



**ADMINISTRATIVE DIRECTIVE**

<b>Transmittal:</b>	2023-ADM-07
<b>To:</b>	Developmental Disabilities State Operations Office Directors Developmental Disabilities Regional Office Directors Division of Quality Improvement Executive Directors of Voluntary Provider Agencies
<b>Issuing OPWDD Office:</b>	Division of Statewide Services Division of Workforce & Talent Management
<b>Suggested Distribution</b>	Staff who develop, review, or implement Behavior Support Plans Direct Support Professionals Psychologists and Behavioral Intervention Specialists (BIS) Nurses and other health care professionals Clinical and Administrative Supervisors Residential/Program managers Quality Improvement/Quality Assurance staff
<b>Date:</b>	Issued 08-24-23 Effective January 2, 2024
<b>Subject:</b>	Guidelines for Positive Relationships Offer More Opportunities To Everyone (PROMOTE)
<b>Contact:</b>	<a href="mailto:opwdd.sm.behavioral.intervention.regulation@opwdd.ny.gov">opwdd.sm.behavioral.intervention.regulation@opwdd.ny.gov</a>
<b>Attachments:</b>	Appendix A - PROMOTE Secondary Tools

<b>Related ADMs/INFs</b>	<b>Releases Cancelled</b>	<b>Regulatory Authority</b>	<b>MHL &amp; Other Statutory Authority</b>	<b>Records Retention</b>
#2017-02R #2011-03 #2012-13		14 NYCRR §§ 633.8, 633.14, 633.16, 633.17, 624, 625	MHL §§ 13.01, 13.07	10 years  18 NYCRR §504.3(a) 18 NYCRR §517.3 14 NYCRR §635-4.5 New York False Claims Act (State Finance Law §192)

## **PURPOSE**

The Office for People With Developmental Disabilities (OPWDD) is strongly committed to providing staff with the skills necessary to support individuals with Intellectual and/or Developmental Disabilities (I/DD). This Administrative Memorandum (ADM) outlines the approved curriculum and training program, Positive Relationships Offer More Opportunities To Everyone (PROMOTE), and establishes the requirements for training, certification, implementation, and monitoring of this program.

PROMOTE is primarily focused on supporting individuals with I/DD in living a richer and fuller quality of life through person-centered and positive behavior supports. The program is further structured to support individuals during times of stress or when otherwise vulnerable, provide staff additional tools to safely respond during a behavioral crisis and to create an overall positive culture where teams work effectively together.

## **BACKGROUND**

PROMOTE is a replacement for the Strategies for Crisis Intervention and Prevention-Revised (SCIP-R) curriculum and guidelines in those agencies who have OPWDD approval to use the PROMOTE curriculum. PROMOTE educates staff to provide ongoing person-centered supports to avoid or de-escalate challenging situations. The PROMOTE Primary Tools are designed to assist staff in the prevention of challenging behaviors using positive behavior supports. However, some challenging behaviors pose an immediate health and safety risk to self or others and may require use of physical interventions/PROMOTE Secondary Tools when other less restrictive interventions are not effective or appropriate to the situation.

These guidelines were developed to ensure the consistent, safe, and effective implementation of the PROMOTE curriculum during training and application. All OPWDD State Operations (SO) Offices, and those Voluntary-Operated provider agencies who have voluntarily fully transitioned (i.e., all staff trained in PROMOTE; no longer training staff in SCIP-R) to use of the PROMOTE curriculum, must adhere to these guidelines, and develop site-specific standards and procedures for implementation. The PROMOTE curriculum must not be altered without the written approval of OPWDD's Workforce and Talent Management (WTM).

## **APPLICABILITY**

This ADM applies to providers who have OPWDD approval to use the PROMOTE curriculum. If a provider would like to use PROMOTE, they must:

- Have fully transitioned to the use of PROMOTE, or
- Have a memorandum of understanding with OPWDD regarding the agency's transition from SCIP-R to PROMOTE.

When an agency uses the PROMOTE curriculum, it must be used in:

- Residential facilities certified by OPWDD, excluding family care homes;
- Day habilitation services, whether or not provided in a certified facility;
- Prevocational services whether or not provided in a certified facility.
- All OPWDD-certified facilities, except for:
  - respite programs and services;
  - clinic treatment facilities; and
  - diagnostic and research clinics.

This ADM goes into effect on January 2, 2024.

## DISTRIBUTION

This ADM must be distributed by providers who have fully transitioned to using PROMOTE. This ADM must be shared with all staff who develop, review, and/or implement behavior plans. This may include, but is not limited to:

- Direct Support Professionals;
- Psychologists and Behavioral Intervention Specialists (BIS);
- Nurses and other health care professionals;
- Clinical and Administrative Supervisors;
- Residential/Program managers; and
- Quality Improvement/Quality Assurance staff.

## DISCUSSION

### I. PROMOTE Generally

PROMOTE is an OPWDD-approved curriculum on the use of positive behavioral approaches, strategies and/or supports and physical intervention techniques. PROMOTE may be used to satisfy the training requirements identified in 14 NYCRR 633.16.

