

# Restraint, Timeout, and Isolated Timeout Reduction Plan

## **TABLE OF CONTENTS**

Restraint, Timeout, and Isolated Timeout Reduction Plan Process	3
RTO Committee Members	3
Purpose of the Restraint, Timeout, and Isolated Timeout Reduction Plan	4
Progress from 22-23 SY	5
Goals for Progress 23-24 SY	7
Actions Set Forth to Reduce the Use of Restraint, Timeout, and Isolated Timeout	8
District Processes for Reduction of RTO	8
Appendix 1	11
Appendix 2	12
Appendix 3	13

#### Restraint, Timeout, and Isolated Timeout Reduction Plan Process

In accordance with the requirements set forth in Illinois School Code 5/2-3.130 and Public Act 102-0339, the Mahomet-Seymour School District has created an oversight team to develop a plan and procedures to reduce and eventually eliminate the use of physical restraint, timeout, and isolated timeout (RTO).

#### **RTO Committee Members**

*Team met 5/10/23* 

Christine Northrup, Director of Student Support Services
Marissa Hill, Assistant Director of Student Support Services
Lauren Pratt, Behavior Specialist, LCSW
Rhonda Ehrecke, Therapeutic Day School Case Manager
Suzann Dill, Family Engagement Specialist
Dustin Day, Assistant Principal
Doug Fisher, Assistant Principal
Ted Martin, Assistant Principal
Abby Graves, Teacher
Kaylie McGuffee, Teacher
Stacy Tome, Paraprofessional
Amanda Shanks, School Psychologist
Alison Tomchik, School Psychologist
Cynthia Johnson, MSW
Jill Kyle, LCSW

## Purpose of the Restraint, Timeout, and Isolated Timeout Reduction Plan

The Mahomet-Seymour School District agrees that RTO should only be used in the most extreme situations where imminent danger of harm (to self, students and/or staff) is present. RTO should only be used after less intrusive interventions have been tried and failed to eliminate the imminent danger. The RTO Reduction Plan supports a vision of cultural change that reinforces the following:

- Use of trauma informed practices including responsive classroom strategies and restorative practices
- Positive behavior interventions and support rather than physical restraint, timeout, and isolated time out
- Effective ways to de-escalate situations to avoid physical restraint, time out, and isolated time out
- Crisis intervention techniques that use alternatives or less restrictive interventions to physical restraint, time out, and isolated time out
- Use of debriefing meetings to reassess what occurred and why it occurred to think through ways to prevent use of RTO interventions next time.

## RTO Progress Report 2022-2023 School Year

#### RTO Data 22-23

Name	Date	Туре
Student A	2/27/23	Physical Restraint
Student B	10/6/22	Time-out
	11/4/22	Physical Restraint
	12/5/22	Physical Restraint
Student C	10/10/22	Physical Restraint
	11/17/22	Physical Restraint
	12/6/22	Physical Restraint
	12/9/22	Physical Restraint
	12/16/23	Physical Restraint
	1/17/23	Physical Restraint
	4/11/2023	Physical Restraint
Student D	4/21/23	Physical Restraint

## How the 22-23 RTO Reduction Plan supported reducation of RTO numbers

Professional development on de-escalation, restorative practices, trauma-informed practices, positive behavioral supports, and supports for executive functioning have proven effective in reducing both the number of overall RTOs as well as the number of students requiring restraint or time out. The district also hired a full-time BCBA to work along the District's behavior coach to assist with evaluation, programming, proactive steps, training and staff support.

#### 2021-2022 Data

- Overall Students 9
- Total Time Outs 3
- Total Isolated Time Outs 0
- Total Restraints 13

#### 2022-2023

- Overall Students 4
- Total Time Outs 1
- Total Isolated Time Outs 0
- Total Restraints 11

#### **UnsuccessfulTargeted Areas**

Although we had a much smaller number of students involvement and our number of restraints dropped by 44%, we would have preferred to see them drop even further. Of the four students involved, one student was new to us and his behavior was unexpected. Student C, with the most restraints, elopes regularly and the layout of the building makes escaping the building quite easy, thus putting him at great risk. He has a history of eloping at home, from the house to the road. He is non-verbal with low receptive language. We are working with the BCBA and parents to reduce the behavior and have been successful in the second semester of school. He attempts to elope regularly after a long weekend, which has been noted in his IEP with appropriate strategies added to his BIP.

### **Oversight Team**

Christine Northrup, Director of Student Support Services Marissa Hill, Assistant Director of Student Support Servies Rhonda Ehrecke, Teacher Lauren Pratt, Behavior Interventionist Alyssa Olsen, BCBA

## **Oversite Meetings**

October 17, 2022 December 5, 2022 February 13, 2023 April 1, 2023

#### **Goals for Progress**

(To be evaluated for reporting by 5/15/24)

Illinois State Board of Education Guiding Goal: Twenty-five percent reduction in the use of physical restraint, time out, and isolated timeout over a 12-month period for students experiencing five-plus instances in a 30-day period.

The Mahomet-Seymour School District will determine progress towards the reduction and eventual elimination of the use of restraint, time out, and isolated time out by the following benchmarks:

- 1. Reduce the number of RTO incidents by 10%
- 2. Reduce the number of students experiencing RTO by 10%
- 3. Reduce the number of incidents of RTO for students wth autism by 25%

The Mahomet-Seymour RTO Sub-Committee will meet quarterly to review RTO data and monitor progress of the goal.

