

# Using the PCP

## Considerations:

- ▶ Completed by *Clinical Home*
- ▶ Qualified Professional (QP) or Licensed Professional (LP)
- ▶ Required for Most Medicaid Enhanced Services
- ▶ Individualized
- ▶ Ongoing, Interactive, Team Process
- ▶ **Includes ALL Goals & Objectives and Outlines Each Team Member's Responsibility**

# Person Centered Profile

- ▶ Person Thinking Tool
- ▶ Reflective of Comprehensive Clinical Assessment
- ▶ Interactive; Open ended questions
- ▶ Ongoing



# Person Centered Profile (continued)

## Top of Page Header:

- ▶ Preferred Name
- ▶ Legal Name
- ▶ PCP Completed Date should match Last Signature Date

# Person Centered Profile (continued)

“What People Like And Admire About...”

- ▶ Positive Focus
- ▶ Qualities & skills that help in making connections and overcoming barriers





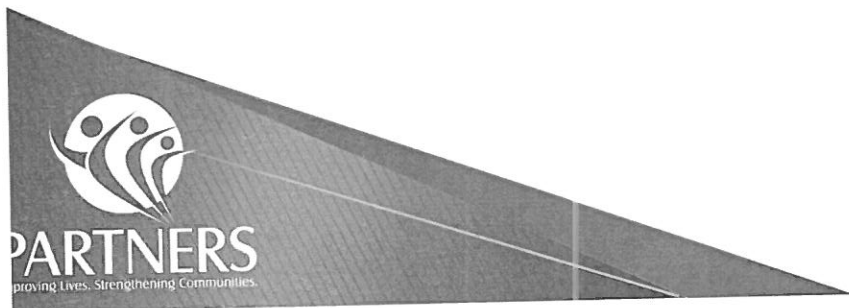
# Person Centered Profile (continued)

## “What’s Important To...”

- ▶ What **REALLY**\* Matters to the Member/Family.

*\*Fundamental to Person Centered Thinking*

- ▶ Member’s own Words & Behaviors
- ▶ Identification of Long Range Goals & *Actual* Short Range Goal(s)



# Person Centered Profile (continued)

## “How Best To Support...”

- ▶ Preferred **Health & Safety** Supports
- ▶ Crisis Prevention
- ▶ Balance between *“Important to”* and *“Important for”*



# Person Centered Profile (continued)

“What’s Working / What’s Not Working...”

- ▶ Issues, events, behaviors identified as being helpful or not helpful
- ▶ **Goal Identification**

# Action Plan

“The Action Plan should be based on information and recommendations from: **the Comprehensive Clinical Assessment (CCA), the One Page Profile, Characteristics/Observations/Justifications for Goals, and any other supporting documentation.**”



# Action Plan (continued)

## “Long Range Outcome”

- ▶ Outcome desired by Member
- ▶ Measurable outcome within one year
- ▶ Person Centered Profile
- ▶ “Where am I now...?”

# Action Plan (continued)

## “Short Range Goal”

- ▶ “Characteristics/Observations/Justifications For This Goal”
- ▶ Behavior-Condition-Criteria
- ▶ Who, What, When, Where & How
- ▶ Person Centered Profile



# Crisis Prevention & Intervention Plan

A.K.A. “Comprehensive Crisis Plan” and “CCP”

## ▶ Purpose

- Prevent Crisis
- Guide Crisis Response
- Plan Resolution (are there now new areas that need to be addressed?)

This Crisis Plan is a required section of a complete and valid Person-Centered Plan (PCP)

# Who should develop?

The primary clinician, in collaboration with the member, and perhaps with input from others who know the member well.

Member as an **active** partner, not *passive* recipient.





# When should it be developed?

It should **NOT** be developed when the member is in crisis.

It should be updated on the same schedule as the PCP **AND** shortly after any crisis episode **AND** any time there is a change.

# Some Guiding Principles, per SAMHSA

- ▶ Plans are strengths-based.
- ▶ Members in a self-defined crisis are not turned away and recurring crises may signal problems in assessment or care.
- ▶ Helping member regain a sense of control is a priority.



# Poll: Knowledge Check #2



**PARTNERS**  
Improving Lives. Strengthening Communities.

4/16/2021

26

# 6 STEPS TO WRITING A CRISIS PLAN

**Step 1:** Date of the Initial Crisis Plan or the Date of the last Revision

**Step 2:** Basic Essential Information about the member, including:

- > Identify the person needing a crisis plan
- > Date of Birth
- > Address and phone number
- > MCO information
- > Living situation
- > Employment information/assistance
- > Communication barriers, language, preferences
- > Legally Responsible Person information
- > Insurance information
- > Diagnoses
- > Medications (dosage, frequency, reason for change, prescription date, pharmacy)
- > Medical problems and allergies, if any



# 6 STEPS TO WRITING A CRISIS PLAN

## **Step 3:** Identify the Supports for the Individual

- › List the individuals that should be called in the event of a crisis
- › Indicate the calling order
- › Provide contact information
- › Indicate if a consent to release information to that person exists

## **Step 4:** Crisis Follow Up Planning

- › Include which team member is the primary contact to coordinate care
- › Indicate who will be visiting the consumer in the hospital (this should be the consumer's preference)
- › Indicate who will organize and lead a review/debriefing following the resolution of the crisis, and within what timeframe this will happen



# 6 STEPS TO WRITING A CRISIS PLAN

## Step 5: Identify and Attach Additional Planning Documents

- › Advanced Directives (Health or Mental Health)
  - › Living Will
  - › Health Care Power of Attorney
  - › Advanced Instructions for Mental Health Treatment
  
- › Behavior Plan
  
- › WRAP
  
- › Suicide Prevention and Intervention Plan



# 6 STEPS TO WRITING A CRISIS PLAN

## Step 6: Description of General Characteristics/Preferences

Complete with the member, not in their absence or without their input

- **What the member is like when they are feeling well**
  - Ask what a good day looks like and how they interact, appear, and behave
- **Significant event(s) that may increase stress and trigger onset of crisis**
  - dates, changes, substance use, medical issues, conflict, etc.

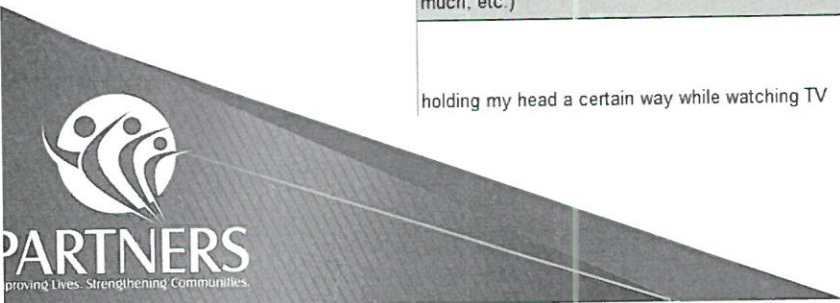
*What are some events or situations that have caused me trouble in the past?* Outline significant events that may create or increase stress and trigger the onset of a crisis. (Examples include: anniversaries, holidays, noise, change in routine, inability to express medical problems or to get needs met, out of medication, being isolated, etc.)

mother in hospital, underground parking, shopping at the store on Lee Rd.

- **Observable behavioral changes when entering a crisis episode**
  - use lessons learned from previous crisis events
  - Ask what others observe
  - no-showing appointments, isolating, poor sleep

*What are the early warning signs that I am not doing well? What will others notice about my behavior, speech, and actions when I am not doing well?* Describe what others observe when s/he is entering a crisis episode. Include lessons learned from previous crisis events. (Examples include: not keeping appointments, isolating himself, loud or hyper-verbal speech, not sleeping well, eating too much, etc.)

holding my head a certain way while watching TV





# 6 STEPS TO WRITING A CRISIS PLAN

## Step 6: Description of General Characteristics/Preferences

- **Known/effective early intervention strategies that have been effective**
  - use lessons learned from previous onsets of crisis
  - focus on least restrictive measures
  - exercise, use of natural supports, engagement in activity

*How can others help me and what can I do to help myself to address a crisis early on? Who is best able to assist me?* Describe prevention and intervention strategies that have been effective in reducing stress, problem solving, and keeping the person from needing higher levels of care such as a trip to an emergency department or crisis center or inpatient hospitalization. (Examples include: breathing exercises, journaling, taking a walk, listening to music, calling a friend or family member or provider, etc.)

distract me, tell me to make the store list

- **Response/Stabilization Strategies for when member is in crisis**
  - Ask member for preferences (facilities, medications, how others' interact with them, who should be notified, etc.)
  - Remember to consider least restrictive measures and alternatives to hospitalization





# ASK YOURSELF

- ▶ Does the plan provide sufficient direction that will be truly helpful in a crisis?
- ▶ Is the plan individualized? Does it reflect the specific needs, preferences, strengths, and challenges of this particular member?
- ▶ Is the plan current and up-to-date?



# Poll: Knowledge Check #3



**PARTNERS**  
Improving Lives. Strengthening Communities.

4/16/2021

33

# Plan Signatures

- ▶ Do **NOT** present Signature page alone
- ▶ Provider reimbursement
- ▶ Signatures by Minors
- ▶ Plan validity



# Plan Signatures (continued)

## I. Person Receiving Services

- ▶ Dated Signature Required
- ▶ Confirms Involvement, Understanding and Agreement



# Plan Signatures (continued)

## II. Person Responsible For The PCP

- ▶ Dated Signature Required
- ▶ Child attestations
- ▶ QP/LP Signature date should match PC Completed date

# Plan Signatures (continued)

## III. Service Orders

- ▶ Medicaid -Dated Signature REQUIRED
- ▶ Non-Medicaid -Dated Signature RECOMMENDED
- ▶ MD, PhD, PA, NP
- ▶ Confirms Medical Necessity
- ▶ Attestation boxes



# Plan Signatures (continued)

## IV. Signatures Of Other Team Members

- ▶ Optional
- ▶ Confirms participation and agreement



# COVID-19 Flexibilities

## Provider Bulletin #103

<https://providers.partnersbhm.org/provider-bulletin-103/#CPSR>

code	DMH Rate
99441CR	\$ 13.83
99442CR	\$ 26.93
99443CR	\$ 39.48
98966CR	\$ 11.89
98967CR	\$ 22.16
98968CR	\$ 33.95

### Provider Bulletin #103 - Partners Health Management - Provider Knowledge Base - Partners Provider Knowledge Base

**New Service Codes – USE CR Modifier: Effective March 13, 2020, NC Medicaid, NC DHHS and Partners will offer reimbursement for telephonic evaluation and management for established members.. Below are the rates for the COVID 19 codes and the information from NC Tracks. The codes are being added to provider contracts with an effective date of March 13, 2020.**  
[providers.partnersbhm.org](https://providers.partnersbhm.org)



# COVID-19 Flexibilities: Signatures

## COVID-19 Updates

**Care Plan Signature Requirements:** Partners recognizes the challenges providers are experiencing in obtaining signatures from members for clinical documents. At this time, in recognition of the realities of current pandemic situation and based on guidance from the NC Department of Health and Human Services (NC DHHS) and the U.S. HHS Office for Civil Rights, Partners will accept a qualified professional/ paraprofessional or clinician signature in place of the member or legally responsible person's (LRP) signature, along with a notation that the member/LRP gave consent for the provider representative to sign the document on his or her behalf. These signatures can be electronic, within your Electronic Health Record systems.

The provider **should document whether such consent was made via telephonic, email or other means (e.g. through a window)**. Any provider relying upon email consent should follow up via telephone communication with the member/LRP to secure verbal consent if possible.

To verify you are speaking with the member/LRP, the best practice is to ask for another identifier (besides name and date of birth), such as a Social Security number or Medicaid number. Always try to obtain express consent for disclosure of any substance use information. Member/LRP consent or approval should be clearly documented in the service note.



# Supplemental Pages

## PCP (UPDATE/REVISION) page

- ▶ Change within plan year
- ▶ Change in Provider, Service, and/or Goal



# Supplemental Pages (continued)

## UPDATE/REVISION PLAN SIGNATURES page

If the Update/Revision page is used, then the Update/Revision Plan Signature page is **REQUIRED.**



# Poll: Knowledge Check #4



**PARTNERS**  
Improving Lives. Strengthening Communities.

4/16/2021

43



# Summary of PCP Essentials

## Reference Provider Communication Bulletin #112

- ▶ To be valid, first 3 sections of Signature page must be signed & completed; section 4 optional/encouraged.
- ▶ Credentials required with signatures.
- ▶ PCP Completion Date is date QP/LP signs and dates.
- ▶ PCP Effective Date for billing, date of last signature.
- ▶ PCP valid is 12 months from Completion Date. Target dates cannot exceed 12 months from Completion Date.
- ▶ Federal/State laws and regulations & Clinical Coverage Policies (CCP) govern documentation guidelines.

# Conclusion

## ▶ Questions

## ▶ Utilization Management Contact Information

- IDD: (704)-884-2605
- MHSU: (704)-842-6436
- AST: (704)-842-6434



# Thank You!

To offer feedback on this course, you will receive a survey monkey link via email. We appreciate your constructive feedback.

Course certificates will be emailed to you within one week from today.

[Training@partnersbhm.org](mailto:Training@partnersbhm.org) for questions



**PARTNERS**  
Improving Lives. Strengthening Communities.

**V269/V537**

**Supplemental Documents**

**Sign in sheets for EBPI/PCC Policy Training**

**Policy and Procedure II-C-001**

**Curriculum for EBPI**





**PHOENIX**  
COUNSELING CENTER

Where Help, Hope and Compassion Come Together.

Attestation/Receipt of additional training relating to  
Isolation/Restraint/Seclusion and Evidenced-Based Protective  
Interventions (EBPI).