### II. PROMOTE Training Types

There are four different types of PROMOTE trainings:

- *Initial trainings*: required for new staff and staff who do not have current certification in SCIP-R or PROMOTE trainings;
- *Bridge trainings*: may be offered to staff who have current certification in SCIP-R in lieu of the initial trainings;
- *Restrictive trainings*: required for staff working with individuals presenting severe challenging behaviors; and
- *Refresher trainings*: required continued trainings for staff who have already received PROMOTE certification via initial or bridge training.

#### 1. Initial Trainings

- PROMOTE Orientation – An overview of the PROMOTE philosophy and model for staff working with individuals who are not in need of the level of support requiring a full PROMOTE course (e.g., certain supportive employment coaches), or for those who indirectly provide support (e.g., clerical staff, Board of Visitors).
- PROMOTE Level 1 (L1) – Training for staff who support individuals with mild to moderate intensity of challenging behaviors. This may include training on Specialized Protective Secondary Tools.
- PROMOTE Level 2 (L2) – Training, in addition to L1 training, for staff supporting individuals with moderate to severe intensity of challenging behaviors. This may include training on Specialized Intermediate Secondary Tools.

## 2. Bridge Trainings

- PROMOTE Bridge L1 – Training for staff currently certified in SCIP-R who support individuals with mild to moderate intensity of challenging behaviors. This may include training on Specialized Protective Secondary Tools.
- PROMOTE Bridge L2 – Training, in addition to L1 training, for staff currently certified in SCIP-R who support individuals with moderate to severe intensity of challenging behaviors. This may include training on Specialized Intermediate Secondary Tools.

## 3. Restrictive Trainings

- PROMOTE Restrictive Group A, B and/or C – Additional training, beyond L1 and/or L2, for staff supporting individuals with severe challenging behaviors. This may include training on Specialized Restrictive Secondary Tools.

## 4. Refresher Trainings

- PROMOTE L1 Refresher – Recertification training for staff who have L1 certification.
- PROMOTE L2 Refresher – Recertification training for staff who have L2 certification.

### III. Training Recipients of the PROMOTE Program

#### 1. Staff Who Must Take PROMOTE Training for PROMOTE Certification

##### A. Generally

All Direct Support Professionals, Clinical Staff, and Residential/Program Supervisors must be trained in PROMOTE at the level corresponding to the needs of the individuals they support. Community Habilitation workers, Supportive Employment Job Coaches, and Family Care Providers may receive either PROMOTE Orientation or L1 training and certification, based on the needs of the individuals they support.

##### B. Staff Responsible for Implementing PROMOTE Physical Interventions

Staff responsible for implementing Behavior Support Plans incorporating the use of any physical intervention technique(s) must be trained in the PROMOTE level (L1 or L2, plus Specialized and/or Restrictive) as indicated in the Behavior Support Plan (BSP) to ensure a safe and effective response to situations they are likely to encounter. Designated staff must demonstrate competence in application of Primary Tools and Secondary Tools appropriate to the individuals at their work sites, as an essential condition of employment.

##### C. Initial Training and Retraining Timelines

It is recommended new employees be trained within their first ninety (90) days of employment. Successful completion of the PROMOTE training for these staff will result in PROMOTE Certification. PROMOTE certification is good for no longer than two (2) years before which time, a refresher course must be completed to maintain certification. (See section “V. Certification Standards” on page 8 for more information.)

## **2. People Who May Take PROMOTE Training but Cannot Receive Certification**

Transportation providers, volunteers, non-certified providers (e.g., Respite staff), and adult family members of individuals with I/DD may be provided with the PROMOTE Orientation and/or L1 training *without Secondary Tools*. They cannot receive PROMOTE certification.

Non-certified providers (e.g., Respite staff) and adult family members cannot be certified in PROMOTE, but they may be trained in the use of specific, individually-determined PROMOTE Protective and/or Intermediate Secondary Tools within an individual's BSP. This BSP must be developed and monitored by a PROMOTE certified Psychologist or Behavioral Intervention Specialist (BIS). A PROMOTE Instructor must train the non-certified providers and/or adult family member(s) in the specific Protective and/or Intermediate Secondary Tool(s) included in the individualized Behavior Support Plan (BSP). Documented competency in the specific Protective and/or Intermediate Secondary Tool(s) must be maintained and refreshed at least biennially. The clinician responsible for developing and monitoring the BSP must review and discuss with the individual and the non-certified providers and/or adult family members any challenging behaviors that require the use of individually-specified Protective and/or Intermediate Secondary Tools. The clinician must ensure that these tools are only used when the presenting behavior is a risk to health and safety, and when other less restrictive interventions are not effective.

## **3. Those Who Cannot Receive PROMOTE Training**

Agencies not affiliated with OPWDD must not be provided with any form of PROMOTE training without written authorization from OPWDD's Central Office. Agencies seeking such authorization must agree to comply with the expectations of this ADM.

# **IV. Training Standards**

## **1. Requisite Training**

Certification in PROMOTE is only one component of a total staff training program. Providers must ensure that staff receive all required training. This includes, but is not limited to, training required pursuant to 14 NYCRR § 633.8, 633.14, 633.16, and 633.17. Requisite training must also include:

- Standard agency training related to onboarding of new employees;
- Current training in Basic First Aid (for staff who will be trained in Restrictive Secondary tools); and
- Current training in Cardiopulmonary Resuscitation (CPR) (for staff who will be trained in Restrictive Secondary tools).

