Service Delivery Administration Standards

Behavior Support and Management

Purpose

The organization's behavior support and management policies and practices promote positive behavior and protect the safety of service recipients and personnel.

Introduction

Effective behavior support and management practices center around preemptive interventions, such as identifying problem behaviors and working with the individual and their support systems to create practical solutions in order to minimize the need for restrictive interventions to the greatest extent possible. A culture that promotes respect, healing, and positive behavior, and provides service recipients with the support they need to manage their own behaviors, can help prevent crisis situations and the need for restrictive interventions. Involving the individual and appropriate family members or support systems early on in identifying triggers and previous successes in coping with escalating behaviors creates a collaborative approach to behavior support and management and helps provide personnel and the individual with early insight into aggressive, harassing, or self-injurious behaviors. Training prevents injuries and deaths in crisis situations, including those that warrant the use of restrictive interventions as a last resort. Organizations that maintain a process for reviewing incidents when they do occur have the opportunity to make changes in their practices to support the safest environment possible and further reduce the use of restrictive interventions.
NA: The organization's behavior support and management policy submitted as ASE 2 self-study evidence prohibits all use of restrictive behavior management interventions.

Juvenile Justice Interpretation: *Organizations serving youth involved with the juvenile justice system may be legally authorized to use restrictive interventions to prevent escapes, or protect property in order to maintain safety, security, and order. However, they should still only employ restrictive interventions when absolutely necessary, as referenced throughout these standards.*

Additionally, some organizations serving youth involved with the juvenile justice system and accredited under COA's Juvenile Justice Residential Services (JJR) standards may lock youth in their rooms for routine purposes (e.g., during sleep periods), as opposed to doing so in response to an incident. Although this practice does restrict a person's freedom of movement, it differs from the types of restrictive behavior management interventions addressed in this section insofar as it is utilized on a routine, ongoing, basis, rather than in response to a specific incident. Accordingly, this practice is addressed in JJR 14, and the standards in this section do not apply to that practice.

Note: *Restrictive interventions are those that involuntarily restrict, limit, or curtail a person's freedom of movement and include manual restraint, mechanical restraint, and seclusion. Federal guidelines consider any restriction of an individual's movement a restrictive intervention. Related definitions can be found in COA's glossary.*

Timeout or isolation are colloquial terms that may or may not include restrictive interventions. For the purpose of these standards, any instance where an individual is placed in a room separate from others and they cannot voluntarily leave (whether the door is locked or personnel is preventing the individual from leaving) will be referred to as seclusion and considered a restrictive intervention.

Note: *Organizations that work with populations with developmental delays and utilize protective clothing, such as protective helmets, will address those interventions in PRG 5.02 and PRG 6.03.*

Note: *Behavior Support and Management (BSM) will be NA when the policy referenced in ASE 2 prohibits restrictive interventions.*

Note: *Please see the BSM Reference List for the research that informed the development of these standards.*

Note: *For more information about changes made in the 2020 edition, please see the BSM Crosswalk.*

Table of Evidence

Self Study Evidence

No Self Study Evidence

Behavior Support and Management

BSM 1: Oversight of Restrictive Behavior Management Interventions

Purpose

The organization's behavior support and management policies and practices promote positive behavior and protect the safety of service recipients and personnel.

The organization employs restrictive behavior management interventions under the oversight of its management and governing body.

Rating Indicators:

1 The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the BSM 1 Practice standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the BSM 1 Practice standards.

3 Practice requires significant improvement, as noted in the ratings for the BSM 1 Practice standards.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the BSM 1 Practice standards.

Table of Evidence

Self Study Evidence

*	• BSM policy (see also ASE 2)	
*	• BSM procedures including incident review procedures	

Site Visit Evidence

*	• Documentation of program director notification of restrictive behavior management interventions • Documentation of committee and administrative reviews of restrictive behavior management interventions for the previous six months

On-Site Activities

*	• Interviews may include: 1. Program directors 2. Relevant personnel

BSM 1.01 (FP)

Behavior support and management policies address:

a. safety measures to be taken when emergency situations arise, including which restrictive behavior management interventions may be used to protect service recipients from harming themselves or others;
b. other practices that may be used and under what circumstances; and
c. prohibited practices, including chemical restraint, corporal punishment, and behavior control methods that interfere with the individual's right to humane care.