I attest that I have received additional training that included information from Phoenix Counseling Center Policy and Procedure II-C-001 Behavioral Management of Consumers (Least Restrictive Alternatives and Evidenced-Based Protective Interventions (EBPI) regarding Isolation/Restraint/Seclusion.

Trainer: Dawn Taylor

Printed Name of Staff	Signature of Staff	Date
George Jackson	George Jackson	3/17/22
Sarah Martin	Sarah Martin	3-17-22
Alexandra Hoyle	Alexandra Hoyle	3/17/22
James Richardson	James Richardson	3/17/22
SMITHAN KENALD	SMITHAN KENALD	3/17/22
Michael Kirby	Michael Kirby	3/17/22
Stacy Harris	Stacy Harris	3-17-22
Howard M. Moore III "Tripp"	Howard M. Moore III "Tripp"	3-17-22
Sharon Ketter	Sharon Ketter	3-17-2022
JADE WILLIAMS	JADE WILLIAMS	3-17-2022
Stephan Archer	Stephan Archer	3-17-22
My Cotte	My Cotte	3-17-21
Charmaine Gill	Charmaine Gill	3/17/22
Amanda Colman-Murphy	Amanda Colman-Murphy	3/17/22
Marika Hunsell	Marika Hunsell	3/17/22
Javonda Hunter	Javonda Hunter	3/17/22
Edith Fraz	Edith Fraz	3/17/22
Sydney Pellegrini	Sydney Pellegrini	3/17/22
Jenese Richardson	Jenese Richardson	3-17-22
Sharon Land	Sharon Land	3-17-22
Misty Hill	Misty Hill	3-17-22
Holly Chapman	Holly Chapman	3/17/22
Shelley Helton	Shelley Helton	3/17/22
Eric Hopper	Eric Hopper	3/17/22
Hope Maghead	Hope Maghead	3/17/22
Heidi Hatcher	Heidi Hatcher	3-17-22
Joye Lipford	Joye Lipford	3/17/22

- iii. When using Restrictive Interventions, employees shall use only that degree of force necessary to repel or secure a violent and aggressive consumer in a manner that assures the highest degree of safety for consumer (s), employees, and facility.
- E. The leadership, management, and supervisors of PCC shall utilize Quality Management (QM) Practices to assure that consumers are treated within their rights and in the least restrictive manner, to include information from the following sources:
1. collecting Critical Incident Report, Department of Health and Human Services (DHHS) Restrictive Intervention Details Report, and adverse event data related to the behavioral management of consumers;
  2. use of data to improve services and the behavioral management of consumers;
  3. review of all incidents of EBPI and assure procedural conformance. Within these quality management practices corrective action planning shall be used to improve service quality/performance and consumer satisfaction with services received.
- F. North Carolina (NC) Division of Mental Health/Developmental Disabilities/Substance Abuse (MH/DD/SA) guidelines and rules (APSM 30-1, APSM 95-2) and Commission on the Accreditation of Rehabilitation Facilities (CARF) behavioral health standards/criteria shall be utilized in the development, implementation, and maintenance of PCC's Behavior Management policy and procedures. All procedures related to this policy shall be in compliance with applicable federal/state law and administrative code.

## PROCEDURE:

- A. Consumer and/or Legal Guardian as Appropriate
1. Shall receive orientation to PCC's behavioral management practices and procedures
  2. Shall provide informed consent and choice to receive services within the behavioral management practices outlined in this policy and procedure.
  3. May withdraw consent at any time by contacting their assigned case-manager or other assigned/primary clinician or as withdrawn by legal guardian.
  4. May appeal any decision made by direct care teams or employees through the use of PCC's Complaint and Appeals policy and procedure.
- B. Assigned Clinician Completing the Admission/Intake Process
1. Shall provide orientation and education to consumer regarding PCC's behavioral management practices, answer questions, and obtain consumer signature that this education was provided.
    - a. Orientation and education shall include:
      - i. Purposes, goals, and reinforcement structure of PCC's Behavioral Management System.
      - ii. Restrictions that may be used to include approved EBPI
      - iii. Notification provisions regarding EBPI
      - iv. That the legally responsible person of a minor or incompetent adult may request notification after any occurrence of the use of EBPI
      - v. Explanation of Consumer Rights
  2. Assure the practice of informed consumer choice and consent is provided.
  3. Shall obtain medical and health history information to include physical and psychological conditions that would prevent the use of restrictive intervention procedures specific to adults, children, adolescents, and persons with special needs.
- C. Direct Care Employees



1. Shall attend and participate in EBPI at time of employment, and annually thereafter as specified in PCC's Human Resources Training and Development policy and procedure (I-B-007).
  - a. Employees that are hired and show proof of EBPI training by an approved trainer may be exempt from training at time of employment. The employee then would attend refresher training before expiration of original EBPI training.
2. Shall comply with PCC's policy and procedure related to behavior management and serving consumers in the least restrictive manner.

D. Assigned Direct Care Supervisor

1. Shall orient new employee to assigned work area behavioral management practices to include consumer rules/expectations and approved/prohibited procedures.
2. Shall conduct debriefing with involved employees and consumer as appropriate after an EBPI to discuss and process methods to improve the behavioral management of consumers.
3. Shall continually evaluate the use of assigned work area behavioral management practices and recommend, obtain approval, and implement procedural improvements.
4. Shall use supervision and/or corrective/disciplinary action with assigned employees to maintain compliance with this policy and procedure.

E. CEO or Designee

1. Shall review and approve all behavioral management rules and procedures to include behavior modification/token economies.
2. Shall assure supervisor compliance with approved behavioral management policy and procedure.
3. Shall approve all consumer expulsions or involuntary discharges from services.
4. Shall have primary responsibility for the interpretation and application of this policy and procedure.

F. Human Resources (HR) or Designee

1. Upon employment of direct care employees, shall conduct primary source verification to verify training in EBPI. For new employees that have up to date EBPI training by an approved instructor, HR may exempt from new employee EBPI training
2. Shall arrange with Training Instructor and schedule EBPI, CPR classes as needed to keep employees current with EBPI Training Requirements.
3. Shall work with supervisor to apply employee corrective or disciplinary action for employees that do not comply with this policy and procedure.
4. Shall maintain documentation of employee training and send out notices to supervisors when employee training is about to expire.
5. Shall maintain an electronic data base of employee training, to include EBPI training.
6. Training records shall be maintained for a period of three years.

G. Instructors or Persons Completing EBPI Training

1. Shall maintain credentialing as an EBPI instructor and assure training programs meets the requirements established by the NC Division of MH/DD/SA and as specified in APSM 95-2 and APSM 30-1.
2. Shall assure employees demonstrate competency before granting course completion documentation, as evidenced by pre/post testing and demonstrating ability/competence to use EBPI procedures.
3. Shall develop training schedule that meets the needs of PCC's services and employee needs. This includes new employee and annual EBPI and CPR training.

#### H. Safety Officer or designee

1. Shall review all critical incident reports, DHHS Restrictive Intervention Details Report, and adverse event forms related to PCC's Behavioral Management system. Purpose of review shall be to assure compliance with established policy and procedure, and recommend suggested improvements to better manage the behavior of consumers.
2. Shall investigate allegations of consumer right and employee ethic violations as specified in PCC's Consumer Rights, and Corporate Compliance and Ethics policies and procedures.
3. Shall utilize electronic data base of critical incident, adverse event form, and submitting aggregated reports quarterly to Quality and Performance Improvement Committee (QPIC) and Consumer Rights Committee. Data shall be analyzed and trended and include:
  - a. Types of procedures used and length of time employed
  - b. Alternatives considered or employed; and,
  - c. Effectiveness of the procedures or alternatives employed.
4. May perform review of service record documentation of restrictive interventions as appropriate to achieve compliance with PCC procedures. May assist Supervisor and/or employee to develop a corrective plan of action.

#### I. QPIC

1. Shall approve all procedures related to this policy and procedure as recommended by the Chief Clinical Officer.
2. Shall review data and information trends related to PCC Behavioral Management program. Will utilize a QM approach to develop and implement corrective action plans to assure consumers are treated in the least restrictive manner.
3. Shall continually seek to improve the quality of behavioral management policy and procedure and assure the dignity, respect, and rights of consumers are promoted/protected.

#### J. Governing Board

1. Shall review and approve behavioral management policy.

Evidence Based Protective Interventions



EVIDENCE BASED PROTECTIVE INTERVENTIONS

Document: 2021120345880

PRINTED: December 3, 2021

**PARTICIPANT**


*This certifies that*

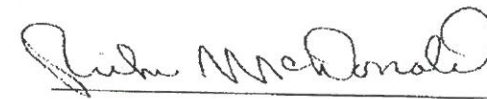
**MICHAEL KIRBY**

*has fulfilled all the requirements for competency in  
the Approved Restrictive Intervention Curriculum*

**EBPI INTERVENTIONS - BASE**

*SUBJECT TO ANNUAL CERTIFICATION*

  
BASE TRAINER

  
Richard McDonald CEO

CERTIFICATION DATE: 12/2/21

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED December 31, 2022.



Evidence Based Protective Interventions



Document: 2020093034032

PRINTED: September 30, 2020

**PARTICIPANT**

*This certifies that*

**MICHAEL KIRBY**

*has fulfilled all the requirements for competency in  
the Approved Restrictive Intervention Curriculum*

**EBPI INTERVENTIONS - PREVENT**

*SUBJECT TO ANNUAL CERTIFICATION*

*Allyn Taylor*  
PREVENT TRAINER

*Richard McDonald*  
Richard McDonald CEO

CERTIFICATION DATE: 9/30/2020

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED October 1, 2021.

Evidence Based Protective Interventions



Document: 2021092843812

PRINTED: September 28, 2021

**PARTICIPANT**

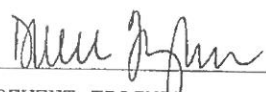
*This certifies that*

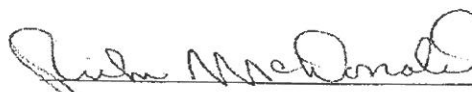
**MICHAEL KIRBY**

*has fulfilled all the requirements for competency in  
the Approved Restrictive Intervention Curriculum*

**EBPI INTERVENTIONS - PREVENT**

*SUBJECT TO ANNUAL CERTIFICATION*

  
PREVENT TRAINER

  
Richard McDonald CEO

CERTIFICATION DATE: 9/28/2021

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED October 1, 2022.

Evidence Based Protective Interventions



Document: 2019092723135

PRINTED: September 27, 2019

**PARTICIPANT**

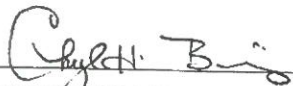
*This certifies that*

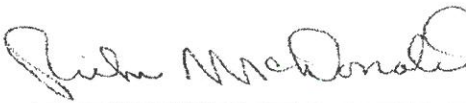
**MICHAEL KIRBY**

*has fulfilled all the requirements for competency in  
the Approved Restrictive Intervention Curriculum*

**EBPI INTERVENTIONS - BASE PLUS**

*SUBJECT TO ANNUAL CERTIFICATION*

  
\_\_\_\_\_  
BASE PLUS TRAINER

  
\_\_\_\_\_  
Richard McDonald CEO

CERTIFICATION DATE: 9-25-19

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED October 1, 2020.



Evidence Based Protective Interventions



EVIDENCE BASED PROTECTIVE INTERVENTIONS

Document: 201809269818

PRINTED: September 26, 2018

**PARTICIPANT**

*This certifies that*

**MICHAEL KIRBY**

*has fulfilled all the requirements for competency in  
the Approved Restrictive Intervention Curriculum*

**EBPI INTERVENTIONS - BASE PLUS**

*SUBJECT TO ANNUAL CERTIFICATION*

A handwritten signature in black ink, appearing to read 'Mike James C. ...', is written over a horizontal line.

BASE PLUS TRAINER

CERTIFICATION DATE: 9/26/18

A handwritten signature in black ink, appearing to read 'Richard McDonald', is written over a horizontal line.

Richard McDonald CEO

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED September 30, 2019.

Evidence Based Protective Interventions



Document: 2021102544769

PRINTED: October 25, 2021

## PARTICIPANT


*This certifies that*


**LAVONDA HUNTER**

*has fulfilled all the requirements for competency in  
the Approved Restrictive Intervention Curriculum*

**EBPI INTERVENTIONS - BASE**

*SUBJECT TO ANNUAL CERTIFICATION*

  
\_\_\_\_\_  
BASE TRAINER

  
\_\_\_\_\_  
Richard McDonald CEO

CERTIFICATION DATE: 10/21/2021

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED October 31, 2022.

Evidence Based Protective Interventions



Document: 2021073042098

PRINTED: July 30, 2021

**PARTICIPANT**

*This certifies that*

**LAVONDA HUNTER-TUCKER**

*has fulfilled all the requirements for competency in*

*the Approved Restrictive Intervention Curriculum*

**EBPI INTERVENTIONS - PREVENT**

*SUBJECT TO ANNUAL CERTIFICATION*

*Dawn Taylor*  
PREVENT TRAINER

*Richard McDonald*  
Richard McDonald CEO

CERTIFICATION DATE: 7/30/2021

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED July 31, 2022.



Evidence Based Protective Interventions



Document 2020071731952

PRINTED: July 17, 2020

**PARTICIPANT**

*This certifies that*

**LAVONDA HUNTER-TUCKER**

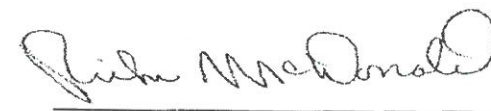
*has fulfilled all the requirements for competency in*

*the Approved Restrictive Intervention Curriculum*

**EBPI INTERVENTIONS - BASE PLUS**

*SUBJECT TO ANNUAL CERTIFICATION*

  
\_\_\_\_\_  
BASE PLUS TRAINER

  
\_\_\_\_\_  
Richard McDonald CEO

CERTIFICATION DATE: 7-16-2020

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED July 31, 2021.