Note that staff must receive training and be certified in previous PROMOTE certification levels before seeking certification at a higher PROMOTE level. For example, L1 certification must precede L2 training; L2 certification must precede Restrictive Training; and L1 Refresher must precede L2 refresher.

## **2. Training Timeframes**

Length of time for the PROMOTE course will vary. Staff seeking higher levels of certification and training for additional Secondary Tools and modules will require more training.

<b>Training Type</b>	<b>Minimum Training Instructional Timeframe</b>
PROMOTE Orientation	3 hours
Level 1 (L1)	21 hours
Level 2 (L2)	14 hours
Bridge L1	14 hours
Bridge L2	7 hours
Restrictive and/or Specialized Secondary Tools	Varies from 2-4 hours depending on the number and type of Tools staff will be trained on
L1 Refresher	7 hours
L2 Refresher	4 hours

### 3. Instructor-Trainee Ratios

Team teaching is recommended for the entire PROMOTE curriculum, including the teaching and evaluation of Intermediate and Restrictive Secondary Tools. However, because the PROMOTE curriculum includes detailed training requirements, extensive group work and roleplay, assessment of Primary Tools, and other factors, there are maximum and minimum limits on the instructor to trainee ratios. The required ratios include:

<b>Training Type</b>	<b>Minimum Trainer to Trainee Ratio</b>	<b>Maximum Trainer to Trainee Ratio</b>
PROMOTE Orientation	1:4	1:40
Level 1 (L1)	1:4	1:10
Level 2 (L2)	1:4	1:10
Bridge L1	1:4	1:10
Bridge L2	1:4	1:10
Restrictive and/or Specialized Secondary Tools	1:4	1:10
L1 Refresher	1:4	1:10
L2 Refresher	1:4	1:10

#### **4. Training in Specialized and Restrictive Secondary Tools**

In some cases, an individual's behavioral, medical, or other needs require staff to use Specialized and/or Restrictive Secondary Tools as identified in their BSP. If these Specialized and/or Restrictive Tools are required to appropriately serve an individual, staff must be trained and certified in Specialized or Restrictive Secondary Tools. These tools must be taught to staff as authorized by their supervisors based on individual-specific needs as indicated in either the individual's BSP or for larger programmatic needs (e.g., needed to facilitate appropriate staffing levels). If staff require training in specialized and restrictive secondary tools as part of a larger programmatic need (e.g., working in an ITO), the agency must have this justified and documented in agency policy, and all designated staff must be certified.

Specialized or Restrictive Secondary Tools must be taught by certified PROMOTE Instructors either in conjunction with scheduled L1 and L2 courses, or as required based on person-specific or program needs. Documentation of participants' competency in demonstration of each Specialized or Restrictive Secondary Tool taught must be maintained by the agency.

Re-training and demonstration of competency in Specialized or Restrictive Secondary Tools must occur at least biennially. This typically occurs in conjunction with L1 and/or L2 Recertification training even if the original training in Specialized or Restrictive Secondary Tools was less than one year prior.

#### **5. Local Discretion**

While the requirements of this ADM and the training curriculum must be met, there is room for limited local discretion (i.e., local SO office and VO providers) about the implementation of the PROMOTE curriculum. For example, there is discretion when determining:

- Whether L1 and L2 are taught consecutively over five days or taught in three and two-day blocks;
- Whether the course is offered at one central location or at individual work locations;
- Which job titles may be identified to be instructors; and
- What Level(s) of PROMOTE training must be provided to appropriately meet the needs of the individuals they support.

### **V. Certification Standards**

#### **1. Certification**

##### **A. L1 Certification Requirements**

L1 certification requires:

- Attending the L1 training instruction;
- Completing all activities in the L1 curriculum;
- Scoring at least 80% on the L1 written test; and
- Demonstration of competency in the Primary and Secondary Tools for L1.

##### **B. L2 Certification Requirements**

L2 certification requires:

- L1 certification;
- Attending the L2 training instruction;
- Scoring at least 80% on the L2 written test; and
- Demonstration of competency in the Primary and Secondary Tools for L2.

C. Specialized and/or Restrictive Secondary Tools Certification Requirements

Specialized and/or Restrictive Secondary Tools certification requires:

- L1 certification for Level 1 Specialized Tools OR L2 certification for Level 2 Specialized Tools or Restrictive Secondary Tools;
- Attending the Specialized and/or Restrictive Secondary Tools training appropriate to meet the needs of the individuals the staff will serve; and
- Demonstration of competency in the Specialized and/or Restrictive Secondary Tools.

D. Additional Certification Considerations

If a staff person misses a substantial portion of the class and will not be able to successfully complete the class without additional support, it is strongly advised that they take the entire course again from the beginning of that PROMOTE level/course type.

If the staff person is unable to demonstrate competency in Primary and Secondary Tools, an independent Instructor may be asked to assess their abilities as part of the Remediation process outlined in the PROMOTE curriculum.

## 2. Recertification

A. L1 Recertification Requirements

Staff certified in L1 PROMOTE must successfully complete the L1 Refresher course to be recertified. This includes:

- Attending the L1 Refresher training instruction;
- Completing all activities in the L1 Refresher curriculum; and
- Demonstrating competency in the Primary and Secondary Tools for the L1 Refresher.