#### Actions Set Forth to Reduce the Use of Restraint, Timeout, and Isolated Timeout

(To be completed by 5/1/24)

The Mahomet-Seymour School District will utilize the following steps to reduce RTO:

- Contine to provide professional development with a focus on evidence-based practices for behavior support and modification. The training will include, but is not limited to:
  - Work with Regional PBIS Trainers to address all tiers regarding behavior
  - o Behavior De-escalation
  - Restorative Practices
  - Trauma Informed Practices
  - Positive Behavior Supports
  - Supports for Executive Functioning Deficits
  - Supports for students with mental health concerns including free counseling thorugh a grant with the University of Illinois
  - o BCBA consultation

- Review and revise the District's multi-tiered system of supports to assist students with social, emotional and behavioral needs.
  - Tier I- =PBIS, Zones of Regulation, Restorative Practices, Responsive Classroom practices, K-2 weekly Health class
  - Tier II- Check n Connect, Check in Check Out, self-monitoring with goal setting, mentor program, SAIG groups, referral to District Family Engagement Specialist, MTSS referral, consultation with school social worker, occupational therapist, counseling and/or District Behavior Coach or therapy dog visit
  - Tier III- Social work or counseling services, consultation with District Behavior Coach and/or occupational therapist, Section 504 plan, specialized curriculum targeting student's individual weaknesses, Individualized Education Program, behavior management or behavior intervention plan, formal and informal functional behavior assessment, consultation or support with/from BCBA, SASS, YAC, MTSS referral, weekly team collaboration, consultation with outside providers, referral to outside providers through district mental health grant with U of I, therapy dog visit

#### **District Processes for Reduction of RTO**

#### **ACES Awareness Conference**

The District recognizes the importance of sharing critical information about students, particularly those with traumatic, adverse childhood experiences. Any student with behaviors that may result in imminent danger and has a traumatic history will have an annual ACES Awareness Meeting to discuss available information including, but not limited to:

- History of physical and/or sexual abuse
- Relevant medical mental health information
- Previous reaction to the use of RTO interventions.

Meetings must occur within the first 10 school days of the student's first day of school attendance, mid-year enrollment, or when knowledge of adverse childhood experiences is initially shared. Notes from the meeting will be documented on the ACES Awareness Form (Appendix 1).

#### **Buildings Crisis Team Meeting Procedures Following RTO**

Crisis Team members will meet following any use of physical restraint, time out, or isolated time out. The Crisis Team Meeting will be held within one school day of the intervention being used. During the meeting the team will:

- Complete the RTO ISBE Form (11-01) and send the form to the parent/guardian and to the Special Education Office for submission in SIS
- Review of incident resulting in RTO by the Crisis Team Meeting using the required agenda. (Appendix 2)
- Completes the Individual Student Plan document. (Appendix 3)

#### **Plan Modifications** (initiated 8/15/23)

The Mahomet-Seymour School District RTO Oversight Team will meet annually to review the plan and modify it if data does not show progress towards the District's RTO reduction goals.

#### Plan for Informing Community, Staff, and Families of RTO Reduction Plan

The RTO Reduction plan will be published on the district's website. A direct link to the plan will be placed in the district's online handbook as well

# Appendix 1

## **ACES Awareness Student Conference Notes**

(Keep in student temporary file)

Student:	Date:
Attendance:	
<b>Summary of Relevant Information</b> (Physic information, previous adverse reaction to us	
Steps to be taken as Result of Relevant In	formation:

# Apenndix 2 **Crisis Team Meeting Agenda** Date: \_\_\_\_\_ Student: **Type of Intervention:** Time-out: \_\_\_ Isolated-time out: \_\_\_ Restraint: \_\_\_\_ **Attendees**: (At least 1 person who was involved in the incident) 1. Summary of the incident a. Antecedent- What happened prior to the incident? b. Trigger- Slow triggers? Fast triggers? c. Hypothesis for behavior- Why do we believe the behavior occurred? 2. Review of Student Strengths a. What are the student's strengths that we can build upon? b. What strategies are working? c. Are there any reinforcers that appear successful? 3. Environmental Changes a. Classroom Routines b. Schedule Changes (need for visual or written schedule) c. Personnel i. Certain individual triggering behaviors? Identify precipitating factors. What adult behaviors need to change? 4. Curricular Accommodation, Adaptations, or Modifications a. Task too Difficult b. Task to Easy c. Type of Activities- (i.e. Hands-on versus Worksheet, technology versus pen and paper) 5. Instructional Plan for Strengthening Weaknesses a. Instructions in Lagging Skills- (Math, reading, Social-emotional skills, coping strategies) b. What strategies/curriculum will we use to teach them? c. Who will be involved? d. When? 6. As a result of the discussion, is an IEP/504 amendment or referral required?

7. As a result of the discussion, is an IEP/504 meeting necessary?

No

Yes

## Appendix 3

## **Individual Student Plan**

Student:	Date:
Attendance:	
Attenuance.	
	· · · · · · · · · · · · · · · · · · ·
Summary of the Incident ( may attach running	record/notes)
Antecedent or Trigger:	
Hypothesis for Behavior:	
☐ Escape	
☐ Attention	
☐ Sensory	
☐ Tangible/Access	
☐ Unsure or Unknown	
Students Strengths, Preferences, and/or Inte	rests:
Successful Strategies:	

Environmental Changes to be made:
Curricular Accommodation, Adaptations, or Modifications to be added:
Instructional Plan for Strengthening Weaknesses/Lagging Skills:
<b>Other Changes</b> : Document other changes to the student's individual plan here. (Are there adult behaviors that need to be changed? Is a specific person in the student's presence causing a trigger? Has a classroom routine changed recently? Has there been a change at home?)