Evidence Based Protective Interventions



Document: 2019080821020

PRINTED: August 8, 2019

## PARTICIPANT

*This certifies that*

**LAVONDA HUNTER-TUCKER**

*has fulfilled all the requirements for competency in  
the Approved Restrictive Intervention Curriculum*

**EBPI INTERVENTIONS - BASE PLUS**

*SUBJECT TO ANNUAL CERTIFICATION*

Cheryl Billings

BASE PLUS TRAINER

CERTIFICATION DATE:

July 31, 2019

Richard McDonald CEO

July

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED ~~August~~ July 31, 2020.

Evidence Based Protective Interventions



Document 201808288533

PRINTED: August 28, 2018

## PARTICIPANT

*This certifies that*

**Lavonda Hunter-Tucker**

*has fulfilled all the requirements for competency in*

*the Approved Restrictive Intervention Curriculum*

**EBPI INTERVENTIONS - BASE PLUS**

*SUBJECT TO ANNUAL CERTIFICATION*

BASE PLUS TRAINER

CERTIFICATION DATE:

8/28/18

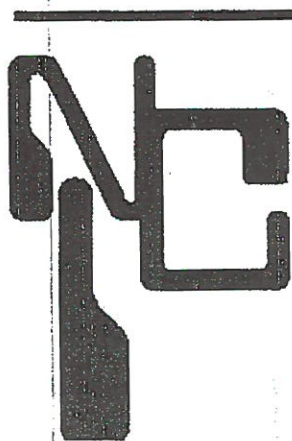
Richard McDonald CEO

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED August 30, 2019.



North Carolina  
Interventions

Agency is responsible for verifying Instructor certification.  
Go to DMH/DD/SAS website:  
<http://www.ncdmh.net/NCI-Public/index.htm>



# Participant

*This certifies that*

**Lavonda Hunter-Tucker**

*has fulfilled all requirements for certification and, subject to annual recertification, is qualified to use physical techniques*

***NCI Interventions – Core+ Training***

*(Parts A and B + designated optional techniques)*

*This individual is certified in 15 optional physical techniques (see back)*

*A curriculum of the NC Division of Mental Health, Development Disabilities and Substance Abuse Services*

Cheryl Billings

Instructor name

*Cheryl H. Billings*

Instructor signatures

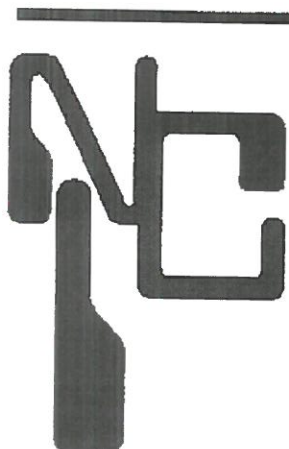
8/30/2017

Date

Certificate is valid through 8/31/2018

North Carolina  
Interventions

Agency is responsible for verifying Instructor certification.  
Go to DMH/DD/SAS website:  
<http://www.ncdmh.net/NCI-Public/index.htm>



# Participant

*This certifies that*

**Lavonda Hunter-Tucker**

*has fulfilled all requirements for certification and, subject to annual recertification, is qualified to use physical techniques*

***NCI Interventions – Core+ Training***

*(Parts A and B + designated optional techniques)*

*This individual is certified in 16 optional physical techniques (see back)*

*A curriculum of the NC Division of Mental Health, Development Disabilities and Substance Abuse Services*

Dawn Taylor

Instructor name

A handwritten signature in black ink, appearing to read 'Dawn Taylor', written over a horizontal line.

Instructor signatures

8/31/2016

Date

Certificate is valid through 8/31/2017



North Carolina  
Interventions

Agency is responsible for verifying Instructor certification.  
Go to DMH/DD/SAS website:  
<http://www.ncdmh.net/NCI-Public/index.htm>



# Participant

*This certifies that*

**Lavonda Hunter-Tucker**

*has fulfilled all requirements for certification and, subject to annual recertification, is qualified to use physical techniques*

***NCI Interventions – Core+ Training***

*(Parts A and B + designated optional techniques)*

*This individual is certified in 17 optional physical techniques (see back)*

*A curriculum of the NC Division of Mental Health, Development Disabilities and  
Substance Abuse Services*

Dawn Taylor

Instructor name

Instructor signatures

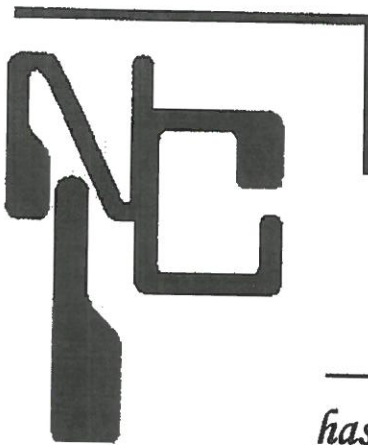
8/19/2015

Date

Certificate is valid through 8/31/2016

North Carolina  
Interventions

Agency is responsible for verifying Instructor certification.  
Go to DMH/DD/SAS website:  
<http://www.ncdmh.net/NCI-Public/index.htm>



# Participant

*This certifies that*

**Lavonda Hunter - Tucker**

*has fulfilled all requirements for certification and, subject to annual recertification, is qualified to use physical techniques*

**NCI Interventions – Core+ Training**

*(Parts A and B + designated optional techniques)*

*This individual is certified in 18 optional physical techniques (see back)*

*A curriculum of the NC Division of Mental Health, Development Disabilities and Substance Abuse Services*

**Dawn Taylor & Cheryl Billings**

Instructor name

Handwritten signatures of Dawn Taylor and Cheryl Billings in black ink.

Instructor signatures

8/27 & 8/28/2014

Date

Certificate is valid through 8/31/2015

Evidence Based Protective Interventions



Document: 2022031748420

PRINTED: March 17, 2022

## PARTICIPANT

*This certifies that*

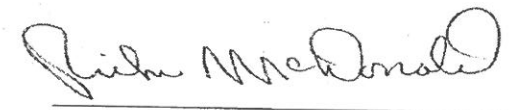
**JANICE LEDBETTER**

*has fulfilled all the requirements for competency in  
the Approved Restrictive Intervention Curriculum*

**EBPI INTERVENTIONS - BASE PLUS**

*SUBJECT TO ANNUAL CERTIFICATION*

 Dawn Taylor  
BASE PLUS TRAINER

  
Richard McDonald CEO

CERTIFICATION DATE: 3/18/2022

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED March 31, 2023.



Evidence Based Protective Interventions



Document: 2022031748421

PRINTED: March 17, 2022

**PARTICIPANT**

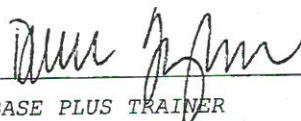
*This certifies that*

**JOYE LIPFORD**

*has fulfilled all the requirements for competency in  
the Approved Restrictive Intervention Curriculum*

**EBPI INTERVENTIONS - BASE PLUS**

*SUBJECT TO ANNUAL CERTIFICATION*

  
Dawn Taylor  
BASE PLUS TRAINER



Richard McDonald CEO

CERTIFICATION DATE: 3/17/2022

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED March 31, 2023.

Evidence Based Protective Interventions



Document 2022022547794

PRINTED: February 25, 2022

**PARTICIPANT**

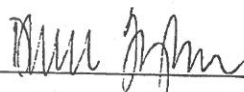
*This certifies that*

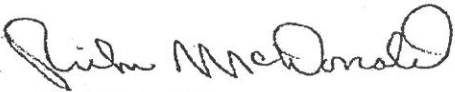
**KIMBERLY DALE VINESETT**

*has fulfilled all the requirements for competency in  
the Approved Restrictive Intervention Curriculum*

**EBPI INTERVENTIONS - BASE PLUS**

*SUBJECT TO ANNUAL CERTIFICATION*

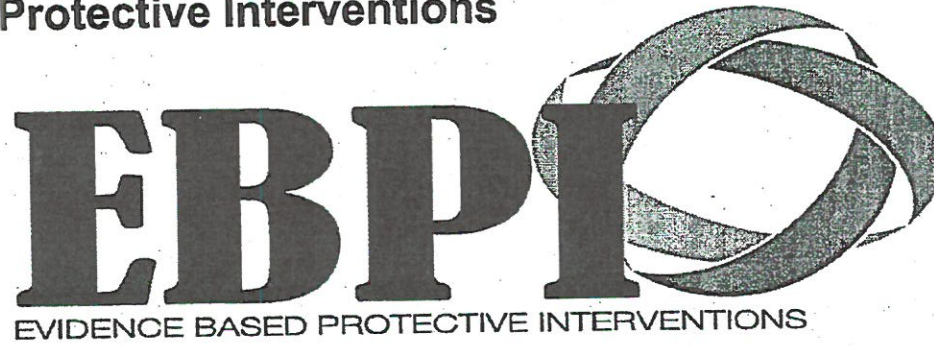
  
Dawn Taylor  
BASE PLUS TRAINER

  
Richard McDonald CEO

CERTIFICATION DATE: 2/25/2022

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED February 28, 2023.

Evidence Based Protective Interventions



Document: 2022022547784

PRINTED: February 25, 2022

**PARTICIPANT**

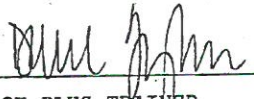
*This certifies that*

**STEVEN GASTON**

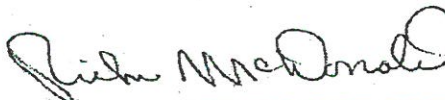
*has fulfilled all the requirements for competency in  
the Approved Restrictive Intervention Curriculum*

**EBPI INTERVENTIONS - BASE PLUS**

*SUBJECT TO ANNUAL CERTIFICATION*

  
Dawn Taylor  
BASE PLUS TRAINER

CERTIFICATION DATE: 2/25/2022



Richard McDonald CEO

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED February 28, 2023.

Evidence Based Protective Interventions



Document: 2022031748422

PRINTED: March 17, 2022

**PARTICIPANT**

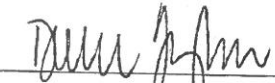
*This certifies that*

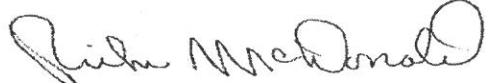
**HOPE MAYHEW**

*has fulfilled all the requirements for competency in  
the Approved Restrictive Intervention Curriculum*

**EBPI INTERVENTIONS - BASE PLUS**

*SUBJECT TO ANNUAL CERTIFICATION*

  
Dawn Taylor  
BASE PLUS TRAINER



Richard McDonald CEO

CERTIFICATION DATE: 3/17/2022

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED March 31, 2023.



Evidence Based Protective Interventions



Document: 2022031748414

PRINTED: March 17, 2022

**PARTICIPANT**

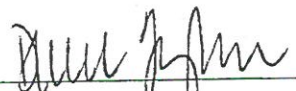
*This certifies that*


**ERIC HOPPER**

*has fulfilled all the requirements for competency in  
the Approved Restrictive Intervention Curriculum*

**EBPI INTERVENTIONS - BASE PLUS**

*SUBJECT TO ANNUAL CERTIFICATION*

  
Dawn Taylor  
BASE PLUS TRAINER

  
Richard McDonald CEO

CERTIFICATION DATE: 3/17/2022

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED March 31, 2023.



Evidence Based Protective Interventions



Document: 2022031748409

PRINTED: March 17, 2022

**PARTICIPANT**

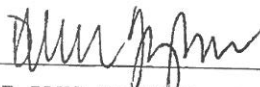
*This certifies that*

**HEIDI HINCHEY**

*has fulfilled all the requirements for competency in  
the Approved Restrictive Intervention Curriculum*

**EBPI INTERVENTIONS - BASE PLUS**

*SUBJECT TO ANNUAL CERTIFICATION*

 Dawn Taylor

BASE PLUS TRAINER

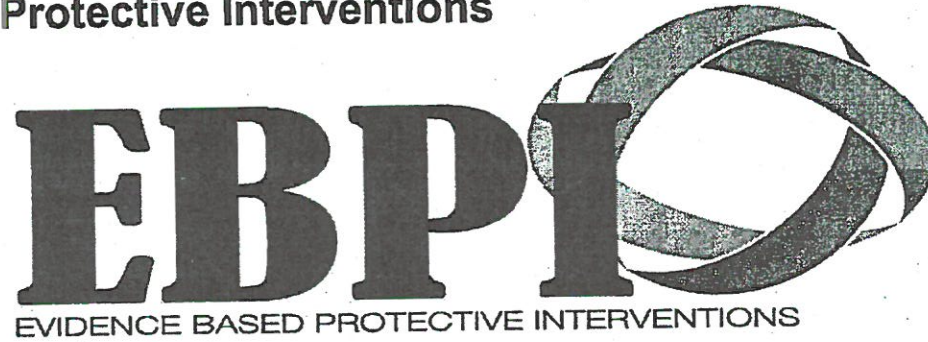


Richard McDonald CEO

CERTIFICATION DATE: 3/17/2022

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED March 31, 2023.

Evidence Based Protective Interventions



Document: 2022013147161

PRINTED: January 31, 2022

**PARTICIPANT**


*This certifies that*

**JAMES RICHARDSON**


*has fulfilled all the requirements for competency in  
the Approved Restrictive Intervention Curriculum*

**EBPI INTERVENTIONS - BASE PLUS**

*SUBJECT TO ANNUAL CERTIFICATION*

  
\_\_\_\_\_  
BASE PLUS TRAINER

CERTIFICATION DATE: 1/31/2022

  
\_\_\_\_\_  
Richard McDonald CEO

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED January 31, 2023.