B. L2 Recertification Requirements

Staff certified in L2 PROMOTE must successfully complete the L2 Refresher course to be recertified. This includes:

- L1 Refresher certification;
- Attending the L2 Refresher training instruction;
- Completing all activities in the L2 Refresher curriculum; and
- Demonstrating competency in the Secondary Tools for the L2 Refresher.
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### C. Specialized and/or Restrictive Secondary Tools Certification Requirements

Specialized and/or Restrictive Secondary Tools certification requires:

- L1 certification for Level 1 Specialized Tools OR L2 certification for Level 2 Specialized Tools or Restrictive Secondary Tools ;
- Attending the Specialized and/or Restrictive Secondary Tools training appropriate to meet the needs of the individuals the staff will serve; and
- Demonstrating competency in the Specialized and/or Restrictive Secondary Tools.

### D. Recertification Timeframes

Staff certified in PROMOTE must successfully complete refresher trainings on or before the date that their current PROMOTE certification expires in order to maintain their PROMOTE certification. Therefore, providers must offer refresher trainings to staff no later than two years after staff's initial certification of the PROMOTE course(s).

Thereafter, recertification training must continue on a biennial basis, or more frequently as needed. If a staff member does not complete their refresher training before their current PROMOTE certification expires, they may take and successfully complete a refresher course no later than 120 days from when their last certification expired. After 120 days, the staff member cannot take a refresher course, and instead must complete the full certification requirements for their level of certification.

### E. Unsuccessful Completion of Recertification Refresher Course

If staff cannot successfully complete the refresher course after one (1) attempt, they must complete the full PROMOTE course for recertification.

## VI. PROMOTE Training Records

14 NYCRR 633.16 requires that agencies must maintain documentation that staff have been trained and certified in an OPWDD-approved curriculum. PROMOTE training records for each staff person must include documentation of:

- All PROMOTE courses completed;
- Current PROMOTE certification(s) and date of certification(s); and
- Additional Restrictive and/or Specialized Secondary Tools in which competency has been currently demonstrated.

## VII. Transferring PROMOTE Certification Between Agencies

PROMOTE certification in any Level (i.e., 1 or 2, plus Restrictive and/or Specialized) may be transferred between providers (i.e., between state-operated and voluntary operated providers who have fully transitioned to using PROMOTE; between different voluntary providers who have fully transitioned to using PROMOTE).

This ADM does not mandate providers to accept the transferring of PROMOTE certifications from one OPWDD provider agency to another. Providers may choose to require that staff new to their

agency complete PROMOTE training despite their having active PROMOTE certification from another agency.

However, if a provider does choose to transfer PROMOTE certification for new staff from other agencies, it must develop and maintain policies and procedures identifying the process for verifying new staff PROMOTE training and certification. These policies and procedures must:

- Require staff to have confirmed PROMOTE certification from another agency, including the certification date and level (L1, L2, Plus Specialized and/or Restrictive);
- Require the provider accepting the PROMOTE certification (i.e., receiving provider) to contact the agency who administered the PROMOTE certification to confirm validity, including:
  - Confirmation of successful completion of the Primary Tools and Secondary Tools, including the Level completed;
- For those new staff who have completed subsequent recertifications in PROMOTE, the receiving provider must also obtain documentation of the successful and timely completion of the recertification course, including the Level for which the staff was recertified;
- Determine whether the new staff person's PROMOTE certification is appropriate to perform their job duties. If it is determined the new staff person's PROMOTE certification is too low for the job duties, the receiving provider must train the new staff person in the additional PROMOTE Levels needed for job competency (e.g., the staff person is certified in PROMOTE L1 and transfers this certification to the receiving provider, and the receiving provider offers the needed additional training for certification at PROMOTE L2 to the staff person);
- Require that, in the event the receiving provider is unable to obtain proof of the new staff person's certification in PROMOTE, they must be provided with the full PROMOTE training to the Level necessary for job competency as they have determined.

If a staff member completes a PROMOTE training but cannot be certified due to failure of written or demonstrated competencies in Primary Tools and/or Secondary Tools, the Instructor must notify the appropriate agency parties. A determination must be made by the agency as to whether the staff member can safely and appropriately fulfill the duties of their job without PROMOTE certification and document this in the personnel file.

### **VIII. Instructors, Instructor-Trainers, Master-Trainers**

PROMOTE instructors must be certified as either 1) Instructor; 2) Instructor-Trainer; or 3) Master-Trainer. Failure to meet any of the selection, certification, or responsibilities outlined below may result in the Instructor losing their certification.

#### **1. Instructor**

Instructors train staff in the PROMOTE curriculum consistent with their level of Instructor Certification (L1, L1 and L2, or L1, L2, Restrictive, and Specialized) and provides recertification trainings.

##### **A. Selection**

To be considered for selection as an Instructor, the person must:

- Be employed or designated by OPWDD;
- Demonstrate sensitivity to the needs of individuals with I/DD;
- Be recommended by their supervisor and receive administrative approval to be an Instructor;
- Have enough time allocated to meet PROMOTE training responsibilities (see below);
- Have current certification in PROMOTE at the level(s) they will be training; and
- Communicate information effectively.

