middle School; Leslie Margolis, Disability Rights Maryland; Albert Chichester, MSDE; Syliva Lawson, MSDE; Senator Craig Zucker, Maryland State Senate; Jennifer Jeffrey-Pearsall, Mid-Atlantic PBIS Network; Yolanda Brown, New Visions Academy; Tea Purnell, On Our Own Maryland; Lauren Grimes, On Our Own Maryland; Trinnell Bowman, Prince George's County Public Schools; Jimmy Robinson, REACH Partnership; and Aaron Parsons, Kennedy Krieger Institute; and Delegate Jheanelle Wilkins, Maryland House of Delegates.

Members of the Public: Patricia Swanson, John Woolums, and Jeanette Ortiz, Alex Cambra, and Karen Dates Dunmore

Welcome and Introductions

Dr. Nelson opened the meeting officially at 1:03 PM. Mary Gable, Assistant State Superintendent for the MSDE, welcomed the taskforce and again expressed thanks for all the members' participation.

Dr. Nelson asked if any member had questions or special concerns remaining from the first meeting that they would like to address.

Dr. Nelson reviewed two new resources provided by the Maryland State Department of Education (MSDE) colleague Leslie Margolis, a Fact Sheet on Restraint and Seclusion of Students with Disabilities provided by the United States Department of Education and the MSDE Technical Assistance Bulletin regarding Parental Consent Under Maryland Law. Both documents are available at [Link to the MSDE website for the Restraint & Seclusion Taskforce](#). She addressed a couple of remaining questions that developed from the first meeting and invited taskforce member Julia Mika, Teacher in Montgomery County Schools, to share the Extensions Program policy information.

Dr. Nelson reviewed the meeting's agenda referencing topics, activities, tasks.

Mary Gable asked any member of the taskforce to feel free to share any policies or procedures from their local education agency (LEA) related to restraint and seclusion. Taskforce member from Anne Arundel County said that she could provide their policies (they only allow restraint and seclusion in nonpublics).

Dr. Nelson referenced the meeting notes provided in the folder from the first meeting and asked the taskforce to review the minutes in order to take a vote of approval. The taskforce voted and all present voted to accept the minutes with none opposing.

Leslie Margolis provided historical context regarding the laws and regulations related to restraint and seclusion from a State perspective. Shared information about what other state policies are around restraint and seclusion stating that most states do not allow restraint and seclusion on a student's Individualized Education Program (IEP). Most state would only allow restraint as a minimum. Most states are currently passing legislation that does not include restraint and seclusion on the IEP. Leslie Margolis also mentioned that most states are strongly advocating for more trauma informed care training and intervention for students who have experienced restraint and seclusion. (Current COMAR and request to revise based on taskforce recommendations -)

Review of existing State regulations (COMAR) for Restraint and Seclusion—Definitions and Training Requirements for School Staff

Dr. Nelson reviewed the key topics for the meeting via powerpoint (PPT) and reference materials. She advised the group to notice that there are specific language and wording differences in the definitions when referencing schools and residential child care.

Dr. Nelson pointed out a few keys to keep in mind while reviewing and discussing the material including:

Should restraint be allowed?

Should seclusion be allowed?

By who and under what circumstances?

Dr. Nelson asked if there were any remaining questions or concerns before moving forward and breaking up into small groups.

At 1:31pm the taskforce shifted into their small groups to review the Code of Maryland Regulations (COMAR) definitions listed below in more depth and detail. In addition to the definitions, each small group was asked to consider and discuss the following questions:

1. What are the recommendations for the definition of “Positive Behavior Supports”?
2. What are the recommendations for the definition of “behavior interventions and strategies plan”?
3. What are the recommendations for the definition of “trauma-informed interventions”?
4. How do these definitions inform Restraint and Seclusion?
5. Should COMAR regulations include these definitions?
6. If so, in what way?

Definitions:

- positive behavioral supports
- behavior interventions and strategies plan
- trauma-Informed interventions

Dr. Nelson circulated the room during the small group meetings to check on group progress and listen to the meaningful conversations. At 2:00 PM Dr. Nelson called the small groups back to

attention and asked each to select one recorder to share their group's recommendations, key talking points, and questions for the entire taskforce to consider collectively.