Evidence Based Protective Interventions



Document 2022013147157

PRINTED: January 31, 2022

**PARTICIPANT**

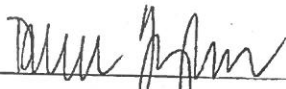
*This certifies that*

**SHARIKA HOWELL**

*has fulfilled all the requirements for competency in  
the Approved Restrictive Intervention Curriculum*

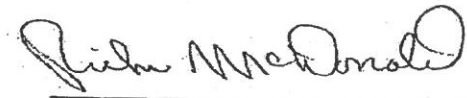
**EBPI INTERVENTIONS - BASE PLUS**

*SUBJECT TO ANNUAL CERTIFICATION*

  
\_\_\_\_\_  
BASE PLUS TRAINER

CERTIFICATION DATE:

1/31/2022

  
\_\_\_\_\_  
Richard McDonald CEO

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED January 31, 2023.

Evidence Based Protective Interventions



Document: 2022013147156

PRINTED: January 31, 2022

**PARTICIPANT**

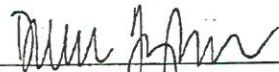
*This certifies that*

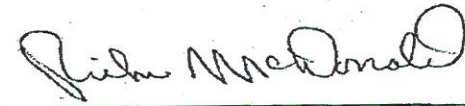
**STEPHEN ARCHIE**

*has fulfilled all the requirements for competency in  
the Approved Restrictive Intervention Curriculum*

**EBPI INTERVENTIONS - BASE PLUS**

*SUBJECT TO ANNUAL CERTIFICATION*

  
\_\_\_\_\_  
BASE PLUS TRAINER

  
\_\_\_\_\_  
Richard McDonald CEO

CERTIFICATION DATE: 1/31/2022

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED January 31, 2023.

Evidence Based Protective Interventions



Document: 2022013147159

PRINTED: January 31, 2022

**PARTICIPANT**

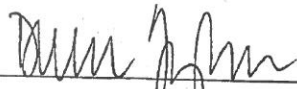
*This certifies that*

**HOWARD MOORE, III**

*has fulfilled all the requirements for competency in  
the Approved Restrictive Intervention Curriculum*

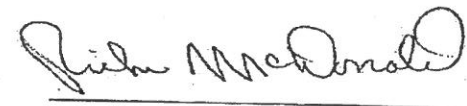
**EBPI INTERVENTIONS - BASE PLUS**

*SUBJECT TO ANNUAL CERTIFICATION*

  
\_\_\_\_\_  
BASE PLUS TRAINER

CERTIFICATION DATE:

1/31/2022

  
\_\_\_\_\_  
Richard McDonald CEO

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED January 31, 2023.



Evidence Based Protective Interventions



Document: 2022013147155

PRINTED: January 31, 2022

**PARTICIPANT**

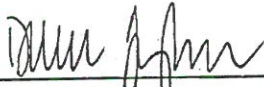
*This certifies that*

**MISTY HILL**

*has fulfilled all the requirements for competency in  
the Approved Restrictive Intervention Curriculum*

**EBPI INTERVENTIONS - BASE PLUS**

*SUBJECT TO ANNUAL CERTIFICATION*

  
\_\_\_\_\_  
BASE PLUS TRAINER

CERTIFICATION DATE:

1/31/2022

  
\_\_\_\_\_  
Richard McDonald CEO

Richard McDonald CEO

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED January 31, 2023.

Evidence Based Protective Interventions



Document: 2022022547787

PRINTED: February 25, 2022

**PARTICIPANT**

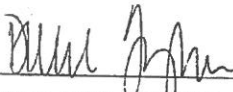
*This certifies that*

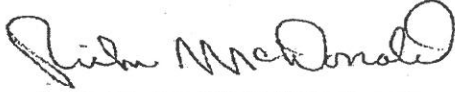
**SHELLEY HELTON**

*has fulfilled all the requirements for competency in  
the Approved Restrictive Intervention Curriculum*

**EBPI INTERVENTIONS - BASE PLUS**

*SUBJECT TO ANNUAL CERTIFICATION*

  
Dawn Taylor  
BASE PLUS TRAINER

  
Richard McDonald CEO

CERTIFICATION DATE: 2/25/2022

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED February 28, 2023.

Evidence Based Protective Interventions



Document: 2022031748410

PRINTED: March 17, 2022

**PARTICIPANT**

*This certifies that*

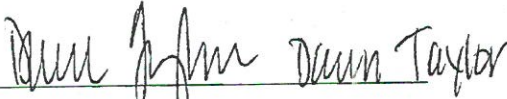
**HOLLY CHAPMAN**

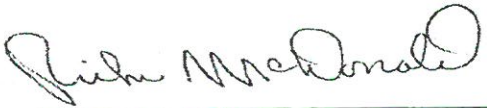
*has fulfilled all the requirements for competency in*

*the Approved Restrictive Intervention Curriculum*

**EBPI INTERVENTIONS - BASE PLUS**

*SUBJECT TO ANNUAL CERTIFICATION*

  
\_\_\_\_\_  
BASE PLUS TRAINER

  
\_\_\_\_\_  
Richard McDonald CEO

CERTIFICATION DATE: 3/17/2022

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED March 31, 2023.



Evidence Based Protective Interventions



Document: 2022031748411  
PRINTED: March 17, 2022

**PARTICIPANT**

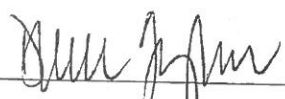
*This certifies that*

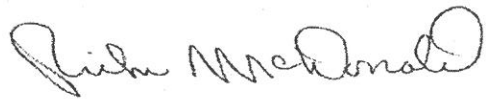
**MYANNE COTTLE**

*has fulfilled all the requirements for competency in  
the Approved Restrictive Intervention Curriculum*

**EBPI INTERVENTIONS - BASE PLUS**

*SUBJECT TO ANNUAL CERTIFICATION*

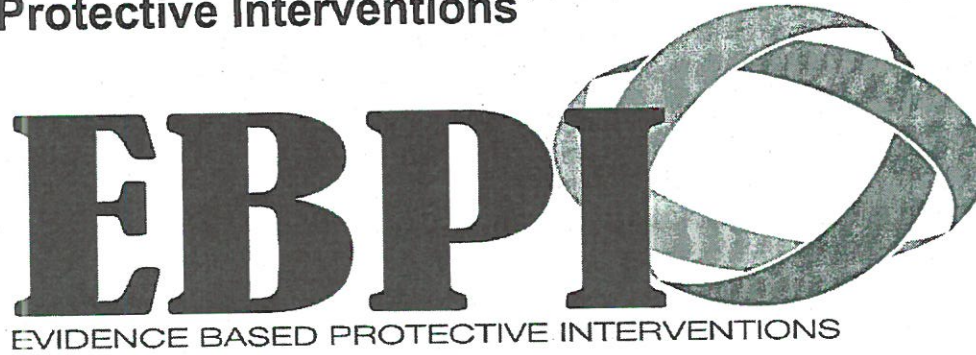
  
Dawn Taylor  
BASE PLUS TRAINER

  
Richard McDonald CEO

CERTIFICATION DATE: 3/17/2022

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED March 31, 2023.

Evidence Based Protective Interventions



Document: 2022031748408

PRINTED: March 17, 2022

**PARTICIPANT**

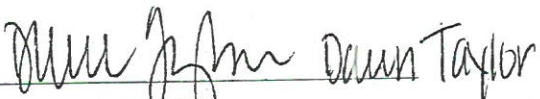
*This certifies that*


**JONATHAN GERALD**

*has fulfilled all the requirements for competency in  
the Approved Restrictive Intervention Curriculum*

**EBPI INTERVENTIONS - BASE PLUS**

*SUBJECT TO ANNUAL CERTIFICATION*

  
Dawn Taylor  
BASE PLUS TRAINER

  
Richard McDonald CEO

CERTIFICATION DATE: 3/17/2022

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED March 31, 2023.

Evidence Based Protective Interventions



Document: 2022031148311

REPRINTED: March 11, 2022

**PARTICIPANT**

*This certifies that*

**CHARMAINE GILL**

*has fulfilled all the requirements for competency in  
the Approved Restrictive Intervention Curriculum*

**EBPI INTERVENTIONS - BASE PLUS**

*SUBJECT TO ANNUAL CERTIFICATION*

*Dawn Taylor*  
BASE PLUS TRAINER

CERTIFICATION DATE: 3/30/2022

Richard McDonald CEO

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED March 31, 2023.

Evidence Based Protective Interventions



Document: 2022031748412

PRINTED: March 17, 2022

**PARTICIPANT**

*This certifies that*

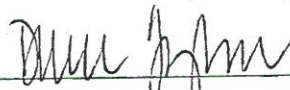
**STACY HARRIS**


*has fulfilled all the requirements for competency in*

*the Approved Restrictive Intervention Curriculum*

**EBPI INTERVENTIONS - BASE PLUS**

*SUBJECT TO ANNUAL CERTIFICATION*

  
Dawn Taylor  
BASE PLUS TRAINER



Richard McDonald CEO

CERTIFICATION DATE: 3/17/2022

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED March 31, 2023.

Evidence Based Protective Interventions



Document: 2022031748413

PRINTED: March 17, 2022

## PARTICIPANT

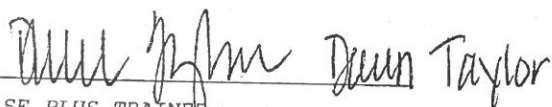
*This certifies that*

**EDITH HAYES-FRANZ**

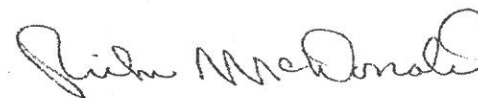
*has fulfilled all the requirements for competency in  
the Approved Restrictive Intervention Curriculum*

**EBPI INTERVENTIONS - BASE PLUS**

*SUBJECT TO ANNUAL CERTIFICATION*

  
Dawn Taylor

BASE PLUS TRAINER



Richard McDonald CEO

CERTIFICATION DATE: 3/17/2022

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED March 31, 2023.



Evidence Based Protective Interventions



Document: 2022031748426

PRINTED: March 17, 2022

**PARTICIPANT**

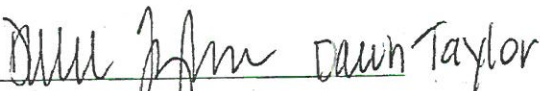
*This certifies that*

**ALEKSANDRA HOYLE**

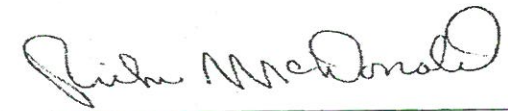
*has fulfilled all the requirements for competency in  
the Approved Restrictive Intervention Curriculum*

**EBPI INTERVENTIONS - BASE PLUS**

*SUBJECT TO ANNUAL CERTIFICATION*

  
\_\_\_\_\_  
BASE PLUS TRAINER

CERTIFICATION DATE: 3/17/2022



Richard McDonald CEO

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED March 31, 2023.



Evidence Based Protective Interventions



Document: 2022031748415

PRINTED: March 17, 2022

## PARTICIPANT

*This certifies that*

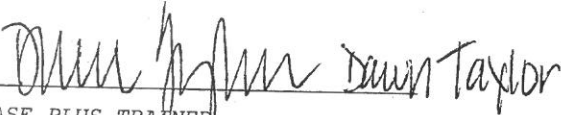
**LAVONDA HUNTER-TUCKER**


*has fulfilled all the requirements for competency in*

*the Approved Restrictive Intervention Curriculum*

**EBPI INTERVENTIONS - BASE PLUS**

*SUBJECT TO ANNUAL CERTIFICATION*

  
BASE PLUS TRAINER



Richard McDonald CEO

CERTIFICATION DATE: 3/27/2022

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED March 31, 2023.

Evidence Based Protective Interventions



Document: 2022031748416

PRINTED: March 17, 2022

**PARTICIPANT**

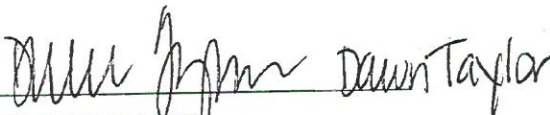
*This certifies that*

**GEORGE JACKSON**


*has fulfilled all the requirements for competency in  
the Approved Restrictive Intervention Curriculum*

**EBPI INTERVENTIONS - BASE PLUS**

*SUBJECT TO ANNUAL CERTIFICATION*

  
\_\_\_\_\_  
BASE PLUS TRAINER

CERTIFICATION DATE: 3/17/2022

  
\_\_\_\_\_  
Richard McDonald CEO

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED March 31, 2023.

Evidence Based Protective Interventions



Document: 2022031748417

PRINTED: March 17, 2022

**PARTICIPANT**

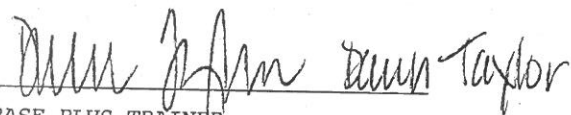
*This certifies that*

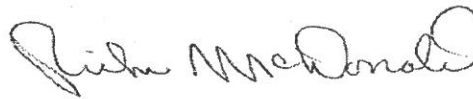
**SHARON KELLEY**

*has fulfilled all the requirements for competency in  
the Approved Restrictive Intervention Curriculum*

**EBPI INTERVENTIONS - BASE PLUS**

*SUBJECT TO ANNUAL CERTIFICATION*

  
\_\_\_\_\_  
BASE PLUS TRAINER

  
\_\_\_\_\_  
Richard McDonald CEO

CERTIFICATION DATE: 3/17/2022

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED March 31, 2023.