## B. Certification

- i. Instructors must be certified by a Master-Trainer or Instructor-Trainer and registered with the OPWDD Workforce and Talent Management (WTM). Instructors may be certified when they:
  - Successfully complete the PROMOTE Instructor Training, including demonstration of competency in Specialized Secondary Tools at the level of certification intended. Specifically, upon completion of Instructor Training, prospective Instructors will receive feedback indicating either:
    - Successful completion and need for practice teaching by assisting experienced Instructors to teach courses, or
    - Inadequate performance and recommendation to discontinue Instructor certification process.
  - Successfully plan and co-teach a complete course at the level of certification intended, under the observation of a Master or Instructor-Trainer. Prospective Instructors must minimally address competency in: conducting group activities, the use of role-playing as a teaching tool, and teaching and evaluating Primary and Secondary Tools.
- ii. Instructors must maintain their certification Maintain certification by attending refresher sessions for Instructors conducted by Master or Instructor-Trainers when offered, including being observed at least once every two years by a Master or Instructor-Trainer. Observation requirements may be satisfied by co-teaching a PROMOTE course with a Master or Instructor-Trainer.
- iii. Instructors must maintain certification in First Aid and CPR.

## C. Responsibilities

Instructors must:

- Teach at least one full course or one refresher course, consistent with their level(s) of Instructor certification, annually;
- Document and report training conducted;
- Maintain the integrity of the PROMOTE curriculum;

- Serve as the PROMOTE resource person for treatment teams/program sites; and
- Complete other relevant responsibilities as required.

## 2. Instructor-Trainer

### A. Selection

To be considered for selection as an Instructor-Trainer, the person must:

- Be employed or designated by OPWDD;
- Be a certified Instructor in PROMOTE L1 and L2, or L1, L2, Restrictive and Specialized;
- Meet all PROMOTE training and oversight responsibilities;
- Receive administrative approval and support to be an Instructor-Trainer;
- Meet all Instructor-Trainer responsibilities (see below);
- Have a comprehensive understanding of this memorandum;
- Show commitment to the PROMOTE Program; and
- Communicate information effectively.

### B. Certification

Instructor-Trainers in PROMOTE must be certified by a Master-Trainer and registered with the OPWDD WTM. Instructor-Trainers may be certified when they:

- Demonstrate competency in Restrictive Secondary Tools, if utilized by the provider agency supported; and/or
- Successfully teach of a PROMOTE Instructor Training program under the supervision of a Master-Trainer; and
- Are recommended by the certified Master-Trainer(s) to WTM.

### C. Responsibilities

Instructor-Trainers must:

- Provide PROMOTE Training for at least one full course or one refresher course annually, or more frequently as required;
- Certify PROMOTE Instructors by teaching PROMOTE Instructor Training courses and completing follow-up observations;
- Periodically observe and evaluate the performance of Instructors using the Instructor Observation Forms;
- Monitor implementation of PROMOTE training within their region;
- Mentor and support the development of PROMOTE Instructors;
- Attend regional/statewide PROMOTE updates to maintain their status as Instructor-Trainers;
- Maintain certification in First Aid and CPR;
- Serve as PROMOTE resource person for their designated district;
- Participate in conducting refresher sessions for Instructors;
- Be observed by the Master-Trainer at least once every two (2) years;

- Annually, or more frequently as requested, submit a list of currently certified agency PROMOTE Instructors to regional Master-Trainer(s) and WTM;
- Participate in incident investigations involving PROMOTE Secondary Tools at the request of agency administration;
- Review and/or assist treatment teams in developing new or modified Secondary Tools (see below), if necessary, and communicate outcome to the Master-Trainer;
- Actively participate in the regional PROMOTE Master/Instructor Trainer Committee; and
- Complete other relevant responsibilities as required.

### **3. Master-Trainer**

#### **A. Selection**

To be considered for selection as a Master-Trainer, the person must:

- Be an OPWDD employee;
- Be a certified Instructor in PROMOTE L1, L2, Restrictive and Specialized Tools;
- Meet all requirements for Instructor-Trainer;
- Demonstrate an advanced understanding of, and high commitment level to, the PROMOTE program;
- Be nominated by OPWDD leadership.

Master-Trainers will be designated for each OPWDD district/area by OPWDD WTM.

#### **B. Certification**

Master-Trainers may be certified by OPWDD's Central Office when they are:

- Approved by the local district training department as a Master-Trainer;
- Approved by OPWDD WTM; and
- Registered with OPWDD WTM.

#### **C. Responsibilities**

Master-Trainers must:

- Provide input to region on PROMOTE related issues (e.g., incident management, rights protection);
- Monitor PROMOTE Training in assigned district/area;
- Function as liaison between the WTM and Instructor-Trainers and Instructors;
- Attend regional/statewide updates and meetings convened by the WTM;
- Coordinate the Master/Instructor-Trainer Committee meetings to ensure consistency of implementation of the PROMOTE program and to provide consultation, review, and approval of new or modified Secondary Tools and/or other matters pertaining to the curriculum;
- Conduct observations of courses taught by PROMOTE Instructors and Instructor-Trainers, as needed;
- Keep the WTM informed of all Instructor-Trainer certifications;

- Develop and conduct annual refresher sessions for Instructors with the assistance of Instructor-Trainers;
- Teach PROMOTE Instructor Training programs as needed;
- Teach PROMOTE Courses as required by OPWDD (e.g., minimum of one refresher and one full course annually);
- Participate in WTM development of supplementary training materials as needed;
- Maintain updated records, in coordination with the WTM, of all certified Instructors, Instructor-Trainers and Instructor-Candidates in their designated region;
- Examine available data regarding the use of Secondary Tools and injuries to individuals or staff. Trends noted will be addressed with local training recommendations or suggestions for policy or curricular revisions to WTM;
- Review or approve any proposed modifications to physical intervention techniques for a specific individual with extenuating circumstances;
- Review or approve any new physical intervention techniques proposed to address a specific individual with extenuating circumstances; and
- Complete other relevant responsibilities as required.