Related Standards: ASE 2.01

Interpretation: *Medications are treatment for targeted symptomatology and should not be considered an intervention for challenging behaviors. In relation to element (c), chemical restraint does not include situations when a psychopharmacological drug:*

1. *is used according to the requirements for treatment authorized by a court;*
2. *is provided using specified criteria in a person's approved treatment plan as per a physician's order to provide medical treatment for a specific diagnosis and known progression of symptoms, such as in cases of a PRN; or*
3. *is administered when necessary (PRN) to prevent immediate, substantial, and irreversible deterioration of a person's mental status when prescribed by a physician or other qualified medical practitioner.*

Interpretation: *For organizations that have resource parents providing restrictive interventions, the organization needs to clearly outline in the behavior support and management policy the interventions resource parents are permitted to apply and under what circumstances.*

Examples: *Refer to COA's definition of restrictive behavior management interventions at the beginning of this section for a list of interventions that may be included in the behavior support and management policy.*

Note: *Refer to COA's glossary for a definition of chemical restraint.*

Rating Indicators:

1	The organization's practices reflect full implementation of the standard.
2	Practices are basically sound but there is room for improvement; e.g., • One of the elements needs greater specificity or clarity in the policy.
3	Practice requires significant improvement; e.g., • Two of the elements need greater specificity or clarity in the policy; or • The policy is too vague to provide guidance to personnel.
4	Implementation of the standard is minimal or there is no evidence of implementation at all; e.g., • One of the elements is not implemented.

BSM 1.02 (FP)

The organization prohibits the use of behavior management interventions:

a. by any person other than trained, qualified personnel;
b. as a substitute for appropriate staffing patterns, for the convenience of personnel or as punishment;
c. in response to property damage that does not involve imminent danger to self or others; and
d. when contraindicated in the individual's service or behavior plan.

Related Standards: PRG 5.02

Juvenile Justice Interpretation: *Organizations serving youth involved with the juvenile justice system may be authorized to use restrictive interventions to prevent escapes, or protect property, in order to maintain safety, security, and order. However, they should still only employ restrictive interventions when absolutely necessary.*

Rating Indicators:

1	The organization's practices reflect full implementation of the standard.
2	Practices are basically sound but there is room for improvement; e.g., • There have been a few instances where behavior management interventions were used inappropriately, but corrective action was implemented immediately.

3 Practice requires significant improvement; e.g.,
- There have been a few instances of prohibited interventions, and no evidence of immediate and appropriate corrective action.

4 Implementation of the standard is minimal or there is no evidence of implementation at all.

BSM 1.03

A committee comprised of all levels of personnel conducts regular reviews of the use of behavior support and management interventions and:

a. compares organization practices to current information and research on effective practice;
b. uses findings from quarterly risk management reviews of restrictive behavior management to inform personnel about current practice and the need for change;
c. revises policies and procedures when necessary;
d. determines whether additional resources are needed; and
e. supports efforts to minimize the use of restrictive behavior management interventions.

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

2 Practices are basically sound but there is room for improvement; e.g.,
- One of the elements is not regularly included in the reviews.

3 Practice requires significant improvement; e.g.,
- Two of the elements are not regularly included in the reviews; or
- Reviews are not done sufficiently often to effectively monitor practices; or
- The committee does not include personnel from all levels.

4 Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,
- Three of the elements are not regularly included in the review; or
- There is no committee, or participation is limited to management.

BSM 1.04

The program or clinical director is notified following each use of a restrictive behavior management intervention and each incident is administratively reviewed no later than one working day following an incident to:

a. review any preemptive measures taken to avoid the intervention;
b. determine whether or not the individual’s behavior support and management plan was followed; and
c. assess the measures’ effectiveness.

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

2 Practices are basically sound but there is room for improvement; e.g.,
- Notification and administrative review regularly occur, but procedures need clarifying; or
- Notification has occasionally exceeded one working day.

3 Practice requires significant improvement; e.g.,
- There have been instances where notification or administrative review did not occur; or
- Procedures need significant strengthening.

4 Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,

- Notification or review does not regularly occur.

Behavior Support and Management

BSM 2: Behavior Support and Management Practices

Purpose

The organization's behavior support and management policies and practices promote positive behavior and protect the safety of service recipients and personnel.

Behavior support and management practices promote respect, healing, and positive behavior and prevent the need for restrictive behavior management interventions.

Note: *Please see the Case Record Checklist for additional guidance on this standard.*

Rating Indicators:

1 The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the BSM 2 Practice standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the BSM 2 Practice standards.