Evidence Based Protective Interventions



Document: 2022031748418

PRINTED: March 17, 2022

**PARTICIPANT**

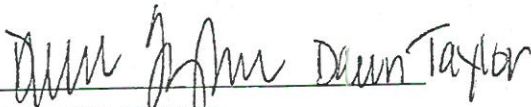
*This certifies that*

**MICHAEL KIRBY**


*has fulfilled all the requirements for competency in  
the Approved Restrictive Intervention Curriculum*

**EBPI INTERVENTIONS - BASE PLUS**

*SUBJECT TO ANNUAL CERTIFICATION*

  
\_\_\_\_\_  
BASE PLUS TRAINER

CERTIFICATION DATE: 3/17/2022

  
\_\_\_\_\_

Richard McDonald CEO

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED March 31, 2023.

Evidence Based Protective Interventions



Document: 2022031748419

PRINTED: March 17, 2022

**PARTICIPANT**

*This certifies that*

**SHARON LAND**

*has fulfilled all the requirements for competency in  
the Approved Restrictive Intervention Curriculum*

**EBPI INTERVENTIONS - BASE PLUS**

*SUBJECT TO ANNUAL CERTIFICATION*

*Dawn Taylor*  
BASE PLUS TRAINER

*Richard McDonald*  
Richard McDonald CEO

CERTIFICATION DATE: 3/17/2022

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED March 31, 2023.



Evidence Based Protective Interventions



Document: 2022031748431

PRINTED: March 17, 2022

**PARTICIPANT**

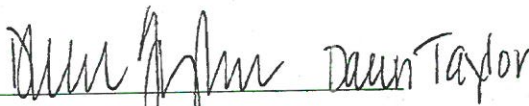
*This certifies that*

**SARAH MARTIN**


*has fulfilled all the requirements for competency in  
the Approved Restrictive Intervention Curriculum*

**EBPI INTERVENTIONS - BASE PLUS**

*SUBJECT TO ANNUAL CERTIFICATION*

  
\_\_\_\_\_  
BASE PLUS TRAINER

CERTIFICATION DATE: 3/17/2022

  
\_\_\_\_\_  
Richard McDonald CEO

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED March 31, 2023.



Evidence Based Protective Interventions



Document: 2022031748428

PRINTED: March 17, 2022

**PARTICIPANT**

*This certifies that*

**SIDNEY PELLEGRINI**

*has fulfilled all the requirements for competency in  
the Approved Restrictive Intervention Curriculum*

**EBPI INTERVENTIONS - BASE PLUS**

*SUBJECT TO ANNUAL CERTIFICATION*

*Dawn Taylor*  
Dawn Taylor

BASE PLUS TRAINER

*Richard McDonald*

Richard McDonald CEO

CERTIFICATION DATE:

3/17/2022

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED March 31, 2023.

Evidence Based Protective Interventions



Document: 2022031748423

PRINTED: March 17, 2022

**PARTICIPANT**

*This certifies that*


**TERESA RICHARDSON**

*has fulfilled all the requirements for competency in*

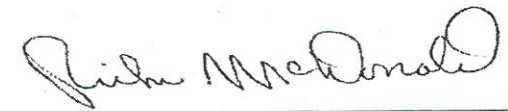
*the Approved Restrictive Intervention Curriculum*

**EBPI INTERVENTIONS - BASE PLUS**

*SUBJECT TO ANNUAL CERTIFICATION*

  
\_\_\_\_\_  
BASE PLUS TRAINER

CERTIFICATION DATE: 3/17/2022



Richard McDonald CEO

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED March 31, 2023.

Evidence Based Protective Interventions



Document: 2022031748424

PRINTED: March 17, 2022

**PARTICIPANT**

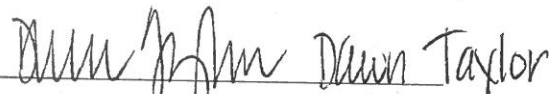
*This certifies that*

**JADE WILLIAMS**

*has fulfilled all the requirements for competency in  
the Approved Restrictive Intervention Curriculum*

**EBPI INTERVENTIONS - BASE PLUS**

*SUBJECT TO ANNUAL CERTIFICATION*

  
BASE PLUS TRAINER



Richard McDonald CEO

CERTIFICATION DATE: 3/17/2022

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED March 31, 2023.

# Evidenced Based Protective Interventions

# ***EBPI***

## Policy and Procedures

July 2017

PROFESSIONAL SOLUTIONS

# **Contents**

## **PREFACE**

- 1.0 EBPI Philosophy and Scope**
- 2.0 Purpose of the Quality Assurance Department**
- 2.1 EBPI Quality Assurance Department Roles and Responsibilities**
- 2.2 EBPI Administration Organizational Chart**
- 2.3 EBPI Quality Assurance Department**
- 2.4 EBPI Quality Assurance Department Membership Agreement**
- 2.5 EBPI Support of Coaches and Trainers**
- 3.0 EBPI Restrictive Intervention Policy**
- 3.1 EBPI Website Map**
- 3.2 Coach Agreements**
- 3.3 Trainer Agreements**
- 3.4 Trainer Guides**
- 3.5 Course Content, Structure, Size, Time Frames and Testing**
- 4.0 Certification, Recertification and Decertification**
- 5.0 Testing Procedures**
- 6.0 Guidelines for Establishing a Training Agreement**
- 7.0 Agency EBPI Training Agreement**
- 7.1 EBPI Complaint Process and Procedures**
- 8.0 EBPI Complaint Flow Chart**
- 9.0 EBPI Complaint Form**



## **9.1 Complaint Process Script**

### **10.0 North Carolina Administrative Codes Relating to Restraint and Seclusion:**

- 10A NCAC 27C .0102 DEFINITIONS
- 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT
- 10A NCAC 28A .0102 DEFINITIONS
- 10A NCAC 27G .0601 SCOPE
- 10A NCAC 28D .0209 TRAINING: EMPHASIS ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS
- 10A NCAC 28D .0210 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT
- 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS

### **11.0 § 122C-115.4. Functions of local management entities**

## **Preface**

The *EBP Quality Assurance Department Procedures and Policy* manual offers useful information on Evidence Based Protective Interventions (EBPI). EBPI is a training program created to be used for Mental Health, Developmental Disabilities and Substance Abuse Services providers. The manual is designed to provide an administrative orientation to EBPI and is most effective when used in conjunction with the Trainer and participant curriculum guidebooks. The information is for professionals who interact with consumers of mental health, developmental disabilities and substance abuse services.

Topics begin with a historical perspective of restraint and seclusion program, early beginnings and philosophy. The main sections of the manual contain specific policies and procedures relating to training and certifications, information on the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services, the EBPI Quality Assurance Department and a reference section containing the North Carolina General Statute and North Carolina Administrative Code. The overall purpose of this manual is to advance one's knowledge of the program with the understanding that knowledge increases skill, expertise and confidence.

## **1.0 - PHILOSOPHY**

Evidence Based Protective Intervention's (EBPI) administration and staff are committed to providing supports and services in humane and safe space environments that demonstrate respect for individuals challenged with mental health issues, substance abuse and developmental disabilities. This can best be done by staff who are trained 1) to prevent and avoid the use of physical interventions and 2) to use them safely and only as a last resort.

### **SCOPE**

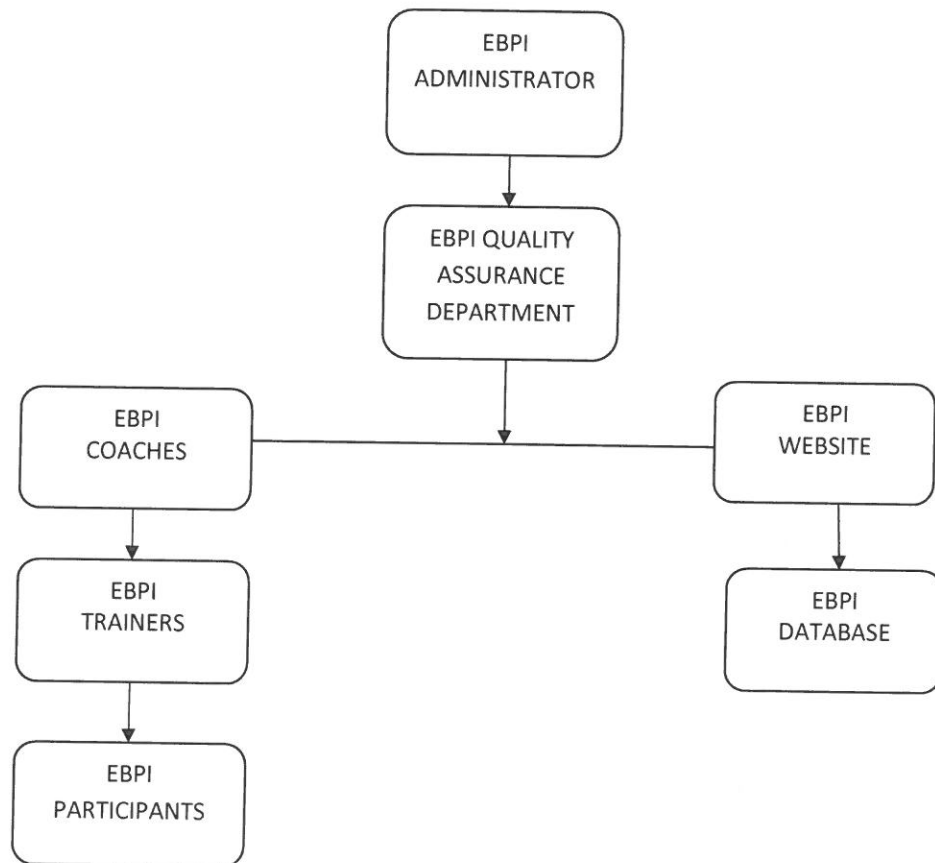
This curriculum is designed to be used in facilities that train staff in community based mental health, substance abuse and developmental disability programs as well as schools and other facilities that require behavioral interventions. The Prevent and alternatives to seclusion and restraint component of the curriculum is designed to train staff in evidenced based theoretical humanistic, cognitive and behavioral models.

## **2.0 - Purpose of the Quality Assurance Department**

The purpose of the EBPI Quality Assurance Department is to monitor the safety and effectiveness of the EBPI training program. Only this Department may train and certify Coaches. Quality Assurance personnel are appointed by the Managing Director of EBPI. Quality Assurance personnel each have a minimum of five (5) years in instructing/training a alternative to restrictive interventions curriculum and a seclusion, physical restraint and isolation time out curriculum.

The EBPI Quality Assurance Department works on the premise that the best way to ensure a high quality restraint, intervention and seclusion program is to build on the present strengths of the program. The Department strives to reinforce quality restraint and seclusion practices where they already exist, assist with remedial action when quality and services are not up to expected standards and proactively demonstrate that care is being taken to ensure that quality is maintained on a system wide basis. The Department is dedicated toward promoting quality in the Empirical Based Protective Interventions program.

### 3.0 - EBPI Organizational Chart





### **2.3 EBPI Quality Assurance Department**

The Quality Assurance Department are composed of three to five members who are appointed by the managing director and have at least 5 years as an Trainer or trainer in a restrictive intervention curriculum.

Roles and Responsibilities of the EBPI Managing Director:

- Lead and manage the business of the QA Department.
- Promote the highest standards of integrity and honesty.
- Appoint members to special Departments or for specific assignments.
- Ensure there are clear directions, focus and timelines for the assigned tasks.
- Develop the agenda to promote fast and effective decision making.
- Ensure that the strategies and actions recommended by the Department are communicated to the EBPI Administrator.
- Ensure that new members receive an appropriate orientation to the department.
- Ensure that all members of the department contribute fully in major decisions.

## **.2 - Website Map**

**The EBPI website can be found at:**

<http://www.EBPIweb.com>

Summary of items on web page:

- Description of EBPI Program
- Highlights of Training
- EBPI staff Contact Information
- List of Certified Coaches and Trainers by state and region for
  1. Prevent Curriculum
  2. Base
  3. Base Plus
- Frequently Asked Questions
- EBPI Policies and Policies
- On-Line Test Generation
- Certificate Generation
- Printable Flyer
- Sample Exercises
- Handouts
- Practicing Restraint
- Considerations for choosing Prevent; Base and; Base Plus
- Creative Icebreakers – *from 2002 Business Training Works*
- PowerPoint Presentation: Overview of EBPI

## **The Training Calendar**

Evidenced Based Protective Intervention Coaches and Trainers actively certifying staff in various levels of EBPI instruction post their training dates on the EBPI training calendar.

The training calendar helps individuals locate EBPI and other types of upcoming training opportunities related to mental health, developmental disabilities and substance abuse services.

The following information is required to post upcoming training on the calendar:

- Course with a brief description (*e.g., Prevent, Base, Base Plus*)
- Date and time of the training
- Location
- Contact information
- Cost

Calendar submissions can be logged directly into the calendar by certified Coaches and Trainers

## **2.4 EBPI Quality Assurance Department Membership Agreement**

Evidence Based Protective Interventions, Inc. is committed to providing supports and services in humane and safe spaces. This can be accomplished by staffs who are trained 1) to prevent and avoid the use of physical interventions and 2) to use physical interventions safely and only as a last resort. Spaces and environments that support and respect people being served are the most effective way to prevent aggression.

I understand that as a member of the Evidence Based Protective Interventions Quality Assurance Department (QAD) I agree to assist in the management of the EBPI system in a manner that is supportive of the above philosophy.