## **IX. PROMOTE Coordination and Oversight**

Statewide PROMOTE implementation and management will be coordinated by OPWDD WTM, through the Statewide PROMOTE Coordinator, with updates communicated directly to OPWDD Master-Trainers. The OPWDD Master-Trainers, with support of the Master/Instructor-Trainer Committee provide oversight for the training and implementation of PROMOTE for their respective assigned regions.

### **1. Promote Master/Instructor-Trainer Committee**

Each OPWDD Developmental Disabilities State Operations Office (DDSOO) will have a PROMOTE Master/Instructor-Trainer Committee. This committee meets at least twice a year or more often, as needed. The Committee members include: a Master-Trainer, who serves as the committee chair; members of the local WTM department; all Master and Instructor-Trainers within the DDSOO's region (including those who work for OPWDD or a voluntary provider); and other members as determined by the Master-Trainer committee chair.

The PROMOTE Master/Instructor-Trainer Committee functions include:

- Addressing issues of Instructor quality, including reviewing Instructor Observation Forms, and making recommendations for supplemental observation, retraining, and recertification/decertification of Instructors;
- Scheduling and developing content and agenda for annual Instructor refreshers, in consultation with OPWDD WTM;
- Reviewing proposed supplemental PROMOTE training materials and curriculum adaptations to make recommendations to OPWDD WTM;
- Reviewing the need for, and scheduling of, PROMOTE Instructor Training in conjunction with regional WTM;
- Determining the need for Instructor/Instructor-Trainee observations and Instructor-Trainee mentoring, and scheduling/assigning responsible Master/Instructor-Trainers;
- Assisting WTM in coordinating PROMOTE Training programs across the region;
- Providing Instructors, through the Master-Trainers, with timely updates and clarifications

to the PROMOTE program;

- Acting as a resource regarding PROMOTE to clinical/treatment teams, committees responsible for reviewing BSPs, incident review committees, and agencies; and
- Other relevant assignments as determined by OPWDD.

## **X. Role of Planning Team Members**

An individual's program plan is developed by the treatment team, including the individual and their family and/or advocates. The plan is based on the individual's preferences, wants, and needs. At times, challenging behaviors may interfere with the individual's success and must be addressed by the team. This may include the use of a Behavior Support Plan (BSP), developed by the team professionals, that uses PROMOTE interventions.

Team professionals developing and implementing PROMOTE-based BSPs each serve specific functions. These team professionals include:

### **1. Direct Support Professionals**

Direct Support Professionals (DSPs) help individuals with their personal needs and help them participate in programs that strengthen their life skills. DSPs ensure a safe and comfortable environment for the individuals they serve. DSPs must:

- Be PROMOTE certified up to the level corresponding to the needs of the individuals they support; and
- Maintain PROMOTE certification by attending and successfully completing Biennial Refreshers.

### **2. Psychologists, Behavior Intervention Specialists (BIS), & Other Clinicians Who Develop Behavior Support Plans**

Clinicians qualified to develop Behavior Support Plans per 14 NYCRR 633.16 (e.g., psychologists; behavior interventions specialists, licensed clinical social workers) are responsible for designing BSP's. These BSPs include PROMOTE Primary and/or Secondary Tools, as necessary. The clinicians developing an individual's BSP have a key role in monitoring interventions. These clinicians:

- Must attend initial L1, L2, and Specialized/Restrictive trainings;
- Must attend Biennial Refreshers as prescribed by the employing agency's policy;
- Utilize PROMOTE principles in the development, implementation, training, and oversight of BSP's; and
- May be responsible for providing recommendations and training aimed at reducing the need for the future use of Secondary Tools.

### **3. Registered Nurses and other Health Care Professionals**

Registered Nurses (RN's) and other Health Care Professionals (HCP's), including physicians, nurse practitioners, and physician assistants, are key team members in ensuring that PROMOTE restrictive physical interventions are not used in contraindication to the individual's physical and/or medical condition. (see Section XII for more information).

## **XI. PROMOTE Tools**

PROMOTE accounts for two categories of tools: Primary Tools and Secondary Tools. Primary Tools are used to maintain the individual, so they do not engage in target behaviors. Primary Tools include communication and de-escalation techniques. However, in some cases, an individual may be unable to deescalate and may require the use of Secondary Tools. Secondary Tools include both protective and restrictive tools. The use of Primary and Secondary Tools follows the use of the Least Restrictive Principle.

### **1. The Least Restrictive Principle**

Staff must use the least restrictive or intrusive Tool likely to be effective. When an individual is showing caution signs, staff must monitor these and use Primary Tools to assist in calming.