3 Practice requires significant improvement, as noted in the ratings for the BSM 2 Practice standard.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the BSM 2 Practice standards.

Table of Evidence

Self Study Evidence

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- BSM procedures including procedures for:
  1. obtaining consent
  2. notifying parents/guardians of incidents involving restrictive interventions
  3. conducting assessments and developing behavior management plans

Site Visit Evidence

*

- Copy of written behavior support and management philosophy and procedures provided to service recipients and/or parents/legal guardians

On-Site Activities

*

- Interviews may include:
  1. Program directors
  2. Relevant personnel
  3. Persons served
- Review case records

BSM 2.01

The organization:

a. provides an explanation for and offers a copy of its written restrictive behavior support and management philosophy and procedures to service recipients or their parents/legal guardians at admission;
b. annually obtains the individual's and/or parent's/legal guardian's consent when restrictive behavior management interventions are part of the treatment modality;
c. informs the individual and/or parent/legal guardian of the service implications, if any, of refusing to sign; and
d. when the individual is a minor or has a legal guardian, notifies the parents/legal guardians promptly when the individual is involved in an incident involving a restrictive intervention.

Juvenile Justice Interpretation: *COA recognizes that it may be difficult for organizations providing residential juvenile justice services to involve youths' parents/legal guardians, especially when youth are placed outside of their communities and far from their families; however, organizations should still strive to involve families to the extent possible. When promptly notifying parents/legal guardians in the wake of an intervention proves difficult, the organization should document its efforts to initiate contact in the case record.*

Additionally, when an organization provides involuntary services to youth involved with the juvenile justice system, obtaining consent may not be required.

Rating Indicators:

1	The organization's practices reflect full implementation of the standard.
2	Practices are basically sound but there is room for improvement; e.g., • Procedures need minor clarification; or • One of the required elements is not fully addressed.
3	Practice requires significant improvement; e.g., • Two of the elements are not fully addressed; or • One element is not addressed at all; or • Annual consents are not consistently obtained; or • Parents or legal guardians are frequently not notified.
4	Implementation of the standard is minimal or there is no evidence of implementation at all; e.g., • Three or more of the elements are not fully addressed; or • Two of more of the elements are not addressed at all.

BSM 2.02 (FP)

The organization collaborates with the individual and/or parent/legal guardian to assess for:

a. the individual's perception of emotional and physical safety;
b. past experiences with restrictive behavior management interventions;
c. antecedents or emotional triggers and the resulting behaviors;
d. previous successes in utilizing strategies and coping skills to mitigate the need for restrictive behavior management interventions;
e. psychological and social factors that can influence use of such interventions, including trauma history; and
f. medical conditions or factors that could put the person at risk.

Examples: *Medical factors can include issues related to use of medications, such as an insulin imbalance. Psychological and social factors may include psychosis or claustrophobia.*

Rating Indicators:

1	The organization's practices reflect full implementation of the standard.
2	Practices are basically sound but there is room for improvement; e.g., • Procedures need minor clarification; or • One of the elements is not fully addressed.

3 Practice requires significant improvement; e.g.,
- Two of the elements are not fully addressed.

4 Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,
- One of the elements is not addressed at all.

BSM 2.03 (FP)

A behavior support and management plan is based on assessment results and:

a. identifies proactive, strengths-based strategies that will help the person de-escalate their behavior and prevent harassing, violent, or out-of-control behavior;
b. specifies interventions that may or may not be used, taking the individual's trauma history into account;
c. is modified as necessary; and
d. is developed in collaboration with the individual and is signed by the person, their parent/legal guardian, and personnel, as appropriate.

Interpretation: *The behavior support and management plan, sometimes called a crisis plan, can be part of, and reviewed with, the overall service or treatment plan.*

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

2 Practices are basically sound but there is room for improvement; e.g.,
- One of the elements needs strengthening; or
- There are a few instances where signatures were missing.

3 Practice requires significant improvement; e.g.,
- Two of the elements need strengthening; or
- One of the elements is not addressed at all; or
- There is no evidence that the plans, once developed, are reviewed or updated; or
- Most plans are not signed.

4 Implementation of the standard is minimal or there is no evidence of implementation at all.

Behavior Support and Management

BSM 3: Restrictive Behavior Management Intervention Training

Purpose

The organization's behavior support and management policies and practices promote positive behavior and protect the safety of service recipients and personnel.