As a member of the Evidence Based Protective Interventions Quality Assurance Department, I understand that my duties and responsibilities include the following:

- 1) Attend and participate in all monthly QAD meetings. Absence exceeding 25 percent during a calendar year shall be sufficient for the Managing Director to request my resignation from the Department or to remove me from the Department.
- 2) Maintain my certifications within the EBPI system and remain in good standing within that system.

- 3) Actively participate in the development and management of the EBPI system as requested by the QAD. This involvement would include but not be limited to sub-Department involvement; participation in all QAD sponsored certification or recertification event per year and active participation in the QAD electronic/email communication system.
- 4) Assist in the planning and coordination of the EBPI training events as scheduled by the QAD.
- 5) Assist in the planning, development and dissemination of materials necessary to define and support the EBPI system. These materials may include but are not limited to: a periodic newsletter, procedures manual, techniques manual course outlines and testing material.
- 6) Monitor, if requested by the QAD, any EBPI Coach or Trainer for quality of training or course content.
- 7) Assist in the management of the EBPI system ensuring that each EBPI Trainer meets the provisions of the "EBPI Trainer Agreement".
- 8) My appointment to the EBPI QAD begins on \_\_\_\_\_ and ends on\_\_\_\_\_.

---

QAD Member Signature and Date

---

QAD Managing Director Signature and Date



### **3.0 - Administrative Support of the EBPI program**

**EBPI Administration will provide the following support to the Quality**

**Assurance Department:**

- Staff support to the department
- Meeting and training site management
- Handout preparation
- Maintenance of the EBPI website and Coach and Trainer database
- Updating information from QAD, Coaches and Trainers
- Issuing passwords to web pages and testing site
- Providing reports regarding supervision and re-certifications to QA  
Department
- Maintenance of the EBPI web pages
- Ensuring that QAD approved content is accessible on appropriate web  
pages
- Providing technical support to users to access web sites
- Maintenance of list serves for the Quality Assurance Department and  
Trainer Trainers
- Management of the publication of EBPI Training manuals and related  
materials
- Update changes approved by the QA Department to EBPI manuals
- List known EBPI training on website Training Calendar

- Provide day-to-day facilitation of communications and resources for the EBPI program

### **Coaches and Trainers documentation and website access**

The administration maintains a coach/ trainer database and hard file on active Coaches and Trainers. The database includes the name, address, agency, phone and email address of all active Trainers and supervising Coaches. Information for the database is uploaded from the training report (for recertification) directly into the database. Therefore, it is imperative that the coaches forward information for the database in a timely and accurate manner. The recordkeeping process has two purposes. First, it identifies those individuals with current up-to-date certificates. Second, it allows the individual to access the website using a password. Only active coaches and trainers can access the website.

### **Steps to maintain the EBPI database:**

- The trainer completes the certification/recertification class.
- The coach logs into the website with their password; completes the training report; and electronically uploads it into the database  
Please be certain all fields are complete and correct.
- If the trainer will be supervised by someone other than the current coach, the name of the supervising coach should be submitted in the training report.
- The information is entered into the Division database.

- A confirmation email is sent to the new trainer with a password so the individual may access the website. Access to the website allows the coach to obtain classroom tests and certificate materials.
- Certification is valid for one year. Trainers will receive notification up to 31 days before current certification expires. The notification (prompt) will appear during login.
- Certification lapses on the last day of the month when the individual received certification. For example, if an individual was certified on March 1 or March 31, they have until March 31 to maintain current certification. After March 31, they must retake the entire class.

#### **Coach Documentation Responsibilities**

The QA Department periodically conducts Training to certify or recertify Coaches. At this training, a certificate of completion is issued after the EBPI Coach Agreement is signed and the training report entitled List of Trainers Certified in EBPI is complete. QA Department forward these two documents to the administrator and the information becomes Phase of the hard file the administration maintains on each Coach.

### **3.4 Trainer Guides**

There are two types of Trainer guidebooks available for EBPI instruction. Guidebooks contain all or a combination of the EBPI curriculum, including Prevent, Base, and Base Plus for optional techniques. The scope of the curriculum depends on the level of instruction required at the facility or agency. Coach guidebooks contain all levels of the curriculum plus Train the Trainer materials.

Coaches and Trainers may download curriculum materials from the EBPI Coach and Trainer website.

**Section 4.0 - EBPI Procedures Manual Course Content,  
Structure, Size, Time Frames, and Testing**

**EBPIP # 0001**

**Approved 7/1/2017**

**Prepared By: EBPI QA Department**

**EBPI Managing Director: Richard McDonald**

**Purpose**

The purpose of this procedure is to detail the expectations of the Evidenced Based Protective Interventions Quality Assurance Department (EBPI QAD) in such important areas as: course content, structure, size, time frames, and testing.

**Procedural Statement**

To ensure that all participants receiving EBPI instruction benefit from a curriculum of classes which are as uniform as possible, and that each class provides every participant the opportunity to experience the best of an adult learning environment.

The EBPI QAD has established standards that represent an absolute minimum for acceptable class presentation. Each certified EBPI Trainer, Coach, or QAD member must adhere to these standards at all times. Failure to adhere to the standards discussed in this



procedure may result in the EBPI QAD suspending or revoking a person's EBPI certification(s).

**Standards and Discussion:**

There are three levels of certification in EBPI:

- 1) Prevent only (Phase I);
- 2) Base (Phase II Base physical techniques); and
- 3) Base+ (Phase I, Phase II Base physical techniques, and Phase III agency specific Optional Techniques).

**Course Content:** As outlined in the EBPI Trainer's manual and in the Trainer's contract, the material presented in each of the EBPI courses must be taken directly from the approved EBPI courses but may be enhanced to meet the needs of the target audience. Trainers are expected to present the EBPI material in keeping with the Trainer's guidelines found in the Trainer's manual. EBPI courses are to be presented in a manner that will facilitate learning with a group of adult participants. Discussions, demonstrations, question and answer opportunities, and, in general, structuring the class for the adult learner is expected of each Trainer. Reading the course from the manual, failure to apply the course material to participant work environments, and presenting the course material in an abbreviated form, is examples of teaching techniques that are not acceptable.

**Course Time Frames:** Many factors, such as participant experience, group size, and agency expectations, may affect both how and how long a particular course takes to complete. Increasing the length of time needed to complete a course, to ensure that all participants attain competency in the course material, can be a very positive approach to staff training. If the length of time for a course is shortened, then the Trainer should report the difference on his/her Course Roster Form and justify the variation in time frame. A copy of the form is sent to his/her supervising Coach or QAD member.

**Course time frames for initial certification are as follows:**

**Prevent (Phase I):** 6 to 8 hours

**Base Physical Techniques (Phase II):** an additional 4 to 8 hours

**Base+ Optional Techniques (Phase III):** another additional 4 to 8 hours (This time frame would be for training nearly all Base+ techniques, fewer techniques would naturally require less time.)

Recertification time frames may vary, but must include a review of EBPI policy, EBPI key points, agency specific issues that require discussion and the administration of a written test.

**Course Testing:** Testing for each course is an opportunity to reinforce the course material taught during that particular course.

Testing should always take place at the end of the class. Never, for example, should physical interventions testing take place as each technique, or group of techniques, are taught. Testing is not to be “open book”, nor is it to be “group” testing. Testing of physical skills should give each participant the opportunity to demonstrate newly acquired skills without the pressure of performing them in front of other participants. Each individual is tested alone with the Trainer, on those skills not requiring assistance or teamwork, and in appropriate groups of two or three where group work is required. A participant who incorrectly demonstrates a skill should be stopped and given the opportunity to think through the technique and correctly demonstrate the skill that he/her has missed. A participant who cannot demonstrate a skill properly should be shown the skill, and re-tested at a time to be agreed upon by the Trainer.

**Class Structure and Size:** A number of factors will influence the size of a particular class: Trainer experience, participant experience, course content, and training space are just a few. The Trainer is responsible for structuring the class size to maximize the opportunity of learning. While a single Trainer can teach the Prevent class, training the physical interventions material is much more effectively done with the assistance of a helper (preferably an individual certified in the EBPI techniques being taught). A helper cannot be given permission to teach the class, however, they can assist the trainer by

helping to demonstrate the techniques. The helper can throw punches; use simple and complex holds, etc., so the trainer can properly demonstrate the techniques to the class. The trainer and helper should discuss the helper's role to ensure no confusion and should discuss the demonstration techniques to ensure effective timing in the training demonstrations. The Trainer may teach the Prevent class to as many or as few participants as is comfortable and efficient. In the Base and Base+ classes, a ratio of 1 Trainer to 8 participants should not be exceeded (2 certified Trainers are needed to work with a class of 9 to 16, 3 certified Trainers with a class of 17 to 24, etc...).

As has been noted, many factors can influence presentation of course material. The guidelines listed above are provided to help make the learning experience as positive for each participant as possible. Trainers who encounter questionable circumstances or difficult agency expectations should not hesitate to contact is/her Coach or a member of the EBPI QAD for guidance.

**Section 5.0 - EBPI Procedures Manual Certification,  
Recertification, and Decertification  
EBPIPM # 0002  
Approved 7/1/2017  
Prepared By: Richard McDonald, Managing Director**

**Purpose**

The purpose of this procedure is to define EBPI expectations regarding certification, recertification, and decertification of the various EBPI courses.

**Procedural Statement:** Any person participating in an EBPI course must be certified, recertified, and/or decertified based on the criteria provided below.

**Procedures**

- I. Participants
  - A. Initial Certification:
    1. Attend EBPI training taught by a certified EBPI Trainer or Trainer



Trainer (IT)

2. Successfully complete Prevention and, if applicable, Base and facility identified Base+ techniques, prior to working with the identified population being served
  - a. Minimum score of 80 percent on written test for Prevention
  - b. If applicable, 100 percent competence in all Base techniques and facility approved Base+ techniques
- B. Recertification:
  1. Attend Prevention training and attain a minimum score of 80 percent on the written exam for Prevention, administered by a certified EBPI Trainer
  2. Demonstrate 100 percent competence in Base techniques (if applicable) and facility approved Base+ techniques
  3. Recertification must be conducted by a certified EBPI Trainer or IT and completed by the last day of the month of the previous year's certification - recertification
- C. Decertification:
  1. A participant can be decertified for the following reasons:
    - a. Failure to successfully complete the written test for Prevention and, if applicable, competency testing for Base and facility identified Base+ techniques
    - b. Breach in EBPI policy or practice

2. Facility and/or person being decertified will be notified in writing  
by  
the certifying Trainer

## **II. Trainers**

### **A. Initial Certification:**

1. Prerequisites
  - a. Attain a score of 100 percent in the following areas:
    - (1) Prevention (Part I)
    - (2) Base techniques (if applicable)
    - (3) Facility approved Base+ techniques (if applicable)
  - b. Letter of recommendation from certifying Coach sent to the EBPI  
QAD
2. Successful completion of EBPI Trainer training program by a  
supervising Coach
  - a. Attendance at training session (3-5 days)
  - b. 100 percent score on:
    - (1) Prevention written test
    - (2) Base competence test (if applicable)
    - (3) Identified Base+ techniques competence test (if applicable)
  - c. Successfully teach a minimum of three classes of EBPI under  
supervision/coaching of an EBPI Coach
    - (1) Assist Teaching: - Assist an IT in teaching Prevention  
and, if applicable, Base and identified Base+ techniques

- (2) Lead Teaching: - Co-teach Prevention and, if applicable, Base and identified Base+ techniques
- (3) Independent Teaching: - Teach alone Prevention and, if applicable, Base and identified Base+ techniques
3. Complete the Trainer agreement

**B. Recertification**

1. Successfully teach at least one class annually in Prevention, Base Techniques (if applicable), and facility identified Base+ techniques (if applicable)
2. Successfully complete the recertification process annually by a certified IT during the month in which certified/recertified the previous year
  - a. 100 percent score on Prevention Test
  - b. 100 percent score on Base test (if applicable)
  - c. 100 percent score on applicable Base+ techniques (if applicable)
3. Complete the Trainer agreement

\*Recertification sessions will be scheduled by the Assigned Coach.

It is the responsibility of the Trainer to ensure that he/she is recertified within the allowed time frame.

**C. Decertification**

1. An Trainer can be decertified for the following reasons:
  - a. Failing to successfully complete recertification process

annually

(1) Does not successfully complete the recertification within the designated timeframe without having an exemption granted by the Coach and/or EBPI Quality Assurance (QA) Department

(2) Failure to attain a 100 percent score on the test(s) for Prevention, Base (if applicable) and applicable Base+ techniques  
If able to successfully demonstrate Prevention and Base, but not specific Base+ techniques, he/she will remain a Trainer for Prevention and Base but not for those Base+ techniques for which he/she did not demonstrate competence

b. Substantiated serious complaint in teaching Prevention, Base or Base+ techniques. Listed below are examples of serious complaints:

(1) Teaches techniques not certified to teach

(2) Teaches techniques incorrectly

(3) Fraudulently certifies persons

(4) Inappropriately modifies EBPI course structure, content or requirements

c. Substantiated findings will be put in writing by the assigned Coach and given to the Trainer and EBPI QA Department Breach in EBPI policy or practice

2. A letter to cease and desist training and use of EBPI training materials will go out to the Trainer from the EBPI QA Department by certified mail

3. The decertified Trainer will no longer have access to the Website or any other EBPI materials
4. The decertified Trainer may appeal findings to the EBPI QA Department. Any requests for review must be put in writing and sent to the EBPI QA Department
5. Trainers who have been decertified may request recertification
  - a. The decertified Trainer should send a written request for reinstatement of certification as an Trainer to the Chair of the EBPI QA Department
  - b. The EBPI QA Department will respond to the decertified Trainer's request for reinstatement, in writing, that will include the justification of the Department's decision

### **III. Coaches**

#### **A. Initial Certification**

1. Prerequisites:
  - a. Currently a certified EBPI Trainer
  - b. Five year's teaching experience as a certified EBPI Trainer, including a minimum of six classes in both Prevention and Base, unless waived by the EBPI QA Department. Data to be provided by the Trainer
  - c. Letter of recommendation from supervising Coach to the QAD
  - d. Letter of recommendation from the facility director/designee to the EBPI QA Department



2. Successfully complete the EBPI Coach Program:
  - a. Attendance at training session (2-3 days)
  - b. 100 percent score on:
    - (1.) Prevention written test
    - (2.) Base competence test
    - (3.) Base+ competence test
  - c. Certification is valid for one year from the last day of the month of initial certification
3. Be certified as a Coach by the EBPI QA Department
4. Complete EBPI Coach agreement
- B. Recertification:**
  1. Successfully complete the recertification process each year by the end of the month in which certified/recertified the previous year, unless waived by the EBPI QA Department
    - a. 100 percent score on Prevention Test
    - b. 100 percent score on Base and Base+ Techniques Competency Assessment Test
  2. Monitor assigned Trainers by observing them face-to-face at least once per year and formally documenting the observations noting any feedback/strengths and comments/areas of improvement. The documentation will be signed by both the Coach and the Trainer.
  3. Complete Coach agreement
  4. Upon request, teach at least one Trainer class annually, as designated by the EBPI QA Department \*Recertification sessions will

be scheduled by the EBPI Quality Assurance Department. It is the responsibility of the Coach to ensure that he/she is recertified within the allowed time frame.