Small Group Feedback (3 groups)

- positive behavioral supports
 - What is PBIS as a system and framework?
 - Training for PBIS should be included for training of restraint and seclusion – Dr. Nelson tied that recommendation back to the COMAR definition
 - Discussed data-driven models as an emphasis to help drive decisions
 - Don't love the word "affirmative" and would prefer to use "positive" instead
 - More of a climate piece for the entire school and not just the student; solicit feedback from all stakeholders
 - Like challenging behavior better than problematic behavior
 - Replace challenging behavior with a functional behavior
 - School definition should work to define educational better and move beyond just academic success to address the whole child /student –Leslie Margolis' functional definition
 - "The systematic application of school-wide and individualized student specific actions, instruction, and assistance to promote positive social and emotional growth while preventing or reducing challenging behaviors to encourage educational success."
 - One taskforce member really like the idea of staying with educational
 - A second motion to replace "challenging" in COMAR
 - Recommendation for behavior analysis or a behavioral information system to include (Trinnell Bowman)

Submitted notes for positive behavioral supports

PB Supports
- Georgi Sage's definition - look at it ^{could}
PBIS - in caps
need small letters PB
combine residential + education
✓ "challenging" behavior not "problem"
residential - broad range of strategies
} prevention / reducing challenging behaviors
✓ produces desired behavior - replacing challenging behaviors with functional behavior
✓ encourage ^{changes} school definition to include social/emtl outcomes not just "educational"
or that people understand that educational is broader than academic success.
(residential def has this)

- behavior interventions, strategies, and plan
 - need to beef up the definition and add more words to address the student's behavior
 - based on a functional behavioral assessment
 - comprehensive and team based and includes antecedents to the behavior, how do you respond to the behavior,
 - Restraint and seclusion should be used for emergency only
 - Don't use restraint and seclusion as an intervention, instead use the words crisis response – don't want people to think restraint and seclusion is therapeutic
 - One taskforce member did feel that restraint and seclusion on could be therapeutic
 - Plan needs to be consistently applied
 - Needs to be written by qualified personnel in functional behavior assessments (FBA)– emphasis on qualified staff – needs to be written by an expert with team consultation
 - Pro=active plan to de-escalate ; also need to look at the reactive responses too
 - Is implementation the problem?
 - Leslie Margolis' definition
 - “A plan based on the functional behavioral assessment developed by a team led by a professional with training and expertise in conducting functional behavioral assessments and interpreting behavioral data, designed to address challenging behaviors through the use of positive behavioral interventions, strategies, and supports.”
 - Data needs to be included
 - Language about being guided or lead by someone with behavioral expertise, but not just completed by that one person – team approach

Submitted notes for behavior interventions, strategies, and plan

2. Behavior interventions + (strategies) plan
 supports, systematic plan consistently applied
 staff responsibilities, training of staff
 Don- thing you do to de-escalate
 BIP- formal plan defined in regulation
 specific person * based on FBA - by qualified staff
 Re-define or implementation - which is needed

3. Trauma - Informed Practices
 in terms of restraint - trauma informed practices
 reflect knowledge of possible reactions - fight or flight
 - Residential child care definition
 - defined in the bill - & removed)
 combine residential + vocabulary that was in bill. Build self-efficacy
 making safe env't plan include behavior of the adults responding to the student

qualified expertise in creating functional behavioral assessment

behaviors they should not exhibit

- trauma-Informed interventions
 - in terms of restraint need to reflect the knowledge of fight or flight reactions if the student has been traumatized
 - thought to include language from the Bill (page 4 – line G) – originally struck out of the bill
 - approach that is person-centered, strength-based and in a safe environment for the student
 - it should be added back into the law (trauma-informed)
 - should assume that there will be trauma experienced for anyone in a crisis situation where restraint and seclusion is utilized – have to consider what would be the additional trauma or severity of trauma that could be caused if restraint and seclusion is not used in the worst case emergency scenario
 - Trauma history of student must be considered and taken into consideration when planning for positive behavioral supports – provided you have the information beforehand
 - Must consider what informed the student’s brain development reframe the construct
 - Trauma language is important across the continuum
 - Look at the data to approach trauma help and support from a universal perspective, not just on an individual basis
 - Add or recognizing the occurrence of trauma in the staff lives as well to make it comprehensive
 - What sort of expertise are we talking about? Who do we need to sit at the table to speak and plan for trauma and behavioral expertise?
 - Root cause analysis – discuss what happened? why it happened? child’s behavior background for the purpose of trying to decrease the frequency of the behavior for higher need students
 - Need to be cognizant when we talk about educational specialists and other experts to consider the financial implications on school districts to work with other related service providers – think about the shortages of school psychologists and other related service providers as it relates to all school districts in the State
 - Need to be cautious of BIPs that don’t connect with the FBAs due to the way they were written – FBA was not processed correctly
 - Need to consider the ESSA plan and where we are with discipline regulations and how far ahead MD is with restorative justice – could be more cost effective to train school staff in trauma informed care strategies
 - How many traumatized kids do we have in MD schools? – trauma informed care should be a global training strategy for public schools
 - One taskforce member still wants to use restraint and seclusion as an emergency or crisis situation (they are talking about two different items)
 - **Restraint and seclusion is not an intervention but a crisis response in emergency situations**
 - “An approach to a behavior intervention plan that is informed by the recognition of the impact that trauma, including violence, abuse, neglect, disaster, terrorism, and war may have on a student’s physical and emotional health and ability to function. It is an approach that is person-centered, strength-based, and resilient,

focused, promotes respect, and recognizes cultural and developmental factors and the importance of a safe environment that guides the responses of the staff and others who are supporting the student.”

At 2:41 PM Dr. Nelson adjourned the small groups to take a brief ten minute break.

At 2:53 PM Dr. Nelson called the taskforce back together and reviewed the agenda to highlight the work still remaining. She also asked the taskforce if anyone had any other comments they wanted to share before continuing.

One taskforce member was curious about whether or not restraint and seclusion should be removed from COMAR under student disciplinary procedures – should it be placed elsewhere so people don't connect it with a disciplinary action. Need to tease out what part of restraint and seclusion are under discipline and which parts are under special education or possible other areas.

Training Requirements for School Staff

Dr. Nelson asked the taskforce to resume the work in their small groups to discuss the training concerns listed below. She provided the following question for the small groups to also discuss and consider:

1. Who should be trained to use restraint and seclusion?
 - Building administrators – need to understand it
 - Have the trainee experience
 - If they have not been trained they should never be included in restraint and seclusion interventions
 - Does not have to be about men or the biggest individuals on staff
 - Students who have restraint and seclusion in their IEP should receive some awareness as much as their cognitive ability allows
 - Transportation individuals
2. What content should the training cover?
 - De-escalation
 - Add training content that is trauma informed
 - Include CPR and first aid training for those trained in restraint and seclusion
 - Should there be recommendations for the amount of training, on-going training, frequency (amount of time and number of times) of training, data informed training that is monitored
 - Have the trainee experience restraint and seclusion, ex. – being gassed
 - If you are restraint and seclusion trained then you also need to be trained in the earlier, tiered levels of intervention
 - What to say? How to say it?
 - Should always be two people involved during restraint and seclusion
 - Can't have too many people involved
 - Physical demonstration of proficiency to show you can do it well
 - Trauma relief for staff – debriefing for staff – how are you?

- Risks of restraint and warning signs to look for during a restraint
 - Positive behavior supports
 - Continual team practice
 - The legalities of your county and State – include the laws – know what the law is
 - Training for seclusion seems to be absent – what should it look like? How long should student be in the room? What is the process? How should it be carried out? What happens before and after?
 - Request for the State to come up with a list of approved seclusion trainers
 - Use certified programs – place a number of hours (8) from an evidence based program
 - Allow LEAs to determine how many hours should be mandated
 - Post-vention with the students and any students that witnessed the restraint or seclusion – staff debriefing
 - What happens when someone needs restraint and seclusion – addressed in the classroom – raising awareness for all students in the form of classroom lessons
3. What has worked in schools in terms of staff training?
 - CPI and PBIS
 - Building internal capacity at the school level – train the trainer model
 - Coaching in between training sessions
 4. What are some challenges?
 - Costs of training
 - Turnover of staff
 - Quality and complexity of the training
 - Readability of the training material – are they accessible?
 - Self-efficacy – how can we help students get self-efficacy back
 - Teachers able to miss class time
 - Restoring student dignity
 - CPR and First Aid would be tough
 - Cannot be one and done type of training
 - Needs of the building remain stagnate - what needs to be in COMAR as a minimum and what needs to be guidance from the State that might be more in depth
 5. Should the COMAR regulations for the staff training be changed?
 - Yes, add CPR, First-aid, trauma informed care, and administrators being trained
 6. If so, what should the new regulations address?

Submitted notes on staff training

Staff Training

1. Who - building administrators, school-wide behavior resource personnel in order to implement restraint + seclusion don't need all the training

Not just min-size can be a problem
list of mandatory training
recruit all trainings

so maybe anyone implementing r+s should be trained
as school-wide behavior resource - full training
CPI, PBS,
train SWB resource personnel in R+S

2) CPR, First Aid, defibrating what to say + how to verbally respond

2 people involved in seclusion + restraint - 2nd person can still respond quietly + professionally

of people involved can make it worse

physical demonstration of proficiency - trauma relief for staff

use of log in real time

* every person who is trained should have the experience of being restrained + secluded.

4. Cost, Turnover, Quality/Complexity of training, readability

self-efficacy is a intervention strategy - staff may not understand

5. Yes - add CPR, First Aid, administrative knowledge

DO NOT WHO HAS NOT BEEN TRAINED SHOULD BE INVOLVED IN PBS
students - de-stigmatization
build awareness - expectation

The small groups discussed the definitions and questions for twenty minutes for the purpose of developing recommendations, questions, and special considerations to share with the entire taskforce for further consideration. Dr. Nelson circulated the small groups to check on their progress and listen to their meaningful discussions. At 3:23 Dr. Nelson called the small groups back to attention to report out their talking points and recommendations. Dr. Nelson concluded c

- behavioral interventions and trauma-informed interventions
- individualization based on history and disability

Public Comments

John Woolums from the Maryland Association of Boards of Education (MABE) commented about

- MABE supported the earlier COMAR regs.
- MABE opposed the current Bill
- Appreciate the concern about student discipline – not mentioned under student discipline
- Thanks for the consideration of cost, acknowledges that it could be costly to districts
- Exclusion is better than seclusion from the regular student environment
- Child should not be in the room by themselves and need to be with a trained staff member
- Thanked everyone for their work and looks forward to the recommendations

Closing Comments & Next Steps

Dr. Nelson asked the group if they had any final comments or concerns to share before leaving and provided a brief overview of the topics for the next meeting.

Adjournment

Dr. Nelson officially closed the meeting and dismissed the taskforce at 3:49pm.

Next Meeting: Wednesday, August 9, 2017, 1:00 p.m. -4:00 p.m., Maryland State Department of Education, 8th Floor, Conference Room 6 (Topic: Maryland Policies and Procedures and Considerations for Seclusion)

Taskforce Contact: Deborah Nelson, deborah.nelson@maryland.gov (410) 767-0294

The Task Force on Restraint and Seclusion is pleased to receive oral public comment at each of its meetings. The total time allotted to public comment will generally be limited to thirty (30) minutes. Individuals seeking to speak to the Task Force will be given three (3) minutes each. Persons desiring to speak are asked to call (410-767-3678) or e-mail (carol.beck@maryland.gov) to register to speak. Registration will be accepted on a first come, first served basis. In order to make the limited time available most effective, speakers are urged to provide multiple written copies of their comments or other material amplifying their views.

Upon request, appropriate accommodations will be provided for individuals with disabilities. To allow time to arrange accommodations, five (5) business days notice prior to the meeting is requested. Please contact Carol Beck at (410) 767-3678 or carol.beck@maryland.gov if you wish to request accommodations or have questions regarding the meeting.

For copies of agendas, minutes, and resources, please refer to the website for the Restraint and Seclusion Task Force at [Link to the MSDE website for the Restraint & Seclusion Taskforce](#).