Personnel who use restrictive behavior management interventions, are trained and evaluated on an annual basis using a nationally recognized curriculum.
Examples: *Training on restrictive behavior management interventions can include:*

1. *proper and safe use of interventions, including when it is appropriate to use a restrictive intervention and time limits for use;*
2. *understanding the experience of being placed in seclusion or a restraint, including the medical and therapeutic risks related to restrictive interventions and the resulting consequences of the misuse of restrictive interventions, including trauma and re-traumatization;*
3. *response techniques to prevent and reduce injury;*
4. *evaluating and assessing physical and mental status, including signs of physical distress, vital indicators, and nutrition, hydration, and hygiene needs;*
5. *readiness to discontinue use of the intervention;*
6. *when medical or other emergency personnel are needed; and*
7. *documentation and debriefing.*

Rating Indicators:

1	The organization's practices reflect full implementation of the standard.
2	Practices are basically sound but there is room for improvement; e.g., • A few personnel have not been trained but only work with clients under the oversight of trained personnel.
3	Practice requires significant improvement; e.g., • A significant number of personnel have not been trained.
4	Implementation of the standard is minimal or there is no evidence of implementation at all; e.g., • The organization does not use a nationally recognized curriculum.

Table of Evidence

Self Study Evidence

*	• Information about the nationally recognized curriculum used by the organization	

Site Visit Evidence

*	• Documentation tracking staff completion of restrictive behavior management trainings and evaluations

On-Site Activities

*	• Interviews may include: 1. Program directors 2. Relevant personnel

Behavior Support and Management

BSM 4: Restrictive Behavior Management Interventions

Purpose

The organization’s behavior support and management policies and practices promote positive behavior and protect the safety of service recipients and personnel.

Restrictive behavior management interventions are used in a manner that protects the safety and well-being of persons served and personnel in crisis situations, when less-restrictive measures have proven ineffective.

Rating Indicators:

1 The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the BSM 4 Practice standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the BSM 4 Practice standards.

3 Practice requires significant improvement, as noted in the ratings for the BSM 4 Practice standard.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the BSM 4 Practice standards.

Table of Evidence

Self Study Evidence

*

- BSM procedures including procedures for:
    1. authorization and reauthorization of restrictive interventions
    2. continuous monitoring during a restrictive intervention
    3. safely escorting service recipients
    4. provision of food and water and use of bathrooms
    5. time limits on use of restrictive interventions
    6. evacuating individuals in seclusion or mechanical restraint during an emergency

Site Visit Evidence

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- Documentation of training and qualifications for staff authorizing/reauthorizing interventions
- Restrictive behavior management intervention logs that include documentation of continuous monitoring

On-Site Activities

*

- Interviews may include:
    1. Program directors
    2. Relevant personnel
    3. Persons served
- Seclusion room observation

BSM 4.01

Personnel qualified through annual training and evaluation authorize each restrictive behavior management intervention in accordance with any applicable federal or state requirements.

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

2 Practices are basically sound but there is room for improvement; e.g.,
- Authorization procedures need clarifying.

3 Practice requires significant improvement; e.g.,
- There have been instances of restrictive intervention without authorization by qualified personnel, but corrective action is occurring; or
- Documentation is weak.

4 Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,
- There have been instances of restrictive intervention without authorization by qualified personnel and corrective action has not been initiated; or
- Practices are in violation of applicable legal requirements; or
- Written procedures do not address use of qualified personnel.

BSM 4.02 (FP)

Individuals are monitored continuously, face-to-face, and:

a. assessed at least every 15 minutes for any harmful health or psychological reactions; and
b. interventions are discontinued immediately if they produce adverse side effects such as illness, severe emotional or physical stress, or physical injury.

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

2 Practices are basically sound but there is room for improvement; e.g.,
- In a few rare instances there was a lapse in monitoring or assessment, but corrective action was taken immediately.

3 Practice requires significant improvement; e.g.,
- In more than a few instances there was a lapse in monitoring or assessment, but corrective action was taken immediately; or
- Documentation is weak; or
- Procedures need significant strengthening.

4 Implementation of the standard is minimal or there is no evidence of implementation at all.
- Lapses occur with some frequency and corrective action is not taken; or
- There are no procedures; or
- Procedures are not routinely followed.

BSM 4.03 (FP)

Procedures address safe methods for involuntarily escorting service recipients.
NA: The organization does not escort service recipients or use seclusion.