C. Decertification:

1. A Coach can be decertified for the following reasons:

a. Failure to successfully complete the recertification process annually

(1) Does not successfully complete the recertification process within the designated time frame, without having a documented exemption granted by the EBPI QA Department

(2) Fails to attain a 100 percent score on the test(s) for Prevention, Base/Base+ techniques

b. Substantiated serious complaint in teaching Prevention, Base or Base + techniques. Substantial findings will be put in writing by the assigned EBPI QA Department member and given to the Coach.

Listed below are examples of serious complaints:

(1) Teaches techniques not certified to teach

(2) Teaches techniques incorrectly

(3) Fraudulently certifies person(s)

c. Breach in EBPI policy or practice

2. A letter to cease and desist training and use of EBPI training materials will be sent to the Coach from the EBPI QA Department, by certified mail

3. The decertified Coach may appeal the findings to the EBPI QA Department within 30 calendar days of receipt of letter. Any request for review must be put in writing and sent to the Chair of the EBPI QA Department

4. Coaches who have been decertified may request recertification

a. The decertified Coach should send a written request for reinstatement of certification to the EBPI QA Department

b. The EBPI QA Department, at its next quarterly meeting, will respond to the decertified Coach request in writing, and will include a justification of the Department's decision

#### IV. EBPI Quality Assurance Department (QAD)

##### **Duties:**

1. Administer the policies and procedures related to implementing EBPI Training
2. Review and recommend to the EBPI Administrator all additional techniques and protocols to the EBPI curriculum
3. Oversee the certification, recertification and decertification of Coaches
4. Maintain consistency for determination of certified Coaches
5. Maintain a bank of questions for use in exams
6. Maintain records on persons certified as Coach, as long as they remain certified or for five years, whichever is longer
7. Schedule at least one Coach Class annually

**Section 6.0 - EBPI Procedures Manual Testing Procedures**  
**Prepared By: EBPI QA Department**

**Purpose**

The purpose of this procedure is to define acceptable testing techniques for each level of participant involvement in the North Carolina Interventions (EBPI) program.

**Procedural Statement**

It is the policy of the EBPI program that any person receiving certification at any level of competency, within the EBPI program, must be tested and must demonstrate competency in a manner approved by the EBPI Quality Assurance Department (QAD).

Approved approaches to testing are detailed below. Additionally, examples of testing techniques that are not permitted are addressed.

Exceptions to the approved testing techniques may be requested by submitting a written description of the proposed test approach to the chairman of the EBPI QAD for Department consideration at its quarterly meeting.

**Procedures**

Persons receiving certification in EBPI shall obtain certificate(s) attesting to their competency on their initial certification and each subsequent year through recertification in the following manner:

**A. Prevention Certification:** The Prevention course competency test is a computer generated, 25-question test, that participants must score 80 percent correct to demonstrate competency on the prevention material. Annual recertification is through the completion of a computer generated, 25-question test, with participants scoring 80 percent to maintain certification.

Participants who score less than 80 percent on the test may be coached by the Trainer and given a second test. The second test must be a different computer generated test. Any participant failing to pass the test on a second attempt must retake the Prevention course. The Prevention test is administered at the end of the Prevention class and must be completed successfully prior to participation in any of the physical interventions. Both the Trainer and the participant's employing agency must maintain the results of prevention course tests for 5 years. The test is not to be given as an open book quiz, nor should the test content be reviewed with the participants prior to the administration of the test. A Trainer may give the EBPI Prevention test orally to a participant who requests an oral test. Acceptable reasons for the oral test may include: Inability to read; poor reading skills; inability to understand the test or; fear of



tests. The oral test is to be given by reading each question and the selection of possible answers to the participant, and allowing the participant to mark the answer he/she believes is correct. The Trainer may need to read each question more than once to ensure that the participant understands the question. The Trainer should not coach the participant or indicate the correct answer in any way.

**B. Base Certification:** Competency in the physical interventions techniques of Base is tested by 100 percent demonstration of the skills taught by the EBPI class Trainer annually. Trainers are to score participants complete/incomplete on each Base skill, using the testing form provided by the EBPI QAD. Both Trainer and the participant's employing agency must maintain the results of the Base competency tests and annual recertification tests for 5 years.

Testing on the Base techniques is to occur at the end of the Base class. During the test, participants demonstrate the Base techniques as requested by their Trainer. Group testing (group testing is the testing of two or more participants at one time, allowing weaker participants to observe correct demonstration of skills by competent participants) is not acceptable, nor is the Trainer to demonstrate techniques with the participant during the test.

**C. Base+ Certification:** Competency in the physical interventions techniques of Base+ is tested by 100 percent demonstration of the skills taught by the EBPI class Trainer annually. Trainers are to

score participants complete/incomplete on each Base+ skill using the testing form provided by the EBPI QAD. Both Trainer and the participant's employing agency must maintain the results of the Base+ competency tests and annual recertification tests for 5 years. Testing on the Base+ techniques is to occur at the end of the Base+ class. During the test, participants demonstrate the Base+ techniques as requested by their Trainer. Group testing (an explanation of group testing can be found in "B", above) is not acceptable, nor is the Trainer to demonstrate techniques while the participant is being tested.

**D. Trainer Certification:** Individuals who are certified as EBPI

Trainers must complete an Trainer training program approved by the EBPI QAC. Trainer certification requires that each potential Trainer complete the following training:

- a. Trainers may become certified to train Prevention, Base, and Base+ courses
- b. They must register for, and be accepted into, an Trainer class
- c. The Trainer candidate must complete all courses in EBPI for which he/she desires Trainer certification with 100 percent competency
- d. Upon completion of the EBPI Trainer class, the Trainer candidate must successfully co-train the classes he/she desires certification in with increasing levels of responsibility, as well as demonstrating to

the Coach the ability to competently instruct all areas covered by the desired certification

e. Each Prevention only Trainer candidate must complete a minimum of three co-teaching sessions

f. Each Base or Base+ Trainer candidate must complete a minimum of three co-training sessions. Annually, each Trainer must attend a Trainer recertification class with his/her supervising Coach.

Recertification consists of demonstrating 100 percent competency in each class for which the Trainer holds Trainer certification. Testing may take the form of skills demonstration, assigned training, written testing, or a combination of all of these. Trainers should not receive test specific information prior to arriving for the recertification session. Each Trainer must teach a minimum of three classes per year in the area(s) he/she holds certification.

E. Coach Certification: Individuals seeking certification as a Coach must be superior in their knowledge, teaching ability and performance of Prevention, Base and Base+ techniques. The Coach candidate must be recommended by an existing Coach by letter of recommendation sent to the QAD. The Coach candidate must hold EBPI Trainer certification in all EBPI techniques prior to attendance at certification testing. The Coach candidate must complete all EBPI quality assurance testing at a 100 percent level.

## **7.0 - EBPI Procedures Manual Guidelines for Establishing a Training Agreement**

### **Purpose**

The purpose of this procedure is to provide basic guidelines to be used by the EBPI Trainer in developing a training agreement with an agency that has requested EBPI training.

### **Procedural Statement**

The EBPI Quality Assurance Department (QAC) requires each Trainer to adequately develop and document a training agreement with each agency for which the Trainer provides training. The training agreement may take a number of forms; it should clearly, and in appropriate detail, outline the points addressed below and the points outlined in the attached document.

### **Procedures**

When an agency contacts an EBPI Trainer requesting training, the following considerations should be addressed:

1. A clear understanding of the goals and objectives of the EBPI course requested must be clarified with the agency administration.
2. As required by rules, agency policy and procedures for use of EBPI techniques must be in place prior to initiating training, and must be aligned with the EBPI curriculum. The contracting Trainer may decide to request and file a copy of the agency's policy supporting EBPI.
3. An overview of the EBPI course content, as well as time requirements, space needs, and expectations of participants, should be discussed with the agency administration prior to initiating training. Identifying what the course is as well as what it is not is critical to clarify with the agency administration.
4. The criteria for certification for the particular EBPI course must be in writing and administrator of the agency requesting training present the criteria for successful completion/certification to his/her employees prior to initiating training.
5. Clearly identify and negotiate procedures for handling any class disruptions, late arrivals, etc.
6. Utilization of Base+ techniques must be part of the agency's policy statement. Where Base+ techniques will be utilized in any restrictive program, they must be approved by the agency's Human Rights Department and must be listed in the individual's restrictive program.



7. Clearly negotiate details for payment of contracted services; these may include initial course presentation, materials, testing, retesting, snacks, training space rental, etc. Do not guarantee or infer that all participants will "pass" the course.

8. Clearly negotiate follow-up, re-testing, practice and recertification responsibilities with the agency.

the Trainer should maintain a copy of the agreement. It is suggested that the administrator of the agency requesting training present the criteria for successful completion/certification to his/her employees prior to initiating training.

5. Clearly identify and negotiate procedures for handling any class disruptions, late arrivals, etc.

6. Utilization of Base+ techniques must be part of the agency's policy statement. Where Base+ techniques will be utilized in any restrictive program, they must be approved by the agency's Human Rights Department and must be listed in the individual's restrictive program.

7. Clearly negotiate details for payment of contracted services; these may include initial course presentation, materials, testing, retesting, snacks, training space rental, etc. Do not guarantee or infer that all participants will "pass" the course.

8. Clearly negotiate follow-up, re-testing, practice and recertification responsibilities with the agency.

### **7.1 – Agency EBPI Training Agreement**

This document must be signed by the agency CEO and notarized prior to the provision of EBPI Base Plus Training. Additionally, each line must be initialed. In the event that any of the following required elements are not in place, the training will not be provided until such time that the required elements are in place.

I affirm that:

\_\_\_\_\_ The agency has written policies regarding the use of restrictive interventions as set forth in rule by the state regulating agency which have been reviewed by an accrediting body.

\_\_\_\_\_ The agency has a human rights Department, if applicable, which has reviewed the policies on the use of restrictive interventions and has approved a list of physical intervention techniques for use by employees of the agency.

\_\_\_\_\_ The agency has written and approved safety procedures in place if “carries” are utilized.

\_\_\_\_\_ The agency allows the use of physical restraint only when there is imminent danger to self or others or as a part of a planned intervention.

I understand that:

\_\_\_\_\_ This course covers preventative and physical interventions only, and does not meet any other training requirements set forth by the state of North Carolina.

\_\_\_\_\_ Participants will be taught NOT to attempt a restraint when it is unsafe to do so (i.e., size of consumer, availability of assistance, etc.)

\_\_\_\_\_ Each participant MUST pass the Prevention part of the curriculum prior to participating in the physical interventions portion of the training.

\_\_\_\_\_ Each participant must demonstrate competence in the execution of the techniques to be certified. The Trainer is under no obligation to certify all participants.

\_\_\_\_\_ Each participant must attend the entire class to be eligible for certification. Depending on the class size and the number of techniques taught, a Base Plus class will take approximately 16-24 hours.

\_\_\_\_\_ Participants who are not dressed appropriately (i.e., open toe shoes, high heels, dressy clothing, etc.) will be asked to leave. I have read, understand and agree to the terms of this Agreement.

---

**Signature of Agency CEO**

**§ 122C-60. Use of physical restraints or seclusion.**

(a) Physical restraint or seclusion of a client shall be employed only when there is imminent danger of abuse or injury to the client or others, when substantial property damage is occurring, or when the restraint or seclusion is necessary as a measure of therapeutic treatment. For purposes of this section, a technique to reenact the birthing process as defined by G.S. 14-401.21 is not a measure of therapeutic treatment. All instances of restraint or seclusion and the detailed reasons for such action shall be documented in the client's record. Each client who is restrained or secluded shall be observed frequently, and a written notation of the observation shall be made in the client's record. (a1) A facility that employs physical restraint or seclusion of a client shall collect data on the use of the restraints and seclusion. The data shall reflect for each incidence, the type of procedure used, the length of time employed, alternatives considered or employed, and the effectiveness of the procedure or alternative employed. The

facility shall analyze the data on at least a quarterly basis to monitor effectiveness, determine trends, and take corrective action where necessary. The facility shall make the data available to the Secretary upon request. Nothing in this subsection abrogates State or federal law or requirements pertaining to the confidentiality, privilege, or other prohibition against disclosure of information provided to the Secretary under this subsection. In reviewing data requested under this subsection, the Secretary shall adhere to State and federal requirements of confidentiality, privilege, and other prohibitions against disclosure and release applicable to the information received under this subsection. (a2) Facilities shall implement policies and practices that emphasize the use of alternatives to physical restraint and seclusion. Physical restraint and seclusion may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) The Commission shall adopt rules to implement this section. In adopting rules, the Commission shall take into consideration federal regulations and national accreditation standards. Rules adopted by the Commission shall include: (1) Staff training and competence in: a. The use of positive behavioral supports. b. Communication strategies for defusing and deescalating potentially dangerous behavior. c. Monitoring vital indicators. d. Administration of CPR. e. Debriefing with client and staff. f. Methods for determining staff competence, including qualifications of trainers and training curricula. g. Other areas to ensure the safe and appropriate use of restraints and



seclusion. (2) Other matters relating to the use of physical restraint or seclusion of clients necessary to ensure the safety of clients and others. The Department may investigate complaints and inspect a facility at any time to ensure compliance with this section. (1973, c. 475, s. 1; 1985, c. 589, s. 2; 2000-129, s. 1; 2003-205, s. 2.)