If the individual shows early caution signs or pre-cursor/escalating challenging behaviors, staff should continue the use of Primary Tools to the extent that it is safe to do so. However, if the individual is posing a threat of injury to self or others and is not responding to Primary Tools, staff must intervene with Secondary Tools. Secondary Tools must only be used until the individual sufficiently calms and no longer poses an immediate danger to themselves or others, or the danger in the environment has been reduced by removing other people or objects.

### **2. Primary Tools**

PROMOTE Primary Tools help the individual in calming. Primary Tools include:

- Addressing unmet needs (e.g., medical needs, food, sleep);
- Minimizing irritants and vulnerabilities (e.g., triggering sounds, objects, unanticipated transition times);
- Maximizing strengths and supports (e.g., preferred staff, activities, communication styles); and
- “R-Star” techniques (Reassure, Reassess, Repeat-Ask-Validate, Remind, and Restore).

### **3. Classification of Secondary Tools**

PROMOTE Secondary Tools are used if the individual is posing a threat of injury to self or others and is not responding to Primary Tools. There are a wide variety of PROMOTE Secondary Tools (see Attachment A), and they are grouped into six categories:

- A. Protective: The least restrictive of the Secondary Tools characterized by grab releases, blocks, and deflections. Demonstration of competence in these are required for certification in L1.
- B. Specialized Protective: Address less frequently observed challenging behaviors and are taught on an individual basis to staff members certified in L1 or L1 and L2, only if they have been identified by their supervisor as working with individuals who have Specialized Protective Secondary Tools in their BSPs or may be likely to need them.
- C. Intermediate: Designed to address more challenging behaviors, and include holds and escorts intended to maintain an individual in a standing or seated position to reduce or



limit movement, to maintain health and safety, and/or to remove the individual from an unsafe location or situation. Demonstration of competence in these Tools is required for certification in L2.

- D. Specialized Intermediate: Taught on an individual basis to staff certified in L2, only if they have been identified by their supervisor as working with individuals who have Specialized Intermediate Tools indicated in their BSPs or who work in a setting in which Restrictive Secondary Tools are likely to be needed on an emergency basis.
- E. Restrictive: Used to address the most challenging and dangerous behaviors. They include holds that restrict freedom of movement in order to interrupt or control behavior that is posing an immediate health or safety risk to the individual or others. They involve taking an individual from a standing position to the floor and holding the individual on the floor. Restrictive Secondary Tools can only be used when there is an imminent risk of injury to the individual or to others and it is determined that safety cannot be maintained using Protective or Intermediate Secondary Tools.

Restrictive Secondary Tools are divided into three Groups (A, B, and C). Restrictive Secondary Tools can only be taught only to staff certified at Level 2 who have been identified by their supervisors as working with individuals having Restrictive Secondary Tools from that Group (A, B or C) in their BSPs, or who work in a setting in which Restrictive Secondary Tools are likely to be needed on an emergency basis.

- F. Specialized Restrictive: Used to address severe and dangerous challenging behaviors. Specific Tools are to be taught only to staff identified by their supervisors as working with individuals who have Specialized Restrictive Secondary Tools in their BSPs or who work in a setting in which such Restrictive (specialized) Secondary Tools are likely to be needed on an emergency basis.

## **XII. Health and Safety Considerations in the Use of Secondary Tools**

When using Secondary Tools, the individual's health and safety must always be considered and monitored. The individual must be monitored for Breathing, Awareness, Noise and Circulation (BANC). An open airway passage must be ensured. The use of any Secondary Tool must be terminated **immediately** if the individual shows signs of physical distress (e.g., change in color; hyperventilation; difficulty breathing; sudden lack of struggling in which the individual may go limp; or vomiting). The possibility that struggling may indicate severe physical distress as opposed to aggression must always be considered.

### **1. Prohibited Techniques and Precautions**

Techniques in which the individual is restrained in a prone (i.e., face-down) position, or in which staff place undue pressure on the individual's chest or abdomen (e.g., lying on top of the person), have been banned by OPWDD due to the increased risk of respiratory distress and serious injury or death. Any use of these techniques is considered physical abuse.

Secondary Tools, including removals, must not be used on stairs or elevated surfaces due to an inherent and increased risk of falling. In addition, Restrictive Secondary Tools must not to be

used on yielding or elevated surfaces due to the risk of back injury.

There are no approved Secondary Tools in the PROMOTE curriculum which would allow for lifting or carrying individuals, however staff must take action to ensure safety in an emergency.

Staff are to be especially cautious about initiating an Intermediate or Restrictive Secondary Tool if the individual has recently eaten or has something in their mouth (e.g., gum), because of the risk of aspiration or asphyxiation. If an Intermediate or Restrictive Secondary Tool is determined to be necessary due to the critical nature of the situation, and the individual has eaten recently, it is even more critical to monitor for the signs of physical distress mentioned above.

Oral medications, including standing orders, stat orders, or PRN's should not be administered during use of PROMOTE Intermediate or Restrictive Secondary Tools.

## **2. Health Care Review for Use of PROMOTE Restrictive Physical Interventions**

### **A. Health Care Reviews**

The Registered Nurse (RN) or other Health Care Practitioner (HCP) must review an individual's clinical records when a PROMOTE restrictive physical intervention:

- Is recommended as part of the individual's BSP to ensure the restrictive physical intervention may appropriately added to the BSP;
- Has been used in an emergency situation; or
- Is included as part of an individual's active BSP, but the individual's physical condition has significantly changed.

Providers must give the RN/HCP any information necessary for them to complete their health care review.

If the clinical record review suggests conditions may exist that contraindicate the use of a restrictive physical intervention, the individual must have an in-person evaluation by a HCP to review the possible contraindications to the use of the proposed intervention. A description and/or demonstration of the technique must be provided to the HCP by the provider.

### **B. Health Care Review Is Not Medical Clearance**

The health care review is not intended to constitute "medical clearance" or "approval" for the use of PROMOTE restrictive physical interventions. Rather, the intent is to ensure any possible physical or medical contraindications are identified and considered by the planning team to ensure the individual's safety.

### **C. Documentation Requirements**

All reviews completed by the RN or other HCP must be documented in the individual's clinical record and must be updated contingent on significant changes in the individual's medical condition. Any limitation or modification of an intervention based on the individual's medical condition, in consultation with the HCP, must be clearly documented in the individual's clinical record and reviewed by the individual's program planning team. The BSP must coincide with any recommendations for limitations on use of physical interventions made by the HCP. A timeframe for re-evaluation should also be indicated, if applicable.

#### D. Medical Contraindications

The use of Secondary Tools, especially Restrictive Tools, present a risk of injury whenever they are employed, and must not be used when there is a medical contraindication as identified by a health care review. Such medical conditions may include, but are not limited to: cardiac or pulmonary problems; physical disabilities; osteoporosis; blood clotting issues; and other medical problems identified by a health care professional. There is an increased risk for complications for individuals with Down Syndrome due to physical vulnerabilities. These individuals often have smaller oral cavities and relatively larger tongues, which can result in a compromised air exchange, especially if they are agitated and struggling. Furthermore, they may have a congenital condition which increases the potential for dislocation of the first cervical vertebra which can lead to a serious spinal cord injury or death. If a Secondary Tool is used with an individual having a physical or medical contraindication for that intervention, an incident report must be filed and investigated in accordance with Part 624.

If an injured individual presents an immediate danger to self or others during the period of the time that the team is reviewing the event that resulted in injury or potential injury and prior to their BSP being modified to reflect alternate methods, emergency use of PROMOTE Secondary Tools may only occur if the situation is so extreme that it would result in serious injury to the individual or others if staff did **not** use a Secondary Tool. Such emergency use of PROMOTE Secondary Tools is to be documented, reported, and investigated as an Incident in accordance with 14 NYCRR 624.

Use of physical interventions which limit movement may be contraindicated for individuals with a trauma history including, but not limited to: experienced physical or sexual abuse; and witnessed domestic violence, with or without of a diagnosis of post-traumatic stress disorder.

### 3. **Time Limitations for Intermediate or Restrictive Secondary Tools**

If an individual continues to be held with an Intermediate or Restrictive Secondary Tool for 10 minutes, a supervisor must be notified, when possible, and additional staffing and/or clinical supports should be provided as deemed necessary.

The duration of a single application of an Intermediate or Restrictive Secondary Tool must not exceed 20 minutes. After an individual has been held using an Intermediate or Restrictive Secondary Tool for 20 minutes, a full release must occur. Once fully released, if the individual presents with additional challenging behaviors that pose an immediate health and safety risk to themselves or others, the least intrusive Secondary Tool necessary to safely interrupt the behavior may be re-applied. The same time limitations apply for notification of supervisors and full release of the re-application as in the first instance of the use of an Intermediate or Restrictive Secondary Tool.

### 4. **Follow Up to the use of Secondary Tools**

After using any Secondary Tool (e.g., protective, intermediate, or restrictive), the individual must be inspected for possible injury as soon as reasonably possible after the intervention is used. The findings of the inspection must be documented. If an injury is suspected, medical care must be provided or arranged. Any injury that meets the definition of a reportable incident or serious reportable incident must also be reported in accordance with 14 NYCRR 624.

If an individual initially refuses to allow an inspection to be completed by staff, the refusal must be documented in their record with follow-up attempts made at reasonable time intervals. Regardless of refusal, any overt indicators of possible injury to the individual must be treated and documented as soon as they are noted.

### **XIII. Monitoring and Documentation**

OPWDD State Operations (SO) Offices and those Voluntary-Operated provider agencies who have fully transitioned to use of the PROMOTE curriculum must follow 14 NYCRR 624 for incident reporting and provide adequate monitoring and oversight of all physical intervention techniques used. This monitoring applies to both emergency and planned use of physical interventions, with the intent of evaluating the impact of physical interventions and reducing the frequency of their future use.

### **XIV. Emergency Use**

In an emergency situation, regardless of level of certification, certification status, and/or competency demonstrated, it is the position of OPWDD that all staff must, if necessary, intervene and/or help to the best of their ability to prevent injury to individuals with intellectual and developmental disabilities and maintain the safety of others in the environment in situations involving challenging behavior that pose an immediate risk of harm. Actions taken by staff in such a situation must be reported as required by 14 NYCRR 624.

### **XV. Records Retention**

Providers should maintain documentation for a period of ten (10) years. This period is tied to the statute of limitations under the [New York False Claims Act](#).