Examples: *This includes methods such as the backwards escort.*

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

2 Practices are basically sound but there is room for improvement; e.g.,
- Procedures need clarifying.

3 Practice requires significant improvement; e.g.,
- Procedures are inadequate; or
- There have been instances where procedures were not followed; or
- Documentation is weak.

4 Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,
- There are no procedures; or
- Procedures are not routinely followed.

BSM 4.04 (FP)

Seclusion rooms:

a. conform to existing licensing and/or fire safety requirements;
b. are outfitted with a door that easily opens in case of emergency (e.g. spring lock door); and
c. are limited to one person at a time.

NA: The organization does not use seclusion.

Note: *Please see the Facility Observation Checklist for additional guidance on this standard.*

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

2 Practices are basically sound but there is room for improvement; e.g.,
- The organization does not have evidence of conformance to licensing and/or fire safety requirements for one of its seclusion rooms but has initiated a process to obtain it.

3 Practice requires significant improvement; e.g.,
- The organization does not have evidence of conformance with licensing and/or fire safety requirements for one or more of its seclusion rooms and has not initiated a process to obtain it; or
- There have been instances where a seclusion room has been used for more than one person.

4 Implementation of the standard is minimal or there is no evidence of implementation at all.

BSM 4.05 (FP)

During a restrictive behavior management intervention personnel assess the individual's need for food, water, and use of bathroom facilities and provide access when safe and appropriate.

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

2 Practices are basically sound but there is room for improvement; e.g.,
- Procedures need clarifying.

3 Practice requires significant improvement; e.g.,
- Procedures are inadequate; or

- There have been instances where procedures were not followed, but corrective action has been initiated; or
- Documentation needs significant strengthening.

4 Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,
- There are no procedures; or
- Procedures are routinely not followed.

BSM 4.06 (FP)

Restrictive behavior management interventions are discontinued as soon as possible, and are limited to the following maximum time periods per episode:

a. 15 minutes for children aged nine and younger, for all restrictive behavior management interventions;
b. 30 minutes for individuals aged ten and older, undergoing manual or mechanical restraint;
c. 30 minutes for individuals aged ten to thirteen in seclusion; and
d. one hour for individuals aged fourteen and older in seclusion.

Juvenile Justice Interpretation: *Although organizations serving youth involved with the juvenile justice system may be authorized to use time limits that exceed those listed in the standard, COA expects these organizations to meet the timeframes outlined in the standard whenever possible. When it is necessary to extend timeframes in order to maintain safety, security, and order (for example, when youth must be transported greater than 30 minutes in mechanical restraints in order to prevent escape), qualified personnel must approve the extension, and the intervention should be discontinued as soon as possible.*

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

2 Practices are basically sound but there is room for improvement; e.g.,
- Procedures need clarifying.

3 Practice requires significant improvement; e.g.,
- Procedures are inadequate; or
- There have been instances where procedures were not followed, but corrective action has been initiated; or
- Documentation needs significant strengthening.

4 Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,
- There are no procedures; or
- Procedures are not routinely followed.

BSM 4.07 (FP)

Reauthorization by qualified personnel is required for each instance of a restrictive intervention that exceeds the maximum time limit.

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

2 Practices are basically sound but there is room for improvement; e.g.,
- Procedures need clarifying.

3 Practice requires significant improvement; e.g.,
- Procedures are inadequate; or
- There have been instances where procedures were not followed, but corrective action has been initiated; or
- Documentation needs significant strengthening.

4 Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,
- There are no procedures; or

- Procedures are not routinely followed.

BSM 4.08

The organization has procedures to address the safe removal of individuals in seclusion or mechanical restraint in the event of an emergency evacuation.
NA: The organization does not use seclusion or mechanical restraint.

Related Standards: ASE 6.01

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

2 Practices are basically sound but there is room for improvement; e.g.,
- Procedures need clarifying.

3 Practice requires significant improvement; e.g.,
- Procedures are inadequate; or
- There have been instances where procedures were not followed, but corrective action has been initiated; or
- Documentation needs significant strengthening.

4 Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,
- There are no procedures; or
- Procedures are not routinely followed.

Behavior Support and Management

BSM 5: Documentation and Debriefing

Purpose

The organization's behavior support and management policies and practices promote positive behavior and protect the safety of service recipients and personnel.

The organization assesses restrictive behavior management incidents and effects to reduce future preventable occurrences and untoward consequences.
Juvenile Justice Interpretation: *When organizations serving youth in the juvenile justice system use mechanical restraints to prevent escape during transport, rather than in response to an incident, some elements of the BSM 5 practice standards may not apply.*

Note: *Please see the Case Record Checklist for additional guidance on this standard.*

Rating Indicators:

1	The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the BSM 5 Practice standards.
2	Practices are basically sound but there is room for improvement, as noted in the ratings for the BSM 5 Practice standards.
3	Practice requires significant improvement, as noted in the ratings for the BSM 5 Practice standards.
4	Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the BSM 5 Practice standards.

Table of Evidence

Self Study Evidence

*

• BSM procedures, including debriefing procedures	

Site Visit Evidence

*

- Restrictive behavior management intervention logs
- Documentation of debriefing

On-Site Activities

*

- Interviews may include:
  1. Program director
  2. Relevant personnel
  3. Persons served
- Review case records

BSM 5.01 (FP)

The use of restrictive behavior management interventions is documented, including:

a. the justification, use, circumstances, and length of application in the individual's case record;

b. all attempts made prior to the use of a restrictive behavior management intervention in order to preempt it, including the strategies identified in the individual's behavior management plan; and
c. names of the service recipient and personnel involved, reasons for the intervention, length of intervention, and verification of continuous visual observation in a log.

Juvenile Justice Interpretation: *Element (b) may not apply when a juvenile justice program uses mechanical restraints to prevent escape during transport.*

Rating Indicators:

1	The organization's practices reflect full implementation of the standard.
2	Practices are basically sound but there is room for improvement; e.g., • Procedures need clarifying; or • In a few instances documentation was not complete.
3	Practice requires significant improvement; e.g., • Procedures are inadequate; or • Documentation problems are common but corrective action is being taken.
4	Implementation of the standard is minimal or there is no evidence of implementation at all.

BSM 5.02 (FP)

Debriefing occurs in a safe, confidential setting within 24 hours of the incident and includes the service recipient, frontline and clinical personnel, other appropriate personnel, and parents/legal guardians, when possible, to:

a. evaluate physical and emotional well-being;
b. identify the need for counseling, medical care, or other services related to the incident;
c. identify antecedent behaviors and modify the service plan as appropriate; and
d. facilitate the person's reentry into routine activities.

Interpretation: *The organization ensures the service recipient's participation in the debriefing process. In situations where the individual initially refuses to participate, the organization should make continued attempts to involve the individual.*

Interpretation: *If the parent or legal guardian is unable to be reached within the 24 hour period, all attempts to reach them should be documented and there should be continued outreach attempts past the 24 hour period to notify them of the incident.*

Juvenile Justice Interpretation: *Element (c) may not apply when a juvenile justice program uses mechanical restraints to prevent escape during transport.*

Rating Indicators:

1	The organization's practices reflect full implementation of the standard.
2	Practices are basically sound but there is room for improvement; e.g., • One of the elements is not regularly addressed; or • In a few instances debriefing occurred after 24 hours; or • In a few instances one of the required attendees was absent.
3	Practice requires significant improvement; e.g., • Two of the elements are not regularly addressed; or • In several instances debriefing occurred after 24 hours; or • In several instances one or two of the required attendees was absent.
4	Implementation of the standard is minimal or there is no evidence of implementation at all; • One of the elements is not addressed at all; or

- Timeframes are routinely exceeded; or
- One or more of the required attendees is routinely absent or excluded.

BSM 5.03

Personnel involved in the incident are debriefed to assess:

a. their current physical and emotional status;
b. the precipitating events; and
c. how the incident was handled and necessary changes to procedures and/or training to avoid future incidents.

Juvenile Justice Interpretation: *Element (b) and the second half of element (c) (regarding changes to avoid future incidents) may not apply when a juvenile justice program uses mechanical restraints to prevent escape during transport.*

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

2 Practices are basically sound but there is room for improvement; e.g.,
- In a few instances one of the elements was not addressed.

3 Practice requires significant improvement; e.g.,
- In several instances one of the elements was not addressed; or
- In a few instances staff were not debriefed.

4 Implementation of the standard is minimal or there is no evidence of implementation at all;
- One of the elements is not addressed at all; or
- Staff are frequently not debriefed.

BSM 5.04

Any other person involved in or witness to the incident is debriefed to assess their current physical and emotional status.

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

2 Practices are basically sound but there is room for improvement; e.g.,
- In a few instances the debriefing did not occur.

3 Practice requires significant improvement; e.g.,
- In several instances the debriefing did not occur.

4 Implementation of the standard is minimal or there is no evidence of implementation at all.