#### **10A NCAC 27C .0102 DEFINITIONS**

(a) The definitions contained in this Rule, and the terms defined in G.S. 122C-3, G.S. 122C-4 and G.S. 122C-53(f) also apply to all rules in Subchapters 27C, 27D, 27E and 27F.

(b) As used in these Rules, the following terms have the meanings specified:

(1) "Abuse" means the infliction of mental or physical pain or injury by other than accidental means, or unreasonable confinement, or the deprivation by an employee of services which are necessary to the mental or physical health of the client. Temporary discomfort that is Phase of an approved and documented treatment plan or use of a documented emergency procedure shall not be considered abuse.

(2) "Anti-psychotic medication" means the category of psychotropic drugs which is used to treat schizophrenia and related disorders. Examples of neuroleptic medications are Chlorpromazine, Thioridazine and Haloperidol.

- (3) "Basic necessity" means an essential item or substance needed to support life and health which includes, but is not limited to, a nutritionally sound balanced diet consisting of three meals per day, access to water and bathroom facilities at frequent intervals, seasonable clothing, medications prescribed by a physician, time for sleeping and frequent access to social contacts.
- (4) "Client advocate" means the term as defined in G.S. 122C-3. For the purpose of these Rules, a client advocate may be a facility employee who is not directly involved in the treatment/habilitation of a specific client, but who is assigned, in addition to other duties, to act as an advocate for that client.
- (5) "Consent" means acceptance or agreement by a client or legally responsible person following receipt of information from the qualified professional who will administer the proposed treatment or procedure. Consent implies that the client or legally responsible person was provided with sufficient information, in a manner that the client or legally responsible person can understand, concerning proposed treatment, including both benefits and risks, in order to make a decision with regard to such treatment.
- (6) "Day/night facility" means a facility wherein a service is provided on a regular basis, in a structured environment, and is offered to the same individual for a period of three or more hours within a 24-hour period.
- (7) "Director of Clinical Services" means Medical Director, Director of Medical Services, or other qualified professional designated by the governing body as the Director of Clinical Services.

(8) "Emergency" means a situation in which a client is in imminent danger of causing abuse or injury to self or others or when substantial property damage is occurring as a result of unexpected and severe forms of inappropriate behavior and rapid intervention by the staff is needed.

(9) "Exploitation" means the use of a client's person or property for another's profit or advantage or breach of a fiduciary relationship through improper use of a client's person or property including situations where an individual obtains money, property or services from a client from undue influence, harassment, deception or fraud.

(10) "Facility" means the term as defined in G.S. 122C-3. For the purpose of these Rules, when more than one type of service is provided by the facility, each service shall be specifically addressed by required policy and procedures when applicable.

(11) "Governing body" means, in the case of a corporation, the board of directors; in the case of an area authority, the area board; and in all other cases, the owner of the facility.

(12) "Governor's Advocacy Council for Persons with Disabilities (GACPD)" means the council legislatively mandated to provide protection and advocacy systems and promote employment for all persons with disabilities in North Carolina.

(13) "Intervention Advisory Department" means a group established by the governing body in a facility that utilizes restrictive interventions as specified in Rule .0104 of Subchapter 27E.

(14) "Involuntary client" means an individual who is admitted to a facility in accordance with G.S. 122C, Article 5, Parts 6 through 12.

- (15) "Isolation time-out" means the removal of a client for a period of 30 minutes or more to a separate room from which exit is barred by staff, but not locked, and where there is continuous supervision by staff, for the purpose of modifying behavior.
- (16) "Minor client" means a person under 18 years of age who has neither been married nor been emancipated by a decree issued by a court of competent jurisdiction.
- (17) "Neglect" means the failure to provide care or services necessary to maintain the mental or physical health and well-being of the client.
- (17) "Normalization" means the utilization of culturally valued resources to establish or maintain personal behaviors, experiences and characteristics that are culturally normative or valued.
- (18) "Physical Restraint" means the application or use of any manual method of restraint that restricts freedom of movement; or the application or use of any physical or mechanical device that restricts freedom of movement or normal access to one's body, including material or equipment attached or adjacent to the client's body that he or she cannot easily remove. Holding a client in a therapeutic hold or other manner that restricts his or her movement constitutes manual restraint for that client. Mechanical devices may restrain a client to a bed or chair, or may be used as ambulatory restraints. Examples of mechanical devices include cuffs, ankle straps, sheets or restraining shirts, arm splints, posey mittens, and helmets. Excluded from this definition of physical restraint are physical

guidance, gentle physical prompting techniques, escorting a client who is walking; soft ties used solely to prevent a medically ill client from removing intravenous tubes, indwelling catheters, cardiac monitor electrodes, or similar medical devices; and prosthetic devices or assistive technology which are designed and used to increase client adaptive skills. Escorting means the temporary touching or holding of the hand, wrist, arm, shoulder or back for the purpose of inducing a client to walk to a safe location.

(19) "Protective device" means an intervention that provides support for a medically fragile client or enhances the safety of a self-injurious client. Such devices may include geri-chairs or table top chairs to provide support and safety for a client with a physical handicap; devices such as seizure helmets or helmets and mittens for self-injurious behaviors; prosthetic devices or assistive technology which are designed to increase client adaptive skills; or soft ties used to prevent a medically ill client from removing intravenous tubes, indwelling catheters, cardiac monitor electrodes, or similar medical devices. As provided in Rule .0105(b) of Subchapter 27E, the use of a protective device for behavioral control shall comply with the requirements specified in Rule .0104 in Subchapter 14R.

(20) "Privileged" means authorization through governing body procedures for a facility employee to provide specific treatment or habilitation services to clients, based on the employee's education, training, experience, competence and judgment.

(21) "Responsible professional" means the term as defined in G.S. 122C-3 except the "responsible professional" shall also be a qualified professional as defined in Rule .0104 of Subchapter 27G.



(22) "Restrictive intervention" means an intervention procedure which presents a risk of mental or physical harm to the client and, therefore, requires additional safeguards. Such interventions include the emergency or planned use of seclusion, physical restraint (including the use of protective devices for the purpose or with the intent of controlling unacceptable behavior), isolation time-out, and any combination thereof.

(23) "Seclusion" means isolating a client in a separate locked room for the purpose of controlling a client's behavior.

(24) "Treatment" means the process of providing for the physical, emotional, psychological and social needs of a client through services.

(25) "Treatment/habilitation plan" means the term as defined in 10A NCAC 27G .0103.

(26) "Treatment or habilitation team" means an interdisciplinary group of qualified professionals sufficient in number and variety by discipline to assess and address the identified needs of a client and which is responsible for the formulation, implementation and periodic review of the client's treatment/habilitation plan.

(27) "24-Hour Facility" means a facility wherein service is provided to the same client on a 24-hour continuous basis, and includes residential and hospital facilities.

(28) "Voluntary client" means an individual who is admitted to a facility upon his own application or that of the legally responsible person, in accordance with G.S. 122C, Article 5, Parts 2 through 5.

*History Note: Authority G.S. 122C-3; 122C-4; 122C-51; 122C-53(f); 122C-60; 143B-147; Eff. February 1, 1991; Amended Eff. January 1, 1992; Temporary Amendment Eff. January 1, 2001; Amended Eff. August 1, 2002.*

**10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT**

- (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually.
- (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated.
- (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions.
- (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.
- (e) Formal refresher training must be completed by each service provider periodically (minimum annually).
- (f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.
- (g) Acceptable training programs shall include, but are not limited to, presentation of:

- (1) refresher information on alternatives to the use of restrictive interventions;
- (2) guidelines on when to intervene (understanding imminent danger to self and others);
- (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention);
- (4) strategies for the safe implementation of restrictive interventions;
- (5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention;
- (6) prohibited procedures;
- (7) debriefing strategies, including their importance and purpose; and
- (8) documentation methods/procedures.

(h) Service providers shall maintain documentation of initial and refresher training for at least three years.

- (1) Documentation shall include:
  - (A) who participated in the training and the outcomes (pass/fail);
  - (B) when and where they attended; and
  - (C) Trainer's name.
- (2) The Division of MH/DD/SAS may review/request this documentation at any time.

(i) Trainer Qualification and Training Requirements:

- (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.
- (2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.
- (3) Trainers shall demonstrate competence by scoring a passing grade on testing in an Trainer training program.
- (4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.
- (5) The content of the Trainer training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.
- (6) Acceptable Trainer training programs shall include, but not be limited to, presentation of:
  - (D) understanding the adult learner;
  - (E) methods for teaching content of the course;
  - (F) evaluation of trainee performance; and
  - (G) documentation procedures.
- (7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.
- (8) Trainers shall be currently trained in CPR.

- (9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.
- (10) Trainers shall teach a program on the use of restrictive interventions at least once annually.
- (11) Trainers shall complete a refresher Trainer training at least every two years.
- (k) Service providers shall maintain documentation of initial and refresher Trainer training for at least three years.
- (1) Documentation shall include:
- (H) who participated in the training and the outcome (pass/fail);
- (I) when and where they attended; and
- (J) Trainer's name.
- (2) The Division of MH/DD/SAS may review/request this documentation at any time.
- (l) Qualifications of Coaches:
- (12) Coaches shall meet all preparation requirements as a trainer.
- (13) Coaches shall teach at least three times, the course which is being coached.
- (14) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.
- (m) Documentation shall be the same preparation as for trainers.

*History Note: Authority G.S. 143B-147;*

*Temporary Adoption Eff. February 1, 2001;*



*Temporary Adoption Expired October 13, 2001;*

*Eff. April 1, 2003;*

*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff.*

*March 26,*

*2017.*

#### **10A NCAC 28A .0102 DEFINITIONS**

(a) In addition to the definitions contained in this Rule, the terms defined in G.S. 122C-3, 122C-4 and 122C-53(f) also apply to all rules in Subchapters 28A, 28B, 28C, and 28D of this Chapter.

(b) As used in the rules in Subchapters 28A, 28B, 28C, and 28D of this Chapter, the following terms have the meanings specified:

(1) "Abuse" means the infliction of physical or mental pain or injury by other than accidental means; or unreasonable confinement; or the deprivation by an employee of services which are necessary to the mental and physical health of the client. Temporary discomfort that is Phase of an approved and documented treatment plan or use of a documented emergency procedure shall not be considered abuse.

(2) "Associate Professional (AP)" within the mental health, developmental disabilities and substance abuse services (mh/dd/sas) system of care means an individual who is a:

(A) graduate of a college or university with a Masters degree in a human service field with less than one year of full-time, post-graduate degree

accumulated mh/dd/sa experience with the population served, or a substance abuse professional with less than one year of full-time, post-graduate degree accumulated supervised experience in alcoholism and drug abuse counseling. Upon hiring, an individualized supervision plan shall be developed and supervision shall be provided by a qualified professional with the population served until the individual meets one year of experience; or

(B) graduate of a college or university with a bachelor's degree in a human service field with less than two years of full-time, post-accumulated mh/dd/sa experience with the population served, or a substance abuse professional with less than two years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling. Upon hiring, an individualized supervision plan shall be developed and reviewed annually. Supervision shall be provided by a qualified professional with the population served until the individual meets two years of experience; or

(C) graduate of a college or university with a bachelor's degree in a field other than human services with less than four years of full-time, post bachelor's degree accumulated mh/dd/sa experience with the population served, or a substance abuse professional with less than four years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling. Upon hiring, an individualized supervision plan shall be developed and reviewed annually. Supervision shall be provided by a qualified professional with the population served until the individual meets four years of experience; or

(D) registered nurse who is licensed to practice in the State of North Carolina by the North Carolina Board of Nursing with less than four years of full-time accumulated experience in mh/dd/sa with the population served. Upon hiring, an individualized supervision plan shall be developed and reviewed annually. Supervision shall be provided by a qualified professional with the population served until the individual meets four years of experience.

(3) "Basic necessities" mean the essential items or substances needed to support life and health which include, but are not limited to, a nutritionally sound diet balanced during three meals per day, access to water and bathroom facilities at frequent intervals, seasonable clothing, medications to control seizures, diabetes and other like physical health conditions, and frequent access to social contacts.

(4) "Certified clinical supervisor (CCS)" means an individual who is certified as such by the North Carolina Substance Abuse Professional Certification Board.

(5) "Certified substance abuse counselor (CSAC)" means an individual who is certified as such by the North Carolina Substance Abuse Professional Certification Board.

(6) "Client record" means any record made of confidential information.

(7) "Clinical Director" means Medical Director, Director of Medical Services or such person acting in the position of Clinical Director, or his designee.

(8) "Clinically competent" means authorization by the State Facility Director for a qualified professional to provide specific treatment/habilitation services to clients based on the professional's education, training, experience, competence and